

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 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 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	25/04/2023 12:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 09:45 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	TOWARDS ALEXANDRA ROAD BEFORE COMMONWEALTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7495R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOO SWEE CHIN
NRIC No	SXXXX139H
Email Address	loo.sweechin@gmail.com
Mobile Phone No	(Phone) +65-97836633
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	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	1332

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSA00207952101

DRIVER

Name of Driver	LOO SWEE CHIN
NRIC No	SXXXX139H
Date Of Birth	16/05/1963
Occupation	Indoor

Date Of Driving Pass	21/10/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97836633
Alt. Phone Number	-
Email Address	loo.sweechin@gmail.com
Address	71 SINARAN DRIVE #13-02
Address complement	-
Postcode	308323
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	-

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL6701J
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SEN SAIKAT
Passport No/FIN	GXXXX844U

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOO SWEE CHIN
Gender	Female
Phone No	(Phone) +65-97836633
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BODY PAIN
Injured person in which vehicle?	SKL7495R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
5. 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' 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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 25/04/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

QUEENSWAY (TOWARDS ALEXANDRA RD B/F COMMERCIAL 74)

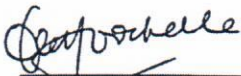
<div style="text-align: center;">A B</div>	<div style="text-align: right;">Veh A: SKL 7495R Veh B: GBL 6701J</div>
--	---

Describe Circumstances of the Accident

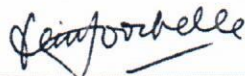
On 25 Apr 2023 at about 0945 I was driving on Queensway toward Alexandra Road before Commonwealth Ave on lane one. My front car slow down and stop i follow suit. Suddenly Veh B GBL 67013 hit on to my rear of my veh.

Declaration

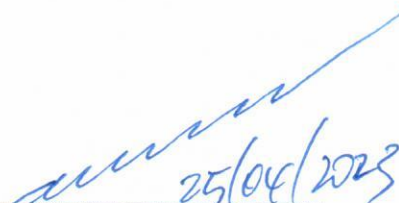
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


25/04/2023
Witnessed by Reporting Centre Personnel

3

Date of Accident : 25 Apr 2023 Accident Time: 0945 (24-HR-Format)
Accident Place : Queesway Ctoward Alexandra Road before Commonwealth
Vehicle. No. (Car Plate No.) : 9KL 7495R Make/Model: CLA 180
Insurance Company : China Taiping Policy No: DMPCL SNA00207952101
Owner or Company Name /IC No. : Loo Swee Chin
Owner or Company Contact No. : 97836633 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : S1623139H Loo Swee chin
DRIVER'S Date Of Birth : 16 May 1963 DRIVER'S License Pass Date 21 Oct 2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 71 Singaran Drive #13-02 S308323
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : (INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address : loo.sweechin@gmail.com
Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose
Any Injury (If YES, Pls state): YES, Neck Injury

Other Party Driver's Particular (if any)

Vehicle. No: <u>GRL 6701J</u>	Vehicle. No: _____
Vehicle Make/Model: <u>Nissan</u>	Vehicle Make/Model: _____
Name Driver: <u>Sen saikat (G75528444)</u>	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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
R SN
AN0596A
Cov. Type C

CERTIFICATE No.

DMPCSNA00207952101

Engine No.: 28291480269212

Cha. No.: WDD1183842N063362

1. Index Mark and Registration
Number of Vehicle

SKL7495R

2. Name of Policy Holder

LOO SWEE CHIN

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

28/10/2021
(00.00.00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers

Ex Sect. I - Age ≤ 25 S\$3,000.00

Ex Sect. I - Age ≥ 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

27/10/2022

5. 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, 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\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO - OCBC BANK LTD

* Limitations rendered inoperative by Section II 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.

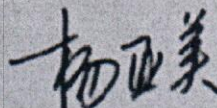
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Moses Chua Wen Jye
Authorised Officer



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	139H
Vehicle Details	
Vehicle No.:	SKL7495R
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jun 2023
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 AMG LINE AUTO
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	28291480269212
Chassis No.:	WDD1183842N063362
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$36,949.00
Original Registration Date:	28 Oct 2020
First Registration Date:	28 Oct 2020
Transfer Count:	0
Actual ARF Paid:	\$43,729.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Oct 2030
PARF Rebate Amount:	\$32,796.00
Intended COE Rebate Details	
COE Expiry Date:	27 Oct 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$40,301.00
COE Rebate Amount:	\$29,738.00
Total Rebate Amount:	\$62,534.00

The information contained herein is correct as at 25 Apr 2023

OK