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SN0823460001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/04/2023 11:06 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (06/04/2023 11:06 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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.

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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/04/2023 11:06 (SGT) **Actual Driver** 05/04/2023 08:00 (SGT) PIE, Singapore TOWARDS TUAS (NEAR BUKIT BATOK) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLM3267S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes KEE WEE HUP KEE FOOD MANUFACTURE PTE LTD 1XXXXXX311E rolandpcp@gmail.com (Phone) +65-97685055

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident

Mitsubishi Attrage Employment

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

No - Claiming third party Commercial vehicle

Auto 1193

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00038382303

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

PANG CHIN PENG ROLAND SXXXX550G 12/07/1965 Outdoor

Date Of Driving Pass	02/01/1987
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97685055
Alt, Phone Number	-
Email Address	rolandpcp@gmail.com
Address	BLK 137 SIMEI STREET 1 #10-96
Address complement	ER 107 SIME OTTEET 1#10-50
Postcode	520137
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
verificie registration realise of earlier verifice extrict by Enver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
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 in the Accident? Was any injured conveyed to hospital by ambulance?	-
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 ID	
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?	-
ii 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?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SMU2173G
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	

Private car

Vehicle Colour Vehicle Category Name of Driver

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- Any false reporting may be referred to the Police for Investigation.
- 6. The 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SUNGAPORE)	To and the second	per 06/04/202
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		= SLM 3267S
	Pin Pin	= SLM 3267S = SMU 2173G

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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

& Time

Witnessed by Reporting Centre Personnel

Date of Accident	: 05 - 04 - 203 Accident Time : 0800 hrs (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: PIE towards twas (new bukit bortok)
Vehicle No (Car Plate No)	: SLM 32675 Make/Model: Mitsubishi Attrage 1.2 CVT
Insurance Company	: China Taiping Policy No: DMPCS NW00038382303
Fleet Policy	: YES/NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Kee Wee Hup Kee Food Manufacture Pte Ltd : 9768 5055 Owner's Hp Company Tel
Owner Contact No	: 9768 5055 Owner's Hp Company Tel
Driver Name / IC No	Pang Chin Peng Roland (S169550G1)
Driver's Date of Birth	: 12-07-1965 Driver's License Pass Date: 0.01-1987
Relationship of Driver	: Spouse / Parents / Children / Sibling Employee / Other:
Driver's Address	: Apt Blk 137 Sime i St 1 \$10-96 S 520137
Driver's Contact No	:1) 9768 5055 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: rolandpep @ gmail.com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	Driver
Was ther any video footage?	YES / NO
Exact purpose used at time of accident Any injury (If Yes, Pls State)	Private Use / Private Hire / Work Purpose
Other I	Party Driver's Particular (if any)
VEHB: SMU 2173G	
VEH C:	Name & Contact No:
VEH D :	Name & Contact No:
VEH E :	Name & Contact No:
*NEW Passanger's Name & Conde	***





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

CERTIFICATE OF INSURANCE

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

MX4F

AN0696A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00038382303

Engine No.: 3A92UDS2179

Cha. No.:MMBSTA13AHH004373

Index Mark and Registration Number of Vehicle

SLM3267S

AUTOSAFE

2. Name of Policy Holder

KEE WEE HUP KEE FOOD MANUFACTURE PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

28/03/2023

Named Drivers Ex Sect. I

\$\$500.00

Ordinance or Enactment

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

27/03/2024

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* Any person who is driving on the Policyholder's order or with their 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 Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, 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\$500 will apply to the insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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 Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: YOURS INSURANCE AGENCY PTE LTD Authorised Officer

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

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www.sg.cntaiping.com