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 17/10/2024 15:24 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 16/10/2024 18:30 (SGT) Exact Location of Accident Ubi Rd 4, Singapore Additional Location Information Right turn from Ubi Road 4 onto Ubi Road 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV6168P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Koh Jit Kian NRIC No S1202192E Email Address philkjk@gmail.com Mobile Phone No (Phone) +65-96698210 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 116d Variant 5DR HATCHBACK DSC LED

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 Yes your vehicle? Vehicle Category Private car

Transmission Auto CC 1496 Vehicle Fuel Diesel First Regisration Date 28/08/2015

Chassis no WBA1V720605C06812

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00092062408

DRIVER

Name of Driver Koh Jit Kian NRIC No S1202192E Date Of Birth 27/09/1956 Occupation Indoor Driving Pass Date 05/01/1977 Driving License Pass Class Driving License Validity Valid Driving experience 47 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96698210 Alt. Phone Number Email Address philkjk@gmail.com Address 9 Sandilands Road Address complement Postcode 546072 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SFY1922E Insurance Company of Other Vehicle Owned by Driver AIG Asia Pacific Insurance Pte. Ltd. GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Cross Junction Weather Conditions Drizzling Road Surface Slightly 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? 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? 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? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMG1973U

Honda

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	Sim Su Woon
NRIC No	S7139660F
Contact Number	(Phone) +65-93625987
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.

- 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")

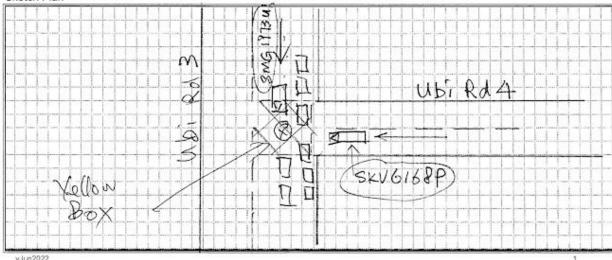
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 17 OCT 2024 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



I/We declare the foregoing particulars are true in every respect.

17 OCT 2024

Policyholder's Signature / Date & Time
17 0CT 2024

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

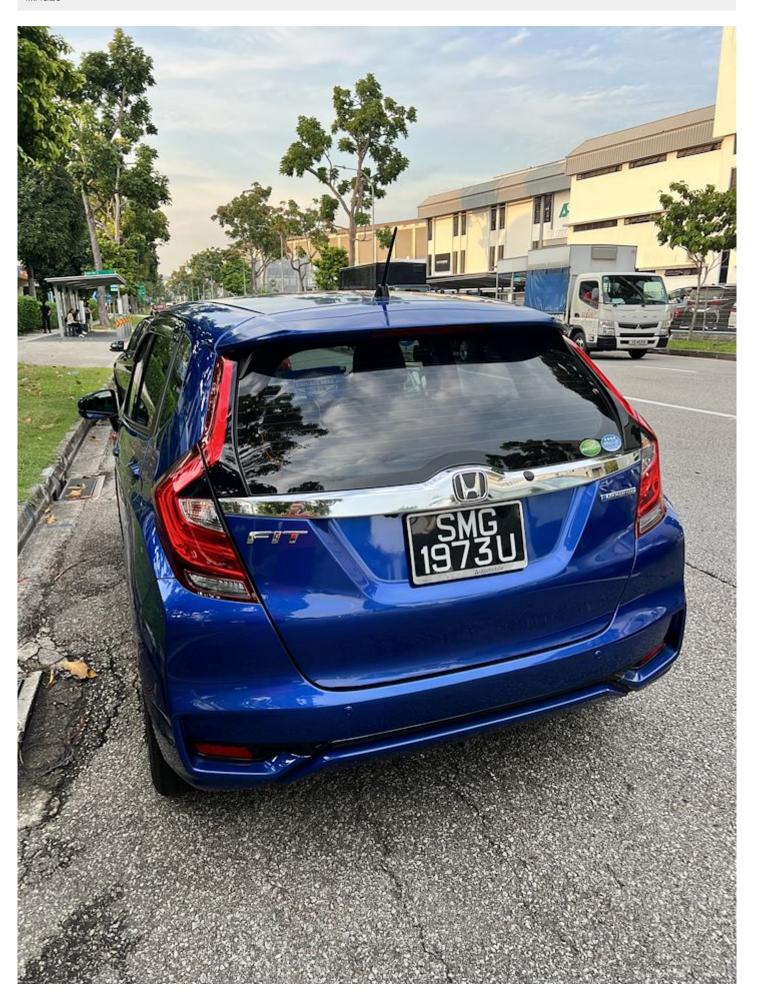
Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

