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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

A. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### ACCIDENT STATEMENT

Date of Submission 27/03/2023 12:55 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/03/2023 11:38 (SGT) **Exact Location of Accident** 462A Choa Chu Kang Ave 4, Singapore 681462 Additional Location Information CAR PARK EXIT Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLB8663G

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHERYL LEE SIEW FUNG NRIC No SXXXX817D **Email Address** lee.cheryl08@gmail.com Mobile Phone No (Phone) +65-97451800 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer BMW Model 116d Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car Transmission Auto CC

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00032372200

1500

#### DRIVER

Name of Driver CHERYL LEE SIEW FUNG NRIC No SXXXX817D Date Of Birth 24/08/1980 Occupation Outdoor

Date Of Driving Pass	18/09/2004
Driving experience	18 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	
Alt, Phone Number	(Phone) +65-97451800
	•
Email Address	lee.cheryl08@gmail.com
Address	BLK 458 CHOA CHU KANG AVENUE 4 @14-197
Address complement	-
Postcode	680458
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	,
OTHER INFORMATION	
Was any faraign vahials involved in the agaidant?	N-
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	<u>-</u>
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	-
	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Treasons for not aproduing a video of the decident	WITHOWNER
DETAILS OF OTHER	R VEHICLE PROPERTY 1
DETAILS OF OTHER	
Vehicle Registration Number	CB7572Z
Vehicle Manufacturer	ODIVIEL
	•
Vehicle Model	
V-1:-1- V:1	•
Vehicle Variant	
Vehicle Colour	
	- - Commercial vehicle
Vehicle Colour	Commercial vehicle HEAH NGUANG HOE

 NRIC No
 SXXXX079A

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) Involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & time

Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

24/03/

(A) \$4386639

(B) C375702

(B) C375702

CHOAL CHUK MILL AVENUE 4

Describe Circumstances of the Accident time was quelling that veverge and froncanono Vehicle reverse without ahedan behino my

### Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/03/2003 (dd/mm/yy)	Time of Accident: 11:38 (24-HR-FORMAT)
Vehicle No.: SLB 8 663 G Vehicle Make & Mode	
*Transmission : o Manual o Auto) *C.	
Exact location of Accident: CARPARK OF BLK	1629 EXIT
Policyholder's Name: CHERY! LEE SIEW FUNC	5 NRIC/FIN/REG No.: S8072817D
*Policyholder's email address : 1ee . chery 108 @g.	nail.com
Driver's Name: CHERYL LEE SIEW FLING	
*Driver's email address: [ce. Chery   OSE gmail	
Driver's Contact No.: 97457800	
Date of birth: 24/08/1980 Driv	
Driver's Address: BLK 4+8 (HOA CHU KA)	NG AVENUE 4 # 14-197 (S) 680458
Insurance Company: CHINA TAIPING	
Policy No.: DMPCSNW00033373300 Type of Cov	erage: Comprehesive Third Party /Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one	
Owney/Spouse / Children / Friend / Parents / Sibling / Relati	
What do you wish to claim? (Please TICK one only)	ie / employee / miler of others speedify.
o Own Insurance o Other Vehicle The one you want to cla	im against ) o Reporting (For Record Purpose )
	min against () a reporting ( ar record railpose )
Tyce of Accident	
o Chain Collision (Head To Rear) o Side Swipe o Other	-
Occupation (nature job) o Indoor / Outdoor *No	. of Passengers / Including Driver):
*Passanger Name:	Gender: Male / Female
*Passanger Name:	Gender: Male / Female
Weather condition & Road conditions? (On the day of accident	ent)
o Clear & Dry/ o Raining & Wet / o After-Rain & Wet / o Dr	izzling & Wet / Others:
Was there any video captured by your car Car camera? OY	es) o No
Any Injuries: o Yes o No (If YES) Injured Person' Name:	
Injuries Sustain : Injure	d Person in Which Vehicle:
Police Report field, o Ye: o No (If YES) Which Police Station	1:
The Other Party	(S) Details:
1. Driver's Name / IC No: HEAH NGUANG HOE	572/30794 Vehicle No: CB7573Z
Driver's Contact No:	
2. Driver's Name / IC No (If Any):	
Driver's Contact No:	
*Independent Witness (If Any):	
Preferred Workshop Name:	



# 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1E

N SN

AN0720A

Cov. Type:C

CERTIFICATE OF INSURANCE

Otor Vehicles (Third-Party Risks and Compensation) ACI (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules 1960 Road Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

CERTIFICATE NO

DMPCSNW00032372200

Engine No.: 36589544B37D15A

Cha No. WBA1V720X0V724452

1 Index Mark and Registration

SLB8663G Number of Vehicle

AUTOSAFE

2 Name of Policy Holder

4 Date of Expiry of Insurance

CHERYL LEE SIEW FUNG

3 Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (00 00 00)

25/01/2022

Named Drivers Ex Sect 1

\$\$1,100.00

24/01/2023

Additional Ex Other than Named Drivers.

Ex Sect 1 - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect I - Age >= 26 \* Age as at date of accident

EX ON WINDSCREEN

\$\$100.00

- Persons or Classes of Persons entitled to drive"
- (a) The Policyholder
- (b) Any other person who is driving on the Policyholder's order or with his permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

6 Limitations as to use \*

Use for social, domestic and pleasure purposes and for the Policyholder's business Ose for social, dorresponding personnel purposes and for the indication of social dorresponding to the carriage of the policy does not cover use for hire or reward tuition driving test racing pace-making, reliability that, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

HIRE PURCHASE CO. TOYOTA FINANCIAL SERVICES SINGAPORE PTE\_LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road

Please see reverse

FOR CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Issued By

REVO FINANCIAL PTE LTD Authorised Officer

Authonsed Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 膏 3 Anson Road #16-00 Springleaf Tower Singapore 079909

C 6389 6111

6222 1033

www.sg.cntaiping.com

## > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 24 Mar 2023

Singapore NRIC

817D

SLB8663G

Yes

24 Mar 2023

B.M.W.

116D 5DR HATCHBACK DSC LED

White

2016

36589544B37D15A

WBA1V720X0V724452

85.0 kW (113 bhp)

\$23,508.00

26 Apr 2016

26 Apr 2016

1

\$9,912.00

Yes

25 Apr 2026

\$6,442.00

25 Apr 2026

A - Car up to 1600cc & 97kW (130bhp)

10

\$43,000.00

\$13,270.00

\$19,712.00