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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 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

| aforesaid. | |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 25/05/2018 17:00 |
| Date Of Accident | 24/05/2018 18:10 |
| Exact Location Of Accident | ALONG BKE TOWARDS SLE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKF9843M |
| Insured/Policyholder | |
| Name Of Registered Owner | YAK ENG TIO |
| NRIC No | S8172387G |
| Email Address | ENGTIO@IORA.COM.SG |
| Mobile Phone No | (LOCAL) +65-97302460 |
| Alternative Phone No | OTHERS-97302460 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | POLO 1.4 AT |
| 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? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3047191702 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SUCK CHOOLYOKE |

Name of Driver SUCK CHOOI YOKE

NRIC No S8180549J
Date Of Birth 27/05/1981
Occupation INDOOR
Date Of Driving Pass 01/04/2013

Driving Experience 5 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-81237611

Fax Number
Contact Number

EMail Address YUKI 8117@YAHOO.COM

Address BLK 551 CHOA CHU KANG STREET 52

#06-55

NO

Postcode 680551

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - COLLEAGUE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

iodranico company or Enver o cum vernole

General Information of the Accident

Type Of Accident CHAIN COLLISION

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBF9265M

SGG6194P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VAN

GOODS VEHICLE

Sketch Plan Pg. 1

SKETCH PLAN

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- 7. 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)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
- 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.
- the information so collected under (d) above may be shared / disclosed:
 - (i) 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:

