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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 Authorised Driver.
- 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 ability.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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.

| aldresale. | |
|--|---|
| THE STREET, ST | ACCIDENT STATEMENT |
| Date Of Report | 02/04/2018 20:27 |
| Date Of Accident | 02/04/2018 13:30 |
| Exact Location Of Accident | CTE EXIT TO PIE |
| Country/State of Loss | SINGAPORE |
| The Residence of the Control of the | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLE9298E |
| Insured/Policyholder | |
| Name Of Registered Owner | CHIN SHEN KHYE |
| NRIC No | S1513455J |
| Email Address | CHRISTINECHIN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97739298 |
| Alternative Phone No | OTHERS-91820436 |
| Vehicle Particulars | |
| Manufacturer | FORD |
| Model | MONDEO |
| 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 your vehicle? | YES |
| If No. Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | GREAT AMERICAN INSURANCE COMPANY |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MOMVP000002344=00-000 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHIN WAN YEE , CHRISTINE (CHEN WANYI) |
| NRIC No | S8843323H |
| Date Of Birth | 02/11/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/09/2007 |
| | CONTRACTOR OF THE PROPERTY OF |

10 YEARS AND 6 MONTHS

CHRISTINECHIN@GMAIL.COM

(LOCAL) +65-91820436

OTHERS-97739298

FEMALE

BLK 121B CANBERRA STREET Address

#14-729

Postcode 752121

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

2

NO

NO

1

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC138G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver LIM BOON YAM

NRIC/Passport Number S1696489A

Contact Number 90062916

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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 lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

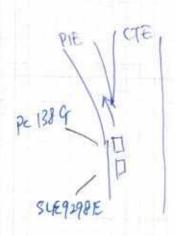
(If driver is not the policyholder)

Date & Time: 2 April 18 410pm

Reporting Central Personnel's Signature

Name:

NRIC/EIN NO



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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| awn. The time almost came to a stop but suddenly shout formered and but anto the |
| and confirmed no injury. The weather was clear and Bring, road was day. |
| and confirmed no injury. The weather was clear and sinny, road was day. |
| J. the market was clear and sinny, road was dry. |
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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: 2 April 18 4 10 pm +

Reporting Centre Personnel

ACCIDENT STATEMENT

| 1 11an nd 20 | NWW/00)1 810 | was mie 13 | . 30 | (MM:HH) |
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| 1. DETAILS OF VEHICLE | Caral E | | | |
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| b)INSURANCE COMPAN | YI GWAN THE | | | |
| dIPOLICY NUMBERI | EHENTIVE / THIRD | PARTY / THIRD | PARTY FIR | E & 1 HEFT! |
| e)MAKE & MODEL! Po | RD MONDES | 1, 1 | | -vises! |
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| IF NO, PLEASE STATE (T | HIRD PARTY CLAIP | y / reporting | ONLT | - 1 |
| 2. INSURED / POLICY HOLD | DER | | (124 A 1 2 / 1 | FEMALE) |
| A) NAME CHIN SHEN | PLC12 ASST | CONT | ACTI 977 | 3929 8 |
| A)NAME CHIN EHEN b)NRIC/FIN/PASSPORTS c)ADDRESS: BIE 672A C Sugapore | Choa Chu Kang | Chercent #19- | 06 | |
| CIAODRESS. Singapore | 681692 | 1 | | |
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| N | | | | FEMALE) |
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| | | DW 729 | IACI: 911 | |
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| 6. WAS ANYBODY INJUR | OF IVES (NO) | | | CHEST AND AND AND |
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| B. THIRD PART VEHICLE NUMBE | R: PC 1389 | | - | |
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| (Industry) NAIC/SIN/PASS | ALL STREET | | | |
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| 116.00 N | | | | 11910 |

email = Christmechin 8@gmail.com

fax =

V1000

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8843323H



CHIN WAN YEE, CHRISTINE (CHEN WANYI)

陳婉儀

Rape CHINESE

02-11-1988

Country of birth







11-12-2003

APT BLK 121B CANBERRA STREET #14-729 SINGAPORE 752121

S8843323H

Date:

08/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

FASS DATE

Class 3 Motor Cars=< 3000kg with #<7 passengers, ax clusive 29 Sep 2007 of the driver; and ofter motor vehicles =< 2500kg

Licence No: S83430234

SP 428A



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (ThirdDParty Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number

MOMVP000002344-00-000

Cover : Private Car (Comprehensive)

Policyholder Name

Chin Shen Khye

Chassis Number

: WF0EXXWPCEFE02603

NCD Entitlement

50% No Claim Discount

Engine Number

FE02603

Hire Purchase

N/A

Registration Number

: SLE9298E

Period of Insurance

From 03/06/2017 (16:21) To 02/06/2018 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Policyholder
- Any person who is driving an 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 or so has been Vehicle 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

Limitations as to Use

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

- This Policy does not cover: 8) Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing b)
- (3) Use for carriage of goods (other than samples) in connection with any trade of business
- Use for any purpose in connection with Motor Trade d)
- * 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

Excess (Section 1)

N/A

Workshop

Dealer Workshop

Excess (Section 2)

N/A

Off Peak Car

No

Windscreen Excess

SGD 100.00

NCD Protection

Yes

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Main Driver

Chin Shen Khye

Named Driver 1

Chin Wan Yee Christine

Named Driver 2

Chin Zheng Xuan Frederic

Named Driver 3

N/A

Name of Intermediary

NLE Insurance Agencies Pte Ltd

Date of Issue

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory