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.

- 4. The issue and acceptance of this is form by instrained 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 21/06/2024 20:12 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/06/2024 18:15 (SGT) Exact Location of Accident Singapore Additional Location Information ZEBRA CROSSING TOWARDS KPE TUNNEL Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMX8543G

Byd

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BYD (SINGAPORE) PTE LTD Company Reg No 201409518W Email Address WANTZEZI@HDT.COM.SG Mobile Phone No (Phone) +65-97558916 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model E6 Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00051372402

DRIVER

Name of Driver wan tze zi NRIC No S9350500Z Date Of Birth 04/11/1993 Occupation Indoor

Driving Pass Date 22/12/2015 Driving experience 8 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-97558916 Alt. Phone Number Email Address WANTZEZI@HDT.COM.SG Address 237 LORONG 1 TOA PAYOH #06-36 Address complement Postcode 310237 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMD8786M

Nissan

Note

Accident report SD08246L0003

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97961900
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 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;

& Time

- (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 &

21/6/24 Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

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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

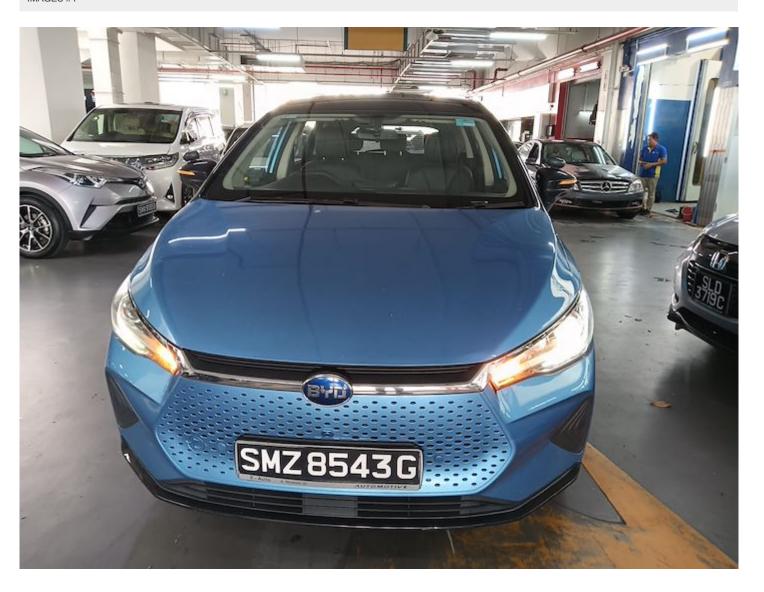
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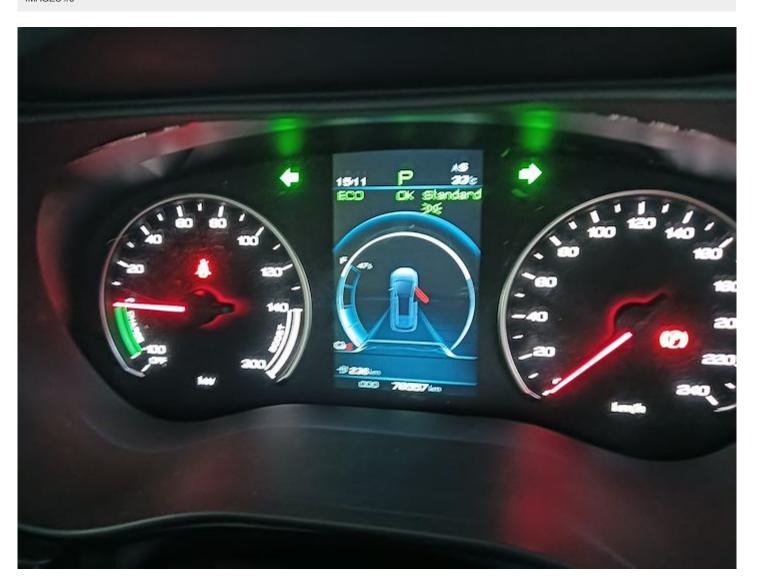
Witnessed by Reporting Centre Personnel





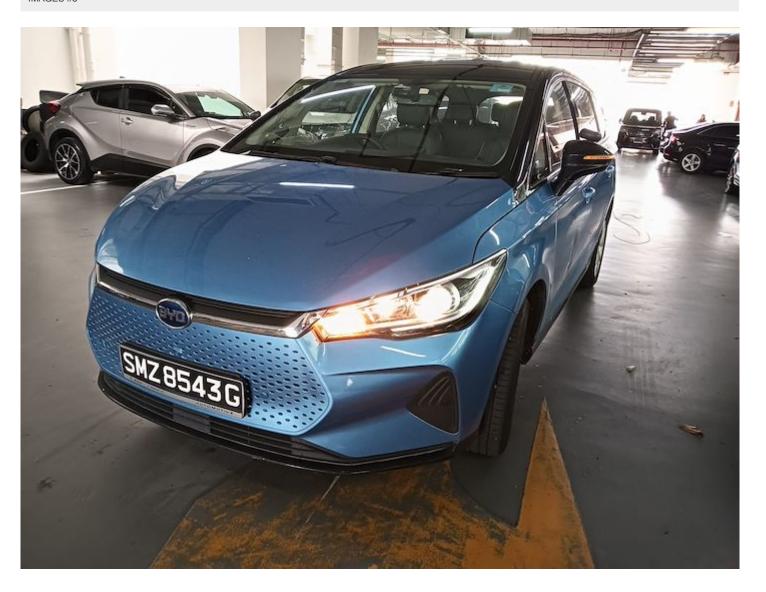
















T/20240621/7055

1 of 3

Police Station Of Origin: Traffic Police

Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20240621/7055

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 21/06/2024 14:35			Vide Report No.:	Station Diary No.	
Informant's	Particulars				
Name of Informant: WAN TZE ZI ID Type / ID No.: NRIC NO / S9350500Z Nationality: SINGAPORE CITIZEN			Address: 237 LORONG 1 TOA PAYOH #06-36 SINGAPORE 310237		
		Z	Contact No.: Home/Office:	Mobile: 97558916	
		40p	Email: wantzezi@hdt.com.sg		
Sex: Age: Date of Birth: Female 30 04/11/1993		Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Electrical engineer			Driving Licence Information: Class: 3	Date of Expiry:	

Seneral Information Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2024 18:15	Type of Location: Bend
Location: KPE Zebra Crossin Weather: Clear	ng	Road Surface: Dry		
Traffic Flow: Traffic Control: One Way Pedestrian Crossing		100	ffic Volume: avy	
Type of Collision:	/ehicles - Head To	Rear		yone conveyed by bulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD8786M	Motor car	NISSAN	Note	Blue	Slightly Damaged	0
SMX8543G	Motor car	BYD	New E6	Blue		0

Details of Veh	nicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMX8543G	China Taiping	DMPCSNW00051372 402	21/05/2024	20/05/2025



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 3 Report No. T/20240621/7055

CONTINUATION OF REPORT

Details of Person					
Any Pedestrian In					
No. of Pedestrians	Injured: NIL	Use of Ped	estrian	Crossin	o NA
Driver		00001100	ooundin	01000111	g. 1471
Name	WAN TZE ZI		ID No).	S9350500Z
Related Vehicle	SMX8543G (Motor car)		Conta	ict No.	97558916
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2024	Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree of I		NIL	

Brief Details.

It was a clear day and vehicle did not stop in time at the zebra crossing towards KPE and hit the car in front.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20240621/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2024 14:35
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:
This report is lodged at Thomson NPP NP168	

BYD (SINGAPORE) PTE. LTD.



Registration No. 201409518W

21 June 2024

PRIVATE & CONFIDENTIAL

China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Dear Sir/Madam,

VERIFICATION OF EMPLOYMENT

This is to certify that Ms Wan Tze Zi (NRIC: Sxxxx500Z), she is employed by BYD (Singapore) Pte Ltd since 1 July 2022 till present as Assistant Manager - Engineering (Distributor/Training). She is authorize to drive the Company Vehicle SMZ8543G and file the accident report.

Yours sincerely BYD (Singapore) Pte Ltd

Molie Ng Ms) Manager - HR & Admin

Address: 151 Lorong Chuan #04-03B New Tech Park Lobby C Singapore 556741 Tel: (65) 6715 7863, Fax: 62580774



中国太平保险 (新加坡)有限公司

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, 1960
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX4F

SN BR0129A

Cov. Type:C

Engine No.: 220014623

CERTIFICATE No.

DMPCSNW00051372402

Cha. No.:LC0CE4DC3M0003156

Index Mark and Registration

SMZ8543G

Number of Vehicle

BYD (SINGAPORE) PTE. LTD.

\$\$1,650.00

2. Name of Policy Holder

21/05/2024

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

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

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26 \$\$3,000.00 \$\$500.00

4. Date of Expiry of Insurance

20/05/2025

 Age as at date of accident EX ON WINDSCREEN .

S\$100.00

Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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.

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 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 S\$500 will apply to the outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Walver 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.

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: DE HILLS RISK SERVICES PTE LTD Authorised Officer

China Taiping Insurance (Singapore) Pte, Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

©6389 6111

6222 1033

www.sg.cntaiping.com

LETTER OF ACKNOWLEDGEMENT

Date: 21/06/1014	
ACCIDENT INVOLVING Smy 85436	& SmD 8186m ON 20 6 2024
ALONG FPE	
To Whom It May Concern:	
I, BYD (SINGAPORE) ME LIO (NRIC:	201409518W) am the policy holder of Smx 85439
a to the second	d above, due to unforeseen circumstances; I am unable to be presenticle during the said accident to lodge the accident report.
For any enquires regarding this matter, you may contain	tact me at:
Contact Number: 9735 9755 8916	
Email Address: Wantzez: @hdt.10m.39	
Thank You & Warmest Regards,	