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SN08236D0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/06/2023 17:14 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (13/06/2023 17:14 (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

13/06/2023 17:14 (SGT) Both Policyholder and Actual Driver 11/06/2023 20:45 (SGT) 220b Sumang Ln, Singapore 822220

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFV8876A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No WONG YEW CHOONG RAYMOND SXXXX785B reporting@mycar.sg (Phone) +65-97117717

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

Honda Freed

1496

Employment

No - Claiming third party Private hire Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00023212200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

WONG YEW CHOONG RAYMOND SXXXX785B 26/07/1970 Indoor



Date Of Driving Pass 28/03/1989 34 YEARS AND 3 MONTHS Driving experience Gender Male (Phone) +65-97117717 Mobile Number Alt. Phone Number **Email Address** reporting@mycar.sg BLK 789 WOODLANDS AVENUE 6 #06-645 Address Address complement 730789 Postcode 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 Side Swipe 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 6 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 Name UNKNOWN Gender Male PASSENGER 2 UNKNOWN Name Gender Male PASSENGER 3 Name UNKNOWN Gender Male PASSENGER 4 Name UNKNOWN Gender Female PASSENGER 5 Name UNKNOWN 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?

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 <u>truthful</u> and <u>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.
- 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.

Policyholder's signature / Date & Time

Driver's Signature / Date & Time

Driver's Signature / Date & Time

Driver's Signature / Date & Time

Sketch Plan

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(Name as in NRIC/ID card)

A - SFV S876A

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 & Time

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

Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 11 / 06 / 33 (dd/mm/yy) Time of Accident: 30 : 45 (24-HR-FORMAT) Vehicle No.: SFV 8876A Vehicle Make & Model: Handa Fred *Transmission : o Manual o(Auto Exact location of Accident: Policyholder's Name: Wong Yew Choong Raymon NRIC/FIN/REG No.: 57014785B *Policyholder's email address : Driver's Name: 95 about NRIC/FIN/REG No.: *Driver's email address: Driver's Contact No.: 97117717 Date of birth: 26/7/70 Driving Pass Date: 28/3 Driver's Address: BLK 789 Woodlands Avc. 6 # 06 - 6450 Insurance Company: China Taiping. Policy No.: DMI+Chw00023212200 Type of Coverage: Comprehesive Third Party / Third Party, Fire & Theft Relationship between Owner & Driver: (Please CIRCLE one only) Owner Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) o Own Insurance / a Other Vehicle (The one you want to claim against)/ o Reporting (For Record Purpose) Tyce of Accident o Chain Collision o Head To Rear o (ide Swipe) Other_____ Occupation (nature job) o (ndoor) o Outdoor *No. of Passengers / Including Driver): *Passenger Name: Dassay 2 Gender: Male /(Female) pussunger 3 *Passenger Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: Was there any video captured by your car Car camera? (O Yes) o No Any Injuries: o Yes / o (No) (If YES) Injured Person' Name: Injured Person in Which Vehicle : _____ Any injured conveyed to hospital by ambulance? : o Yes o No Police Report field: o Yes / o(No) If YES) Which Police Station: The Other Party (S) Details: 1. Driver's Name / IC No: Driver's Contact No: Insurance Company : *No. of Passenger/(including Driver) : ___ (If policyholder is not sure or did not check, please state so in the description portion of the report) 2. Driver's Name / IC No (If Any): Vehicle No: Driver's Contact No: Insurance Company : *No. of Passenger/(including Driver) : ______ (If policyholder is not sure or did not check, please state so in the description portion of the report) *Independent Witness (If Any): ______ Contact No: ____



中国太平保险(新加坡)有限公司

Motor Hire Car

CERTIFICATE OF INSURANCE

MZ406L/B

SN

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)

AN0006A Cov. Type:C

CERTIFICATE No.

DMHCSNW00023212200

Engine No.: L15B4465611

Cha. No.:GB51121419

Index Mark and Registration

SFV8876A

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

WONG YEW CHOONG RAYMOND

Effective date of the Commencement of 06/12/2022 Insurance for the purposes of the Regulations, (00:00:00)

06/12/2022

Excess Sect I.

\$\$1,250.00

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Ordinance or Enactment

Excess Sect. II

\$\$1,250.00

4. Date of Expiry of Insurance

14/01/2024

Excess Sect.II (Outside Singapore).

\$\$2,500.00

EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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

WONG YEW CHOONG RAYMOND

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : ALFA CREDIT PTE 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: ALFA CREDIT PTE LTD

6222 1033

www.sg.cntaiping.com

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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