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SN08234P0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 25/04/2023 12:05 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (25/04/2023 12:05 (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

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

25/04/2023 12:05 (SGT) Both Policyholder and Actual Driver 25/04/2023 09:45 (SGT) Queensway, Singapore TOWARDS ALEXANDRA ROAD BEFORE COMMONWEALTH Singapore

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

Vehicle Registration Number

SKL7495R

INSURED/POLICYHOLDER

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

No LOO SWEE CHIN SXXXX139H loo.sweechin@gmail.com (Phone) +65-97836633

#### 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 Cla180

Private use

1332

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNA00207952101

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LOO SWEE CHIN SXXXX139H 16/05/1963 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) 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	2
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. Rease 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' law yers/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.

Policyholder's Signatur Tirre		Signature (If driver is not the		nessed by Reporting	
Sketch Plan	GUEGNISWA	y (10WARDS	ALKYAN BRA	KD BF	Commercially
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			166 2: GBI	_6701J	
3					

escribe Circumstances of	2003 at about 0945 i n	vas driving on
dueensway toward	Aloxandra Road bofore Com	nonwealth Ave on
are one . My -	front car slow down and Sta	i follow suit. Suddenly
eh B GBL 670	old hit on to my rear i	of my veh.
		147
laration		
declare the foregoing particula	irs are true in every respect.	
		No.
bobelle	Jeinforbelle	11/
1000	A CONTRACTOR OF THE PROPERTY O	25/04/2
yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) /	Date Witness and by Paradia Carte
	& Time	Date Witnessed by Reporting Centre Personnel



Date of Accident	: 25 Apr 2023 Accident Time: 0145 (24-HR-Format)
Accident Place	: Queesway Ctoward Alexandra Road before common
Vehicle. No. (Car Plate No.)	: 3KL 7495R Make/Model: CLA180
Insurace Company	: China Taiping Policy No: DMPCS NA 0020795210
Owner or Company Name /IC No.	: Lou Swee Chin
Owner or Company Contact No.	: ' . 9783 6633 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: 51623139H 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 Sinaran Drive #13-02 8308323
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	:(NDOOR) OUTDOOR (c.g. working inside or outside office)
Email Address	: 100. Sweechin @gnail - 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 D	river):
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s heing used at the time of accident, Private use \ Work Duipose
	Party Driver's Particular (if any)
Vehicle. No: GBL 6701	Vehicle. No:
Vehicle Make\Model: Nissan	Vehicle Make\Model:
Name Driver: Sen Saikat	(G7552 8444) Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

CERTIFICATE OF INSURANCE

or Versicies (Third-Party Risks and Compensation) Act (Chapter 189) Autor Versicies (Third-Party Risks and Compensation) Rules. 1990 Riskd Transport Act, 1987 (Malaysia) Motor Versicies (Third-Party Risks) Rules. 1959 (Malaysia)

MX1E R SN AN0596A Cov. Type C

Engine No.: 28291480269212 Cha. No.:WDD1183842N063362 DMPCSNA00207952101 CERTIFICATE No.

SKI 7495R 1. Index Mark and Registration.

Number of Vehicle

4. Date of Expery of Insurance

LOO SWEE CHIN 2. Name of Policy Holder

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinarca or Enactment 28/10/2021 (00 00 00)

Named Drivers Ex Sect. 1

\$\$500.00 Additional Ex Other than Named Drivers

Ex Sect. 1 - Age <= 25 \$\$3,000.00 Ex Sect. 1 - Age >= 26 \$\$500.00

\* Age as at date of accident 55100 00 EX ON WINDSCREEN

5. Persons or Classes of Persons emblied 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.

27/10/2022

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tution driving test range 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 doubted. One time Warver of Excess for the first \$\$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 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)

Psease see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

traued By.

Moses Chia Wen Jye Authorised Officer

**Authorised Signatory** 

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:		
Owner ID:	Singapore NRIC	
Vehicle Details	139H	
Vehicle No.:	SVITAGER	
Vehicle to be Exported:	SKL7495R	
Intended Deregistration Date:	No 10	
Vehicle Make:	10 Jun 2023	
Vehicle Model:	MERCEDES BENZ	
Primary Colour:	CLA180 AMG LINE AUTO	
Manufacturing Year:	Black	
Engine No.:	2019	
Chassis No.:	28291480269212	
Maximum Power Output:	WDD1183842N063362	
Open Market Value:	100.0 kW (134 bhp)	
Original Registration Date:	\$36,949.00	
First Registration Date:	28 Oct 2020	
Transfer Count:	28 Oct 2020	
Actual ARF Paid:	0	
Intended PARF Rebate Details	\$43,729.00	
PARF Eligibility:		
PARF Eligibility Expiry Date:	Yes	
PARF Rebate Amount:	27 Oct 2030	
Intended COE Rebate Details	\$32,796.00	
COE Expiry Date:		
COE Category:	27 Oct 2030	
COE Period(Years):	E - Open - all except motorcycle	
QP Paid:	10	
COE Rebate Amount:	\$40,301.00	
Total Rebate Amount:	\$29,738.00	
information contained herein is correct as at 25 Apr 2023	\$62,534.00	

ОК