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SN08234L0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 21/04/2023 12:21 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (21/04/2023 12:21 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### 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 Actual Driver
 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 21/04/2023 12:21 (SGT) Reported by **Actual Driver** Date of Accident 20/04/2023 16:52 (SGT) **Exact Location of Accident** Singapore Additional Location Information TUAS SOUTH AVE 2 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC9094P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ANG SOCK SENG TRANSPORT SERVICE Company Reg No 5XXXX662K **Email Address** MR.ANGSS@GMAIL.COM Mobile Phone No (Phone) +65-96630170 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Isuzu Model LT134P Variant

Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual

7790

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00007992201

DRIVER

CC

Name of Driver KEE ONG NGA NRIC No SXXXX746I Date Of Birth 15/10/1948 Occupation Outdoor

Date Of Driving Pass	22/12/1976
Driving experience	
Gender	46 YEARS AND 4 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-96357057
Email Address	MD AMORRO COMM. COM
Address	MR.ANGSS@GMAIL.COM
	20 TEBAN GARDENS ROAD
Address complement Postcode	#19-101
	600020
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	
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	
Nodu Sullace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N-
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured on the Accident?  Was any injured conveyed to hospital by ambulance?	No
	- V-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance? Translator's name	No
ACCURATE OF THE SECOND	•
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 CIRCUMSTANCES OF ACCIDENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Van
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBD7812H
Vehicle Manufacturer	
Vehicle Model	

Commercial vehicle

# Accident report SN08234L0002

Vehicle Model Vehicle Variant 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

- 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 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 tincluding their lawyers/law tirms), which may be sited outside of Singapore, for one or more of the above Purposes.

ANG SOCK SENG TRANSPORT SERVICE

Blk 183, Bukit Batok West

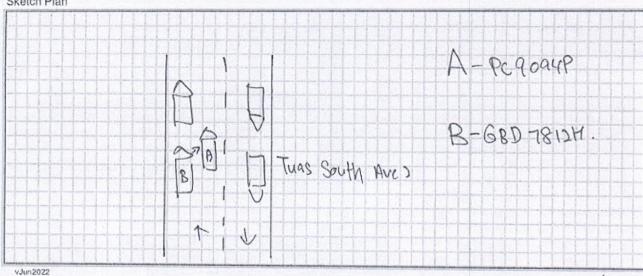
Singpose 650183

H.P. 9883 0170 PG: 9703 6205 Ave 8, #03-119 TEL: 699 8165

Policyholder's Signature / Date & Time 66 81 Actual Driver's policyholder) / Date & Time

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

Sketch Plan



on 2014/2023 around 1652hrs, I was driving mullong Tuas South Ave 2. I was travelling Straight felt an impact from the left 3de, veh B GB. from Stationary position without checking and cal	Bug PC9094P
Jana Tuge South Are 2. I have travelling Straight	4. Sudday Z
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Declaration 1997 (1997)	
I/We declare the foregoing particulars are true in every respect.	
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SEAG TRANSPORT SERVICE	1 Min
13, Bukil Batok West H.P. 9665 4170	(h)

Road surface: Dry / Wet	Usage of veh during of accident:
Weather condition: Clear / Raining	
Speed:	
	Driver IC:
Does driver own a vehicle: yes /no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
Relationship with insured: Employee 3 amployer	/
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness IC no:	
Third party veh number: GBD 7812H	
Name of third party driver:	
IC of third party driver:	
HP of third party driver:	
Address of third party driver:	
Address of third party driver:	
Insured/Co name of third party vehicle:	The state of the s
Contact number of insured/Co:	
Insurance co of third party vehicle:	
Police report (if any): yes/no	
Police report reported at which police station:	
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own dan	nage / reporting only
No of Pax:	Male
Connect3 client vehicle no: PC9094P.	Female
A / .	Email Address Mr. Ass of San "
Date of accident: 2014 >3	Email Address: Mr. Ang 88 @gmail.com.
Location of accident: Thas South Ave ).	
Time of accident: (653 hrs.	
Any Injury: yes /no ( if yes, must have police report)	

Motor Bus

MZ601

R SN

AN0626A Cov. Type:F

## 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)

Engine No.: 6HK1602484

CERTIFICATE No.

DMB1SNW00007992201

Cha. No.: JALLT134PB7000026

1. Index Mark and Registration

Number of Vehicle

PC9094P

2. Name of Policy Holder

ANG SOCK SENG TRANSPORT SERVICE

 Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment 22/06/2022 (00:00:00)

Excess Sect. II

\$\$3,000.00

4. Date of Expiry of Insurance

21/06/2023

Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle

\* 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.

Issued By: UNIVERSAL INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory



10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2206110101N005040634

ANG SOCK SENG TRANSPORT SERVICE 905714/1 183 BUKIT BATOK WEST AVENUE 8 #03-119 SINGAPORE 650183

հերիդհես||գրիլիկորիլեր|

TH 1231269101

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REGISTRATION OF VEHICLE WITH ROAD TAX AND TRANSFER OF TCOE (PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE WINDSCREEN

We wish to inform you that the Temporary COE 2011050105000337N has been successfully transferred to you and used to register vehicle PC9094P on 22 Jun 2011. Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.

The details of the registration are as follows: 2.

#### A) **Owner Particulars**

: ANG SOCK SENG TRANSPORT Name 1. SERVICE : Business 2. Identification No. Type : 52913662K Identification No. 3. Place Of Passport Issue 4. WEST BATOK : 183 BUKIT Registered Address 5. **AVENUE 8** #03-119 SINGAPORE 650183

: -

Mailing Address 6.

#### **Vehicle Particulars** B)

1.	Vehicle No.	: PC9094P
2.	Previous Vehicle No.	
3.	Effective Date of Ownership	: 22 Jun 2011
4.	Original Registration Date	: 22 Jun 2011
5.	First Registration Date	: 22 Jun 2011
6.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
7.	Vehicle Scheme	: Public Service Vehicle (Others)
8.	Attachment 1	: Air-Conditioned
9.	Attachment 2	
10.	Attachment 3	
11.	Vehicle Make	: ISUZU
12.	Vehicle Model	: LT134P
13.	Year of Manufacture	: 2010