SS2X247B000F / SME MOTOR PTE LTD ENTRY DATE & TIME: 11/07/2024 17:32 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (11/07/2024 17:32 (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.

- 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 11/07/2024 17:32 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/07/2024 09:50 (SGT) Exact Location of Accident Gul Wy, Singapore Additional Location Information IN FRT MERITOR VEHICLE SYSTEMS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNN4304H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KIEW KIM HWEE NRIC No S1673751H Email Address MSGKIEW@GMAIL.COM Mobile Phone No (Phone) +65-89227252 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Voxy 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 car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00028122300

DRIVER

Name of Driver KIEW KIM HWEE NRIC No S1673751H Date Of Birth 25/04/1964 Occupation Outdoor

Driving Pass Date 07/11/1990 Driving experience 33 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-89227252 Alt. Phone Number Email Address MSGKIEW@GMAIL.COM Address **BLK 211 TAMPINES STREET 23 #08-119** Address complement Postcode 520211 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? Yes 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender **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

Vehicle Registration Number GBM1380D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver MAX GOH PIN LENG NRIC No S1653690C Contact Number (Phone) +65-89427965 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	KIEW KIM HWEE Male
Phone No	_
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNN4304H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

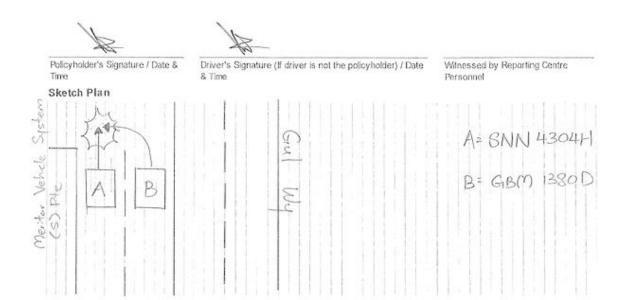
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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)

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



	On		24 at	abo	ut of	950 am	. \	: trau	relling
									e vehicle
BM	1380D	collided	onto	left	portion	n of	my ve	hicle	SNN 4304
Jhen	he tur	oing.							No.
	Plan	N	D.A	-	ſ.	Tl	Police	D	1
	Tieac	e.	Neter		(0	ire	10110	_ Ke	porl