/ Date & Time

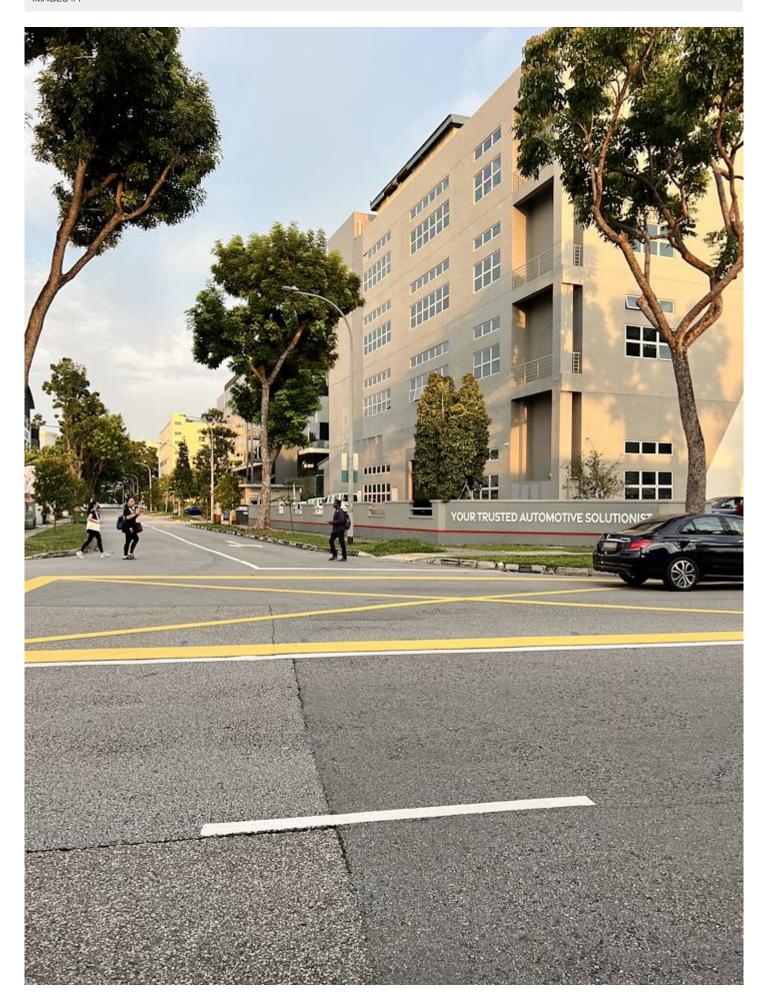
Deborah Lai

vJun2022







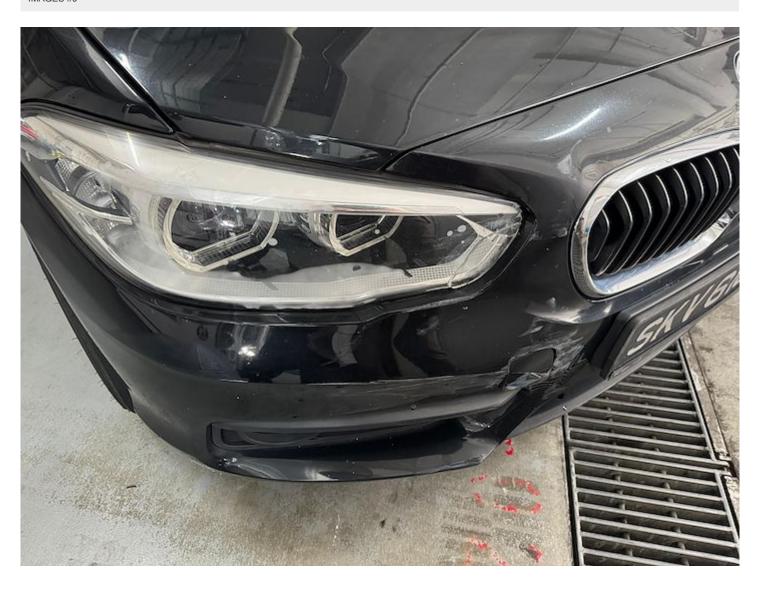








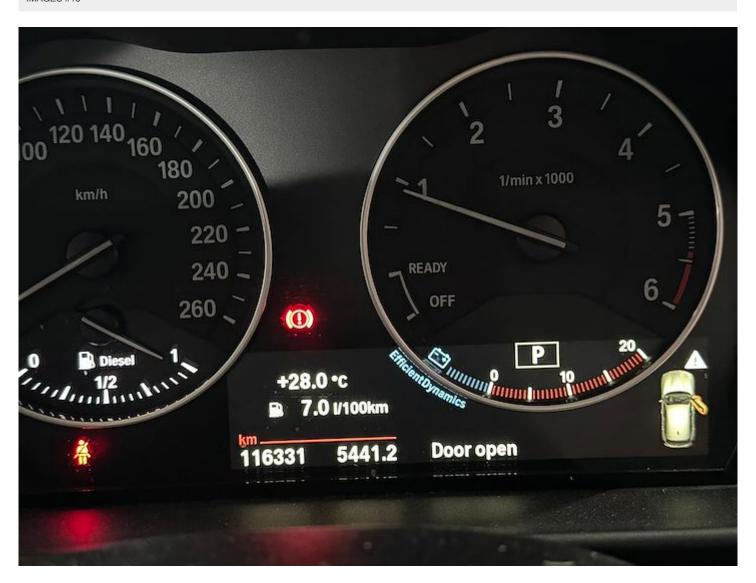


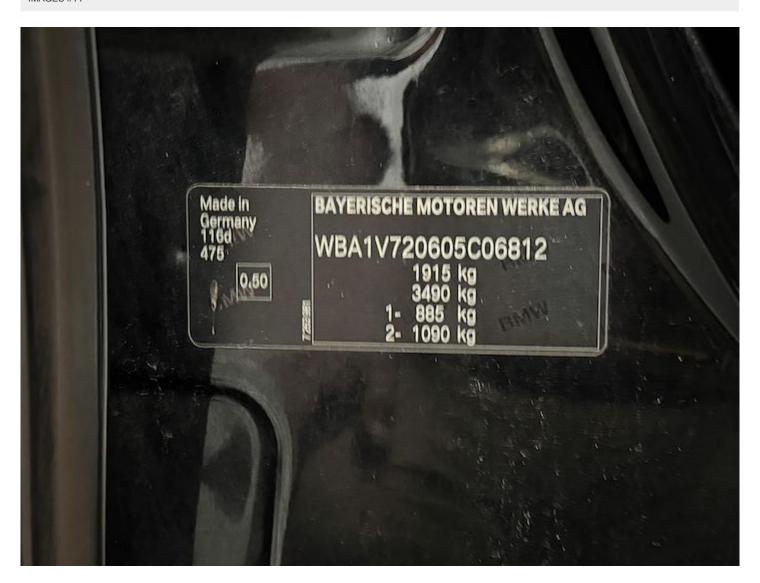














中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E R

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 (Maliysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0044B

SN

Cov. Type:C

CERTIFICATE No.

DMPCSNA00092062408

Engine No.: 30239292B37D15A Cha. No.:WBA1V720605C06812

Index Mark and Registration Number of Vehicle

SKV6168P

AUTOSAFE

2. Name of Policy Holder

KOH JIT KIAN

3. Effective date of the Commencement of

Named Drivers Ex Sect. I

S\$500.00

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

Additional Ex Other than Named Drivers: Ex Sect. 1 - Age <= 25

\$\$3,000,00 \$\$500.00

4. Date of Expiry of Insurance

Ex Sect. 1 - Age >= 26

* Age as at date of accident

EX ON WINDSCREEN .

\$\$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 Vehicle.

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

The policy does not cover use for hire or reward tution 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 Walver of Excess for the first S\$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.

* 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.

B2B-Name Issued By:_____ 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