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ENTRY DATE & TIME: 06/04/2023 15:56 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (06/04/2023 15:56 (SGT))



SINGAPORE ACCIDENT STATEMENT

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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.
- 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 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 15:56 (SGT) Both Policyholder and Actual Driver 05/04/2023 17:45 (SGT) Loyang Ave, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNC9889L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No NG HONG SENG SXXXX397B

hwapengauto@singnet.com.sg (Phone) +65-96666163

+65-63689386

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Mercedes

E300

Private use

No - Claiming third party

Private car Auto 1991

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00198642200

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

NG HONG SENG SXXXX397B 20/09/1952 Indoor



Date Of Driving Pass 22/11/1977 Driving experience 45 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-96666163 Alt. Phone Number +65-63689386 **Email Address** hwapengauto@singnet.com.sg Address BLK 330 WOODLANDS AVENUE 1 #12-433 Address complement Postcode 730330 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry 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 conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? 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 **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SBU3800D Vehicle Manufacturer Mercedes

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private

Vehicle Category Private car
Name of Driver MR KOK

Contact Number	(Phone) +65-94880013
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

- 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 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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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.
- 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' 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 V Date & Time

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

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

Sketch Plan

Describe Circumstance of the Accident	The state of the s
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forward ahead of my vehicle is got down from our vehicle to acces	is the situation
took some photos and left these	ene. At the
took some photos and left the so	have to the
accident.	
Was there any video captured by Car Camera? (Yes)/ No	
Has the driver been approached by unknown person(s)? Yes (N	
Number of Passengers (Including Driver)?	7
Name Gender:	
Name Gender:	
Name Gender:	

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 & Time

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

1 Apr 2011

MOTOR ACCIDENT REPORT FORM

Date of A. C.	BASIC	INFORMATION
Date of Accident	5/4/202	
Exact Location of Accident	ALONG LO	
The state of the s	DETAILS	OF OWN VEHICLE
Vehicles Registration Number: SA	10 9889 L	
NRIC / Passport No. 1 FIN S 250	1397B	
Vehicle Particulars		Co. Reg. No. (for Co. Vehicle Only):
Manufacturer: BMW M/Be	NZ	Model; 6300
Exact purpose of vehicle rangused at time of	of accident. Nor	(mal usage of Otto Fi (a)
Are you claiming your own insurance policy for	or repair to your vehicle	2
Vehicle Category (Private Car)		Yes □ Claiming Against 3 rd Party ☐ For Reporting Only □
Insurance Company		
Name of My Insurance Company:		
Type of Coverage umprenensive X	Third Farty □	NG INSURANCE (3) PTE 270
Fleet Policy (Multiple vehicles coverage):	Yes 🗆 No 🛭	Policy / Cover Note Number: DMPCS N/N/001996(42)
Dr(va)	May Can al	Policy / Cover Note Number: DMPCS NW 001986422 (
Name of Driver: NG HONG SE	ENG	
Date of Birth: 20 - 09- 19	52	NRIC / Passport No. / FIN: S 2 5D / 3 9 7 B Occupation: Indoor Z Outdoor E
Date of Driving Pass: 22-11-	1977	Gender: Male Female D
Mabile Phone No.: 9666663	Atternative Phone No.:	Totald Li
Address as stated B1K 330	2 WOLDDIANS	DS A16 1 #12 /122
Email Address: hwapengauto @	sinsnot con	DS AVE 1 #12 - 433 (Post Code: 730330)
Was driver an employee of the insured's Com	pany? Yes □	No.Z
Vehicle Registration Number of Driver's Own \		State relationship of the driver with the insured: OWNER
Insurance Company of Diever's Own Vehicle (enicle (if applicable):	NA
Other information on the Acquient se	applicable):	NA
Weather Canditions		and the state of t
Road Surface	Clear Raining	ti di
Was any body injured in the accident?	Wet Dry Z	Others [] (please state condition):
Was any other material company damaged?	No Yes 🗆	
Arn menials.	No El Yes Z	
Was the accident reported to the Police?	No D Yes D	
Was notice of intended Prosecution given?		If Yes, which Police Station?
	No Ves 🗆	If Yes, against whom?
/ehicles Registration No. 584 38	्रामगारमचाह (अधिकासका	mplete Annex A Form If more vehicles involved)
	than 3f*-Party vehicle):	Vehicle Make / Model / Colour: M/BENZ
lame of Driver: MR KOK		William William Control of the Contr
	0013	NRIC/Passport Nuraber:
ccress:	2015	
nsurance Compa. Tiva.		(Post Ccae
attive of Densey	A F) MILLE	
etails of Witness - Na	ef D Right D r	No. of Passengers (including Driver):
erails of Wilness - Contract Number:		
etails of Witness - Email address		
	THE SECTION AND THE SECTION ASSESSMENT	AND
ame:	F NE LEWIS ON THE GREEN CO	Omplete Annex A Form if incre person injured)
dress:		Approximate Age.
THE PARTY OF THE P	The control of the co	(Postal Code:
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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

Motor 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)

MX1E

N SN

AN0357A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00198642200

Engine No.: 26492080001322 Cha. No.:WDD2130832A657418

Index Mark and Registration

SNC9889L

Number of Vehicle

Name of Policy Holder

NG HONG SENG

4. Date of Expiry of Insurance

26/08/2022

Named Drivers Ex Sect. I

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

(00:00:00)

Additional Ex Other than Named Drivers:

\$\$3,000.00

25/08/2023

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

EX ON WINDSCREEN .

\$\$500.00

* Age as at date of accident

S\$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 Vehicle

6. 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 fution 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 \$\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorized Workshops for each Palicy Your Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: DBS BANK 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 Transport Act, 1987 (Malaysia)

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Tan Xin Yi Josephine

Authorised Officer

Authorised Signatory

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

Q 6389 6111

6222 1033

www.sg.cntaiping.com