SD0824990002-01 / Ding Auto Pte Ltd ENTRY DATE & TIME: 09/09/2024 13:45 (SGT) SUBMITTED BY: Ding Auto - Claims Dept VERSION: 2 (10/09/2024 13:55 (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 First Submission 09/09/2024 13:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 30/08/2024 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information **HOUGANG STREET 51** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

GR11106498

05/10/2023 00:00 (SGT)

Vehicle Registration Number SNM6073R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SG CAR CHOICE LEASING PTE LTD Company Reg No 2XXXXX892N Email Address leasingops@carchoice.com.sg Mobile Phone No (Phone) +65-91999068 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Fit Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1317 Vehicle Fuel Petrol First Regisration Date 05/10/2023

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00003412400

DRIVER

Chassis no

Effective Date/Time of Ownership

Name of Driver	RIDHWAN KAY @ALVIN TAN KEE SOON
NRIC No	SXXXX193I
Date Of Birth	11/01/1969
Occupation Driving Pass Date	Outdoor
Driving License Pass Class	18/11/1992
Driving License Validity	3 Valid
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91001200
Alt. Phone Number	-
Email Address	leasingops@carchoice.com.sg
Address	831 TAMPINES STREET 83 #04-68
Address complement	-
Postcode	520831
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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?	Ī.
Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	FBJ5843A -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ARFA
Contact Number	(Phone) +65-96482013
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

cribe Circumstance of the Acc	aldent
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On Any	3024 2024 21 130 pm 18th 1 104 days
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declare the foregoing particulars	are true in every respect.
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holder's Signature / Date & Time	Driver's Signature (if driver is not to policyholdor) / Date Witnessed by Reporting Centre Personnel 8. Time (Name &s in NRIG/ID cord)

2

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 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 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, involces, 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 lawvers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

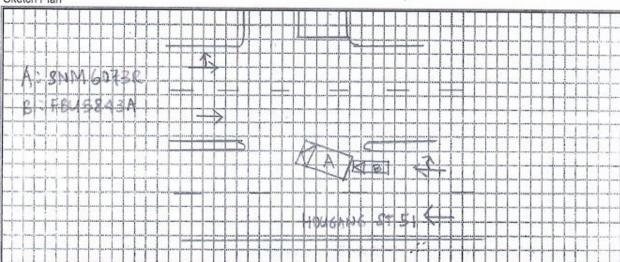


Policyholder's Signature / Date & Time

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

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

Sketch Plan



















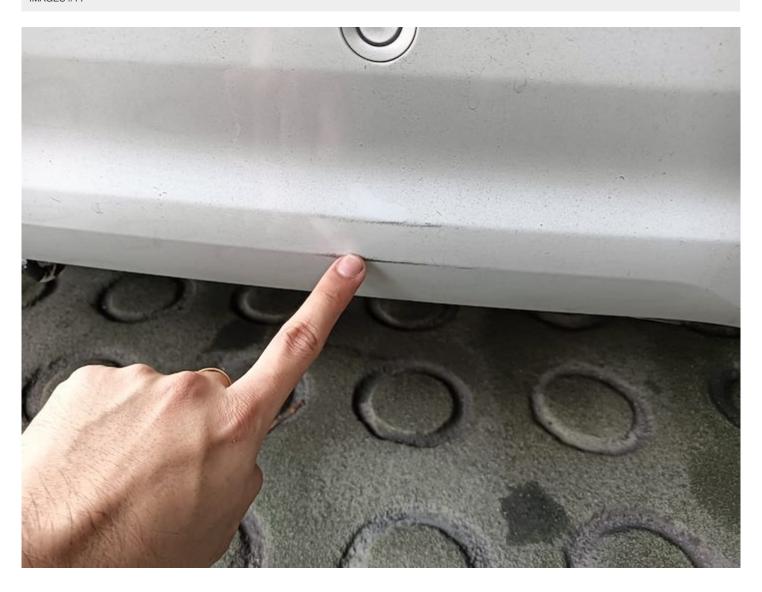




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

	ADDEN	DUM		
(A)	PARTICULARS OF PERSON MAKING THE AMENDMEN	TS:		
	Original Report No: SD0824 990002 RIDHWAN KAY	Vehicle Registration	No:_	SNM6073R
	Name (as shown in NRIC): @ALVIN TAN KEE SOON	NRIC/FIN/Passport	No: S	669001931
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as a	ppropriate		
	Address: 831 Tampines St 83 #04-68			Singapore /52083
	Contact (Tel):	Mobile No.: 9100	1200	Singapore (02003)
	Email Address: leasingops@carchoice.com.sg	_		
ı	Date of Accident: 30.08.24	_ Time of Accident: 13	30	
F	Place of Accident: HOUGANG ST 51			
1	nsurance Company: China Taiping Insurance	ce		
-	I wish to amend 3rd party vehicle no. to FBJ5	843A		
_				
20				
_				
_				
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-	F			

Policyholder / Driver's Signature Date: 10.09.24

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:

GIARMC Addendum Form



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

CERTIFICATE OF INSURANCE

MZ406L/B

N SN

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act 1987 (Nallaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0687B Cov. Type:C

CERTIFICATE No.

DMHCSNA00003412400

Engine No.: L13B1608416 Cha. No.:GR11106498

Index Mark and Registration Number of Vehicle

SNM6073R

AUTOSAFE

2. Name of Policy Holder

SG CAR CHOICE LEASING PTE, LTD.

Effective date of the Commencement of 13/03/2024 Insurance for the purposes of the Regulations, (00.00:00) Ordinance or Enactment

Excess Sect 1 . \$\$2,000.00 Excess Sect. I (Outside Singapore)

5\$4,000.00 \$\$1,500.00

4. Date of Expiry of Insurance

12/03/2025

Excess Sect. II Excess Sect.II (Outside Singapore). \$\$3,000.00 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

6. Limitations as to use:*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 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.: TOYOTA FINANCIAL SERVICES SINGAPORE 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).

©6389 6111

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Hong Jia Ling Agnes Authorised Officer

Authorised Signatory

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

₱6222 1033

www.sg.cntaiping.com