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SN08235T0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 29/05/2023 11:54 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (29/05/2023 11:54 (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 Drive

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.

4. The issue and acceptance of this Politics 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 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

29/05/2023 11:54 (SGT) Both Policyholder and Actual Driver 27/05/2023 13:05 (SGT) Kim Seng Rd, Singapore TOWARDS HAVELOCK ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ1049K

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No No

DENG LULIN SXXXX337I

brave.deng@yahoo.com (Phone) +65-91037520

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

Toyota

Corolla

Private use

No - Claiming third party

Private car Auto

1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00242322201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

DENG LULIN SXXXX337I 15/01/1972 Indoor



Date Of Driving Pass	15/11/2014	
Driving experience	8 YEARS AND 6 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-91037520	
Alt. Phone Number	-	
Email Address	brave.deng@yahoo.com	
Address	60 HAVELOCK ROAD #03-09	
Address complement	•	
Postcode	169658	
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	110	
vollido riogidador riambo o o o o o o o o o o o o o o o o o o	-	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Chain Collision	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
OTHER INCOMMENTAL		
we are foreign valide involved in the accident?	No	
Was any foreign vehicle involved in the accident?		
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)	3	
Has the driver been approached by unknown person(s)	Na	
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		
	OUEN TAG	
Name	SHEN TAO	
Gender	Female	
PASSENGER 2		
Name	DENG MIAO XUAN	
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		
SINOSIII VII I I I I I I I I I I I I I I I I		
PLEASE REFER TO SKETCH PLAN		
FLEASE NEI EN TO GRETOIT ET		
ATTACHMENT(S)		
VITVOLIMENT(6)		
A	Vac	
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes WITH OWNER	
Reasons for not uploading a video of the accident	WITH OWNER	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5373J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF2890D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	•
Insurance Company Name	-
Nature Of Damage	∺ 1
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	DENG LULIN
Gender	Male
Phone No	(Phone) +65-91037520
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	#)
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ1049K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	SHEN TAO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ1049K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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 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)

Lunderstand, 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
- (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 Signature / Date & Time

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

Witnessed by Reporting Centre

& Time

Personnel

Sketch Plan

Describe Circumstances of the Accident

								THURSDAY STORES		
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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

Witnessed by Reporting Centre

Personnel



Date of Accident	: 17/51701 3 Accident Time: 1305 (24-HR-Format)
Accident Place	: Kim Sengtond towards Havelock Dand
Vehicle. No. (Car Plate No.)	: SMQ 1049 K Make/Model: Toward Conolla Athis/ 6 elis arce
Insurace Company	: Ching Taiping Policy No: DMPCSNW0024232720 (Muli)
Owner or Company Name /IC No.	: DENG LYLIN SC7267337 I)
Owner or Company Contact No.	: 9103 752 Downer's HpCompany Tel
DRIVER'S Name / IC No.	: same as above
DRIVER'S Date Of Birth	:15/1/1472 DRIVER'S License Pass Date 15/12/7014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 60 Havelock hoad #03-04 5(169658
DRIVER'S Contact No./ Alt No.	2) 9103 7520
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: brave.deng @ Yahoo. 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): 3 pay Indrela dur
Was there any video Captured by ca	ar camera: YES\NO s being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if any)
Vehicle. No: SLQ 537 33	(B) Vehicle. No: GBF 2890D (C)
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name & Hen Tao (F) Nent Miao Xwan	gender:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PLE LTD

Molor 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 Trensport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

MX1F

AN0729A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00242322201

Engine No.: 1ZR0E27563

Cha. No.:MR053REH604599402

Index Mark and Registration

SMQ1049K

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

DENG LULIN

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

30/10/2022

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

29/10/2023

Ex Sect. 1 - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. 1 - Age >= 26 * Age as at date of accident

EX ON WINDSCREEN.

\$\$100.00

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 Walver of Excess for the first \$\$500 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.

Issued By:____ Elise Lim Xin Yi **Authorised Officer**

Authorised Signatory

China Yaiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 8 3 Ansen Road #16-00 Springleal Tower Singapore 079909

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www.sg.cntalping.com