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SN08234R0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/04/2023 11:57 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/04/2023 11:57 (SGT))



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 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 1 of the Police for investigation.
 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 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

ACCIDENT STATEMENT

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

27/04/2023 11:57 (SGT) **Actual Driver** 26/04/2023 07:50 (SGT) TPE, Singapore TOWARDS (PIE) API API FLYOVER Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBL1268B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No Yes

SINGAPORE TOOL & DIE PTE LTD 1XXXXX378D

erichiew@stdsin.com (Phone) +65-96341552

VEHICLE PARTICULARS

Manufacturer

Variant

CC

Kia Model

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

K2500

Employment

No - Claiming third party Commercial vehicle Manual

2497

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00021102302

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

HIEW CHEE KEONG SXXXX994G 16/05/1977 Outdoor

Date Of Driving Pass 22/10/2004 Driving experience 18 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-96341552 Alt. Phone Number Email Address erichiew@stdsin.com Address 289B COMPASSVALE CRESCENT #08-335 Address complement Postcode 542289 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 Collision - Head to Rear Weather Conditions 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) 2 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 PASSENGER 1 STEPHAINE CHIEN JEN LING Name Gender Female 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 SMN5207K Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HIEW CHEE KEONG Gender Phone No (Phone) +65-96341552 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? GBL1268B Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No INJURED 2

Name of injured person STEPHAINE CHIEN JEN LING Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? **GBL1268B** Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 party service), which may be sited outside of Singapore, for one or more of the above Purposes.

* 017 318

Policyholder's Signature / Date & Time

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

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



Describe Circumstance of the Accident	
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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

Witnessed by Reporting Centre Personnel



Date of Accident	Accident Time: 750 (24-HR-FORMAT)
Accident Place	TYE (PIE) API API FIDER
Vehicle Reg. No (Car plate No.)	: CBL126FB Vehicle Make/Model: Kin K2500
Insurance Company	: China Thipping Policy No. Om NSNNOOON1102302
Name of Registered Owner	: Company/Individual Sing-pin Tool L DIE PULLS
ID of Registered Owner	: Co Reg No:Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 96341552
DRIVER'S Name	: HILW Chu Kung DRIVER'S NRIC No: 377739949
DRIVER'S Date of Birth	: 16 S 1977 DRIVER'S License Pass Date 22 10 7004
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 289B compassible crescy #08-335 S (542289)
DRIVER'S Contact No./ Alt No.	:1) 9634552
DRIVER'S Occupation	: INDOOR \OUTOOR (eg. working inside or outside of an ofc)
Email Address	: erichiew Q. stdsin. 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 Dri Was the accident reported to the policy Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the inj	ver): 2 Name & Gender; Stephanie Chien Jen Lity (F.) ce? YES \ NO camera: YES \ NO being used at the time of accident: Private use \ Workpurpose ured person) Stephanic Chien was Ling
Other 1	Party Driver's Particulars (if any)
Vehicle Reg No: Smn 5207 K	Vehicle Reg No:
Vehicle Make\Model:	
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : ENGLISH /	CHINESE) MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER	



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE_LTD

Motor Commercial

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ300/C

R SN AN0650B

Cov. Type:C

CERTIFICATE No.

DMCVSNW00021102302

Engine No.: D4CBM204535 Cha. No.: KNCSJX76LM7517885

Index Mark and Registration Number of Vehicle

GBI 1268B

AUTOSAFE

2. Name of Policy Holder

SINGAPORE TOOL & DIE (PTE) LTD

 Effective date of the Commencement of lnsurance for the purposes of the Regulations, (00:00:00)
 Ordinance of Englishment of the Regulations, (00:00:00) 24/03/2023

Excess Sect I.

\$\$350.00

Ordinance or Enactment

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

23/03/2024

5. 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 a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

6. Limitations as to use:

Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social, domestic or pleasure purposes.

The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

* 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: OKI
Authorised Officer

在北义 **Authorised Signatory**

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

@63896111

6222 1033

www.sg.cntaiping.com