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SN08235H0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 17/05/2023 13:37 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (17/05/2023 13:37 (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 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

17/05/2023 13:37 (SGT) Both Policyholder and Actual Driver 17/05/2023 08:45 (SGT) KJE, Singapore TOWARDS PIE AFTER WOODLANDS ROAD Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJU8152M

INSURED/POLICYHOLDER

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

No TAN HORNG HAW SXXXX330Z richard@richardtan.com (Phone) +65-92375330

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Renault Scenic

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

Private use

No - Claiming third party Private car

Auto 1461

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00151622200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN HORNG HAW SXXXX330Z 21/10/1976 Indoor

Date Of Driving Pass	10/01/2013
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92375330
Alt. Phone Number	_
Email Address	richard@richardtan.com
Address	BLK 412A FERNVALE LINK #10-17
Address complement	BLK 412A PERINVALE LINK #10-17
	701412
	791412
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	
1 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	
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?	=
ii yoo, againet witowi	
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
neasons for flot uploading a video of the accident	THE CONTENT
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD9424M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	4
Vehicle Category	Private car
Name of Driver	_



Contact Number	_
Address	_
Address complement	
Postcode	Since
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 Gender	TAN HORNG HAW Male
Phone No	(Phone) +65-92375330
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJU8152M
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 Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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
- (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
- (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 / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

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

Sketch Plan PIE slass for road SJU815 Valuede B SUD 9424 M

Describe Circumstance of the Accident
I was traveling along the
I was traveling along KTE towards PIE after woodland road.
The cehicle intrant of me slow down and stop, I tollowed to
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slow com & stop without any contact with the front velicit.
Suddenly I helt a large impact from the rear of my afficle.
T
I got down and realised wericle BCSL D9424 m) had hit auto
the 180+ reproof my validy.
Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (il driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

(3)

Doto of t		
Date of Accide	nt : 17/	5/2023
Accident Place	: kī	5/2023 Accident Time: 8: 45 am (24-HR-FORMAT)
Vehicle Reg. No	o (Car plate No.) : 57	E towards PIE after woodland road
Insurance Comp		USIZZM Vehicle Make/Model: Renault scenic
Name of Regist	ered Owner : Com	a taiping Policy No. DMPCSNW0015/622200
ID of Registered		Party Middle TAN HORNE HILW
OWNER EMAIL ADDRES	SS: TAN-COM : Co C	eg No: Owner's NRIC No: 57675 33 D. Z
DRIVER'S Nan	A second	Owner's Contact No: 9237 6605
DRIVER'S Date	e of Birth : 21/1	HORNE HAW DRIVER'S NRIC No: 576753302
Relationship bet.	Owner & Driver : Spous	0/1976 DRIVER'S License Pass Date 10/61/2013
DRIVER'S Add	ress : 412,	A Feen when the second of the
DRIVER'S Cont	act No./ Alt No. :1) Q	4 Ferning line #10-17 5(791412)
DRIVER'S Occu	pation ANDO	237 6605 2)
Email Address	:	OR OUTDOOR (eg. working inside or outside of an ofc)
Weather & Road S	Surface : ŒA	R & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Report	ing Only \ Chaim Other Party \ Claim Own Insurance
Was there any vide	eported to the police? YES Captured by car camera: which vehicle was being use (name of the injured pe	Name & Gender: TAN HORNE HAW  DE NO ed at the time of accident: Private use \ Work purpose
Vehicle Reg No: 51	Other Party Dr	The state of the s
	12411	Vehicle Reg No:
Name DRIVER:		Vehicle Makeil/Model:
IC No. DRIVER:		Name DRIVER:
DRIVER'S Contact & :	add:	JC No. DRIVER:
REPORT FORM EXPLA	AINED IN : ENGLISH CHINESE /	DRIVER'S Contact & add:
WHO REPORTED THE	ACCIDENT: OWNER / DRIVER	60H



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, 1980 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1E

SN

AN0478A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00151622200

Engine No.: K9KF649D037069

Cha. No.:VF1RFA00660211688

1 Index Mark and Registration

SJU8152M

AUTOSAFF

Number of Vehicle

2. Name of Policy Holder

TAN HORNG HAW

Named Drivers Ex Sect 1

\$\$500.00

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

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25

\$\$3,000.00

4. Date of Expiry of insurance

21/07/2023

Ex Sect. 1 - Age >= 26

\$\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . 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

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.

\* 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.

**Authorised Signatory** 

Issued By: Tan Xin Yi Josephine **Authorised Officer** 

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

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