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 22/07/2024 13:13 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/07/2024 15:30 (SGT) Exact Location of Accident Jln Toa Payoh, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SKH864B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM JIN YAN IVAN NRIC No S8940784B Email Address NAVI MIL@HOTMAIL.COM Mobile Phone No (Phone) +65-90920782 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 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 CC 1600

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11454327

DRIVER

Name of Driver LIM JIN YAN IVAN NRIC No S8940784B Date Of Birth 20/11/1989 Occupation Indoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/07/2008 16 YEARS Male (Phone) +65-90920782 - NAVI_MIL@HOTMAIL.COM BLK 194 RIVERVALE DRIVE #13-755 - 540194 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACH.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	-

Taxi

Vehicle Category

Name of Driver
Contact Number

Address	-
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report gorrectly 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.
- 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>.
- 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")

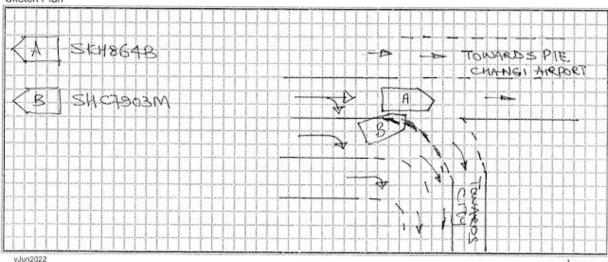
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

22/7/24

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Accident report SS2X247M000A

Describe Circumstance of the Accident	
The state of the s	
refor to attrack	
	210101

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

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ON 20/07/2024 AT ABOUT 1530 HOURS, I WAS TRAVELLING FROM SERANGOON ROAD TOWARDS PIE CHANGI DIRECTION. INITIALLY, I HAD STOPPED MY VEHICLE (REGN NO: SKH864B) AS THE TRAFFIC LIGHTS IN FRONT (BEFORE WOODSVILLE FLYOVER) WERE RED.

WHEN THE LIGHTS TURNED GREEN, I MOVED OFF AND KEPT IN MY DIRECTION. AT THE TRAFFIC LIGHTS UNDER WOODSVILLE FLYOVER, I NOTICED THAT A YELLOW TAXI (REGN NO: SHC7903M) IN FRONT OF ME HAD TURNED RIGHT INTO THE RIGHT TURN ONLY LANE TOWARDS CITY, WHILE I KEPT IN THE LANE TOWARDS PIE CHANGI.

MOMENTS LATER, I REALISED THAT THE SAID YELLOW TAXI WAS TRAVELLING STRAIGHT ON A RIGHT TURN ONLY LANE AND I SOUNDED MY HONK TO CAUTION HIM. HOWEVER, AS I DROVE PAST THE SAID TAXI, I SUDDENLY HEARD A BANG AND FELT MY VEHICLE JOLTED. I IMMEDIATELY REALISED THAT THE FRONT LEFT OF THE MOVING TAXI (SHC7903M) HAD COLLIDED INTO THE REAR RIGHT PORTION OF MY MOVING VEHICLE (SKH864B).



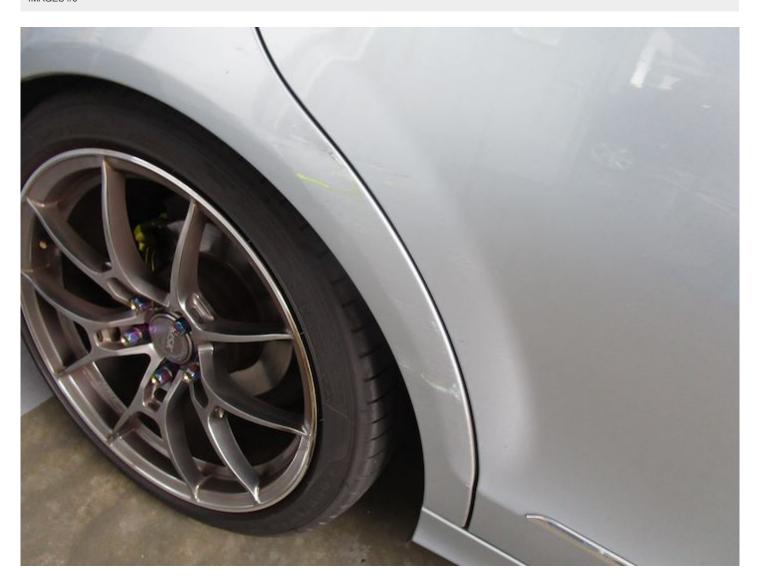


















CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT ALT 19ST (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1999 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT 1960
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER, 11454327

1) VEHICLE REGISTRATION NO.

SKH864B

2) NAME OF INSURED

FAMILY NAME

Jin Yan Iven

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

01-Nov-2023 00:00hours

4) DATE OF EXPIRY OF INSURANCE

31-Oct-2024 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver aged 30 or over

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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speci-testing or 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.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

NAMED DRIVER

7) FINANCE COMPANY

MoneyMax Leasing Pte Ltd

1 / 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 1950 and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

issued in Singapore: 27-Oct-2023 at 23:40hours

- · If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit https://singlife.com/CarRepairers. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

Singapore Life Ltd.

Pearlyn Phau Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

ORIGINAL Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com Company Reg. No. 196900499K GST Reg. No. MR-8500166-8