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

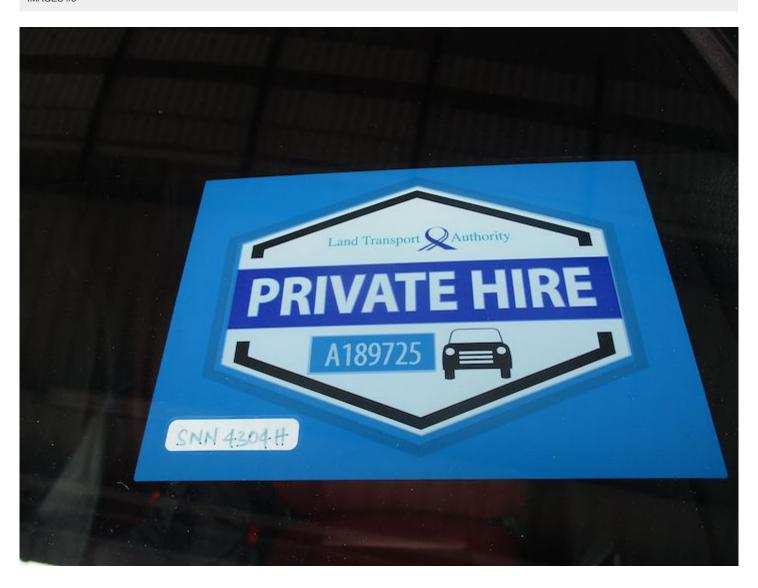
Witnessed by Reporting Centre Personnel

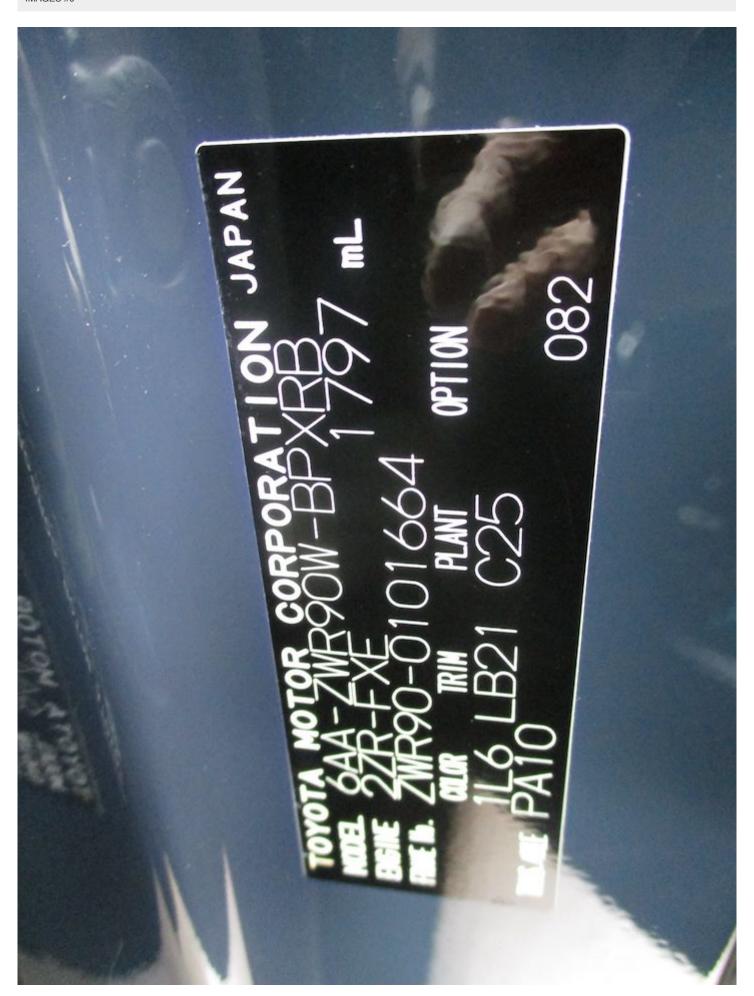


















T/20240711/7039

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

T of 3 Report No. T/20240711/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2024 12:56			Vide Report No.: Station Dia				
Informan	t's Particular	'S		e e e la companie de			
Name of Informant: KIEW KIM HWEE			Address: 211 TAMPINES STREET 23 #08-119 SINGAPORE 520211				
ID Type / ID No.: NRIC NO / S1673751H			Contact No.: Home/Office:	Mobile: 89227252			
Nationality: SINGAPORE CITIZEN		N	Email: MSGKIEW@GMAIL.COM				
Sex: Age: Date of Birth: Male 60 25/04/1964			Type of Informant: Driver				
Race: Chinese			Language: English				
Occupation: Private-hire car driver		r	Driving Licence Information: Class: 3,4 Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2024 09:50	Type of Location Straight Road
Location: GUL WAY				
		Road Surface:		
Clear		Dry		
Weather: Clear Traffic Flow: Two Way			Traf	fic Volume:

Details of Ve	hicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBM1380D	Motor car					1
SNN4304H	Motor car	TOYOTA	VOXT HYBRID		Slightly Damaged	2

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date		
SNN4304H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.					



T/20240711/7039

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

Report No. T/20240711/7039

CONTINUATION OF REPORT

Details of Person	Involved		and the leaves of					
Any Pedestrian In	volved: No							
No. of Pedestrians	No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA			
Driver								
Name	MAX GOH PIN LENG			ID No.		S1653690C		
Related Vehicle	GBM1380D (Motor car)			Contact No.		89427965		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL Date Di			narge	NIL			
No. of Days grante	ed Medical Leave (MC)	Degree of	of Injury NIL.					
Driver				W. Carlot				
Name	KIEW KIM HWEE			ID No		S1673751H		
Related Vehicle	SNN4304H (Motor car)			Contact No.		89227252		
Hospital/Clinic	NIL.			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL		
Date Treatment	11/07/2024	Date Disch	charge 11/07/2024		7/2024			
No. of Days grante	ed Medical Leave (MC)	05	Degree of	Injury	Serio	us		

Brief Details.

ON 11.07.2024 AT ABOUT 0950AM. I WAS TRAVELLING SREAIGHT IN MY LANE ALONG GUI WAY (IN FRONT MERITOR VEHICLE SYSTEM SINGAPORE PTE). SUDDENLY, THE VEHICLE GBM 1380D COLLIDED ONTO LEFT PORTION OF MY VEHICLE SNN 4304H WHEN HE TURNING.

I FELT PAIN AFTER ACCIDENT, I WAS GIVEN 5 DAYS MC FROM NORWOOD MEDICAL HOUGANG.



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



3 of 3 Report No. T/20240711/7039

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: 11/07/2024 12:56
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	



中国太平保险(新加坡)有限公司

Motor Hire Car

CERTIFICATE OF INSURANCE

N SN offor Vehicles (Third-Party Roks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Roks and Compensation) Rules, 1960 Rood Transport Act, 1987 (Mallysia) Motor Vehicles (Third-Party Roks) Rules, 1959 (Malaysia) Cov. Type:C

MZ406L/B

AN0695A

CERTIFICATE No.

DMHCSNW00028122300

Engine No.: 2ZR2V53906 Cha. No.: ZWR900101664

Index Mark and Registration Number of Vehicle

SNN4304H

AUTOSAFE

2. Name of Policy Holder

KIEW KIM HWEE

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

Excess Sect I . S\$1,250.00

4. Date of Expiry of Insurance

06/12/2024

Excess Sect. I (Outside Singapore) \$\$2,500.00 Excess Sect. II \$\$1,250.00

Excess Sect.II (Outside Singapore). S\$2,500,00
EX ON WINDSCREEN . S\$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 Vehicle.

KIEW KIM HWEE

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) 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 whitst drawing a traiter except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: GENIE FINANCIAL SERVICES 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 those 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: TECK WEI CREDIT PTE LTD Authorised Officer

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

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

Q63896111

C 6222 1033

@www.sg.cntaiping.com