SS2X246J0005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 19/06/2024 14:30 (SGT) SUBMITTED BY: CHRIS ANG VERSION: 1 (19/06/2024 14:30 (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

- 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 19/06/2024 14:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/06/2024 15:30 (SGT) Exact Location of Accident PIE. Singapore Additional Location Information **TOWARDS ADAM ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

1596

Vehicle Registration Number SNH520H

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner YIN ZHI NRIC No S8779258G Email Address YINZHI@LIVE.COM.SG Mobile Phone No (Phone) +65-85712789 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Mode C180 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00017352402

DRIVER

CC

Name of Driver YIN ZHI NRIC No. S8779258G Date Of Birth 14/11/1987 Occupation Outdoor

Driving Pass Date 20/05/2016 Driving experience 8 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-85712789 Alt. Phone Number Email Address YINZHI@LIVE.COM.SG Address 66 POTONG PASIR AVE #07-26 THE TREVER Address complement Postcode 358394 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name No 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT - T/20240615/7037 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1**

YQ1373G

C Accident report SS2X246J0005

Vehicle Registration Number

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	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU3296P
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 3

Vehicle Registration Number	SJP3485
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	YIN ZHI Male
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SNH520H
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	No

escribe Circumstances of the Accident		1
I was driving a long PIE towards to Adam Rd. On 5:20 Pm. I was followed the vehicle in front of my heard a bong sound and felt impact from my hous collided onto lear portion of my webicle	14/06/2024 around	-
5:30 Pm. I was tollowed the vehicle in front of m	ie to stop suddenti	1
theard a bang sound and telt impact from my r	ear, venige 10151	367
was collided onto lear portion of my web-cle		-
felt uncomfortable after accident with consult do		
The month project to the montest that was sent at	/OUV	1
	No. Laboration Co.	
	The second secon	
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		-
M		-
	200	
		-
		-
		-
		+
	No.	
		-
		-
		-
claration		
o declare the foreneine necticulare and the land		
a declare the foregoing particulars are true in every respect.		
X.		
\d		
	Witnessed by Reporting Centre	_

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.
- 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' 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;
- (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.

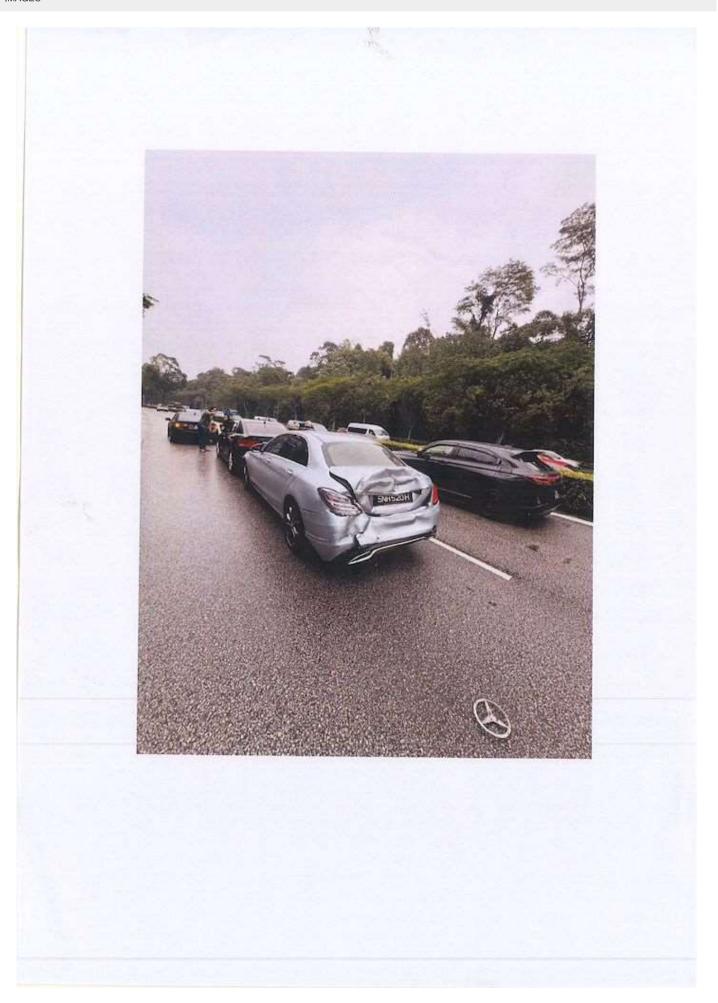
Policyholder's Signature / Date & Time 43 Pm 18 June 2014
Sketch Plan

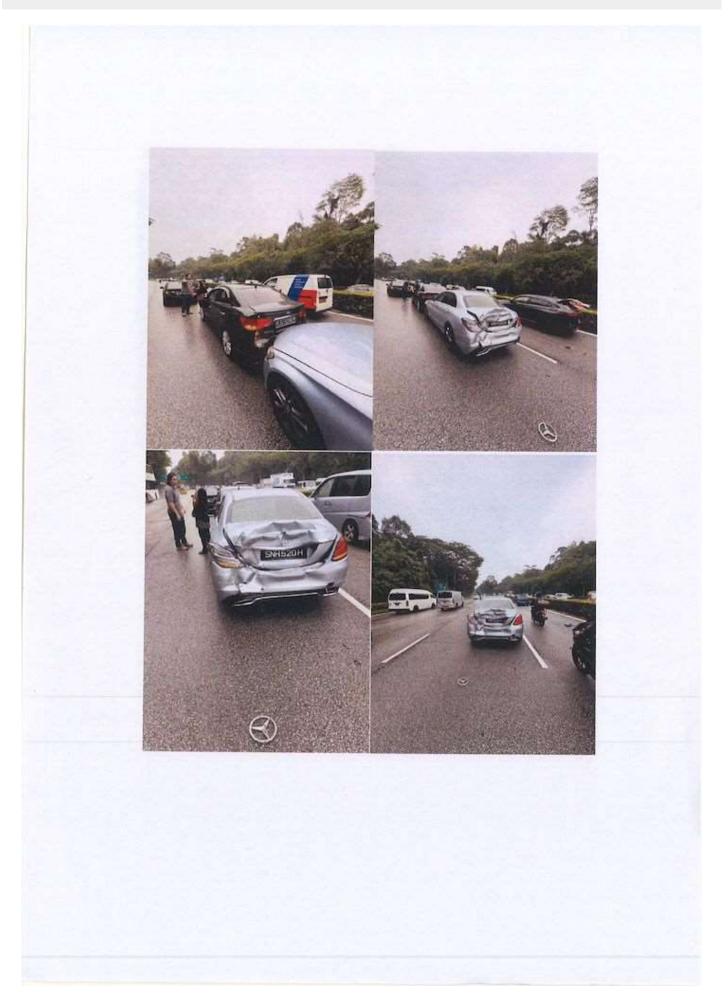
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

CA CACA

Vehicle A: SNH SDOH Vehicle B: YQ1373 G Vehicle C: SJU 3296 P Vehicle D: SJP 3485



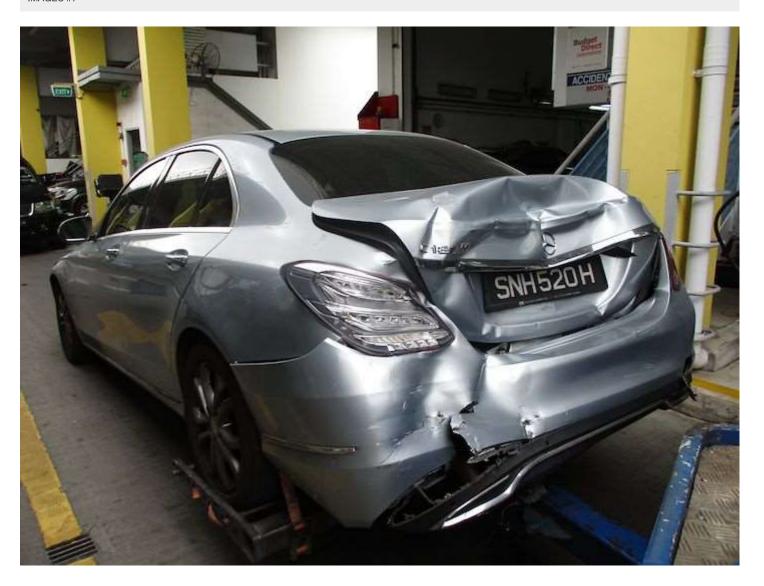




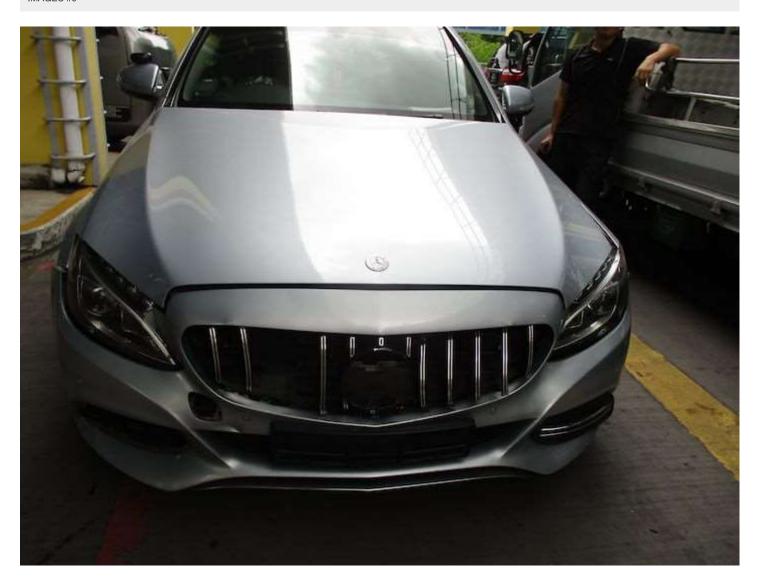


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240615/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2024 14:21		ide:	Vide Report No.:	Station Diary No.:			
Informan	t's Particular	S					
Name of Informant: yin zhi			Address: 66 Potong Pasir Avenue 1 #07-26 The Tre Ver SINGAPORE 358394				
ID Type / NRIC NO	ID No.: 7 S8779258	3G	Contact No.: Home/Office:	Mobile: 85712789			
Nationality: SINGAPORE CITIZEN		N	Email: yinzhi@live.com.sg				
Sex: Age: Date of Birth: Male 36 14/11/1987		Type of Informant: Driver					
Race: Chinese			Language: English				
Occupation: Real estate agent		Driving Licence Informatio Class:	n: Date of Expiry:				

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/06/2024 15:30	: Type of Location	
Location:					
JALAN SEJARAH					
Weather:		Road Surface:			
Weather: Traffic Flow:		Road Surface: Traffic Control:	Traf	fic Volume:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of December
SJP3485	Motor car	Iviano	woder	COIOI	Condition	No of Passenger
SJF 3400	Iviotor car					0
SJU3296P	Motor car					0
	100-200-200-20			3,100		
SNH520H	Motor car	MERCEDES BENZ	C180 AVANTGARD E (R17 LED)	Silver		0
TQ1373G (Not Accurate)	Lorry		100			0





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

2 of 3 Report No. T/20240615/7037

CONTINUATION OF REPORT

Details of Vel	nicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNH520H	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNA00017352 402	31/01/2024	31/01/2025

Any Pedestrian In	volvad: Na					
No. of Pedestrian		111	so of Bodoot	telon.	Crossla	w. NA
Driver	s injured. IVIL	0:	se of Pedest	ınan	Crossin	g: NA
Name	ZHI YIN		11	D.M.		Loozzooco
Hame	ZHI HIN			ID No.		S8779258G
Related Vehicle	SNH520H (Motor car)			Conta	ct No.	85712789
	The state of the s			, , , , ,	0,110,	00112100
Hospital/Clinic	NIL		C	lass	of	Class: 3A
	Scrawo			rivin		Date of Expiry: NIL
			Licence & Expiry Date			
Date Treatment	NIL	ate Dischard	100	NIL		
No. of Days grant	ed Medical Leave (MC) NIL		egree of Inju		Slight	
Driver		de la compa			-	
Name	yin zhi		11	D No.		S8779258G
	AND ALICANDES AND					2000 CA 90 S 800 S 500 S 50
Related Vehicle	SNH520H (Motor car)			Conta	ct No.	85712789
HB-ROR-I-				4		
Hospital/Clinic NIL			1000	Class of Driving Licence &		Class: NIL Date of Expiry: NIL
			E	xpiry	Date	
Date Treatment	NIL	D	ate Discharg	Discharge NIL		
No. of Days grante	ed Medical Leave (MC) NIL		egree of Inju		NIL	

Brief Details.

330pmpie600Adam rd

Lorry

A TQ1373G Wing Teck Express G2405527 Rajendiran Prabakaran 84166851 93214584 B SNH520H

C SJU3296P 97658821

D SJP3485 87643554

Dairy FarmSTK AUTO SPTE LTD435pm 5pmMount E A&E 5



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



3 of 3 Report No. T/20240615/7037

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: 15/06/2024 14:21
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:
SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	
NP168	



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, 1980 Road Transport Act, 1987 (Maleysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Maleysia)

R SN AN0710A

MX1E

Cov. Type:C

CERTIFICATE No.

DMPCSNA00017352402

Engine No.: 27491030398555 Cha. No::WDD2050402R077499

Index Mark and Registration Number of Vehicle

SNH520H

2. Name of Policy Holder

YIN ZHI

Effective date of the Commencement of

31/01/2024

Named Drivers Ex Sect. I

Insurance for the purposes of the Regulations, (12:00:00) Ordinance or Enactment 4. Date of Expiry of Insurance

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

\$\$3,000.00

30/01/2025

Ex Sect. I - Age >= 26 * Age as at date of accident EX ON WINDSCREEN .

\$\$500.00 S\$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

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or roward furtion 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 \$\$1,000 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.: HL BANK

** Limitations rendered inoparative 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-Parly 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: Tan Canxing

Authorised Officer

Authorised Signatory

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

💏 3 Anson Road #16-00 Springleaf Tower Singapore 0.79909

O6389 6111

₱6222 1033

@www.sg.cntaiping.com