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SN08237H000A / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/07/2023 10:10 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/07/2023 10:10 (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

18/07/2023 10:10 (SGT) Both Policyholder and Actual Driver 15/07/2023 03:15 (SGT) Eu Tong Sen St, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLS4630M

INSURED/POLICYHOLDER

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

EDMUND TAN GUO HAO SXXXX873I edmund.tgh@outlook.com (Phone) +65-87389739

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Honda Jazz

Private use

No - Claiming third party Private car Auto 1497

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00088672301

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

EDMUND TAN GUO HAO SXXXX873I 08/04/1992 Outdoor

Date Of Driving Pass 29/06/2012 Driving experience 11 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-87389739 Alt. Phone Number Email Address edmund.tgh@outlook.com Address BLK 782A WOODLANDS CRESCENT #12-301 Address complement Postcode 731782 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 on collision 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) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Woodlands East Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18007679999 Police Station Address 3 Woodlands Drive 63 Singapore 737890 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230715/2082 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 SKD729E Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	Private car
Contact Number	
Address	-
Address complement	
Postcode	-
Insurance Company Name	Income Income I to the I
Nature Of Damage	Income Insurance Limited
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	
	-

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
- 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.
- 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 aforesald.
- 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

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

EU TOMU SEM SIEME

Vehicle A

Vehicle B

SKP7296

SUMPLES

Vehicle B

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	e Actual Driver's Signatur			111	18/07/





1 of 3

Report No. T/20230715/2082

Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/07/2023 15:54		Vide Report No.: A/20230715/0045	Station Diary No.: 44
Informa	nt's Partic	ulars		
	Informant: D TAN GU		Address: APT BLK 782A WOODLANDS SINGAPORE 731782	S CRESCENT #12-301
National	D / S92138		Contact No.: Home/Office: Email:	Mobile: 81389739
Sex: Male	Age: 31	Date of Birth: 08/04/1992	Type of Informant: Driver	
Race: Chinese			Language: English	
			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 15/07/2023 03:00	Type of Location X-Junction
Location: EU TONG SE	N STREET			
Weather:	· ·	0-10-6	Production of the Control of the Con	
Clear		Road Surface: Dry	17	
777		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collisi Between Mov	on: ing Vehicles - Head To Sid	е		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD729E	Car				Seriously Damaged	CONTRACTOR OF THE PARTY OF THE
SLS4630M	Car	HONDA	HONDA JAZZ 1.5L A	Blue	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS4630M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000886 72301	07/07/2023	06/07/2024





2 of 3

Report No. T/20230715/2082

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No				
No. of Pedestrian	s Injured: NIL	Use of Ped	destrian	Cross	ing: NA
Driver					
Name	SASHEN KUMAR S/O THANA	BAL	ID No.		S9738155J
Related Vehicle	SKD729E (Car)		Conta	ct No.	91472131
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	f Injury	NIL	
Driver					
Name	EDMUND TAN GUO HAO		ID No.		S92138731
Related Vehicle	SLS4630M (Car)		Conta	ct No.	81389739
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o	f Injury	NIL	

Brief Details.

On 15/07/2023 at about 0300hrs, I was driving my vehicle bearing plate SLS4630M along North Canal Road on the third lane form the left and was approaching the junction of Eu Tong Seng. I was making a right turn and had stopped my vehicle at the right turn box.

While my vehicle was stationary, suddenly a car bearing plate SKD729E had hit onto the front right side of my vehicle. The said vehicle was driving at about 70-80km/hr. The impact was hard and as a result, the front right side of the vehicle headlight was damaged and also the front right side of the tyre was punctured. Immediately I called the police. Traffic police attended and seized my in-car camera sd card. No one was injured at that point of time.

I was advised by the officer to lodge a police report.





3 of 3

Report No. T/20230715/2082

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

Signature of Officer Recording The R	eport:
SGT 3 MUHAMMAD SHAHREL BIN ALI	Ja
Signature Of Interpreter: Not applicable	

Officer In Charge Of Case:

Contact No.: 65476311

SR STAFF SGT TAN JUN YAN

	12.
Date/Time: 15/07/2023 15:54	
Classification Of Case:	

NP168

TP / GIT /



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

MX1F

R SN

AN0655B

Cov. Type:C

CERTIFICATE No.

DMPCSNW00088672301

Engine No.: L15A71003981 Cha. No.;JHMGE88509S203233

Index Mark and Registration Number of Vehicle

SLS4630M

AUTOSAFE

2. Name of Policy Holder

EDMUND TAN GUO HAO

Effective date of the Commencement of

07/07/2023

Named Drivers Ex Sect. I

\$\$500.00

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

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

4. Date of Expiry of Insurance

06/07/2024

Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$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\$500 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.: UNITED OVERSEAS BANK 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: ACEPRO INSURANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory

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

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www.sg.cntaiping.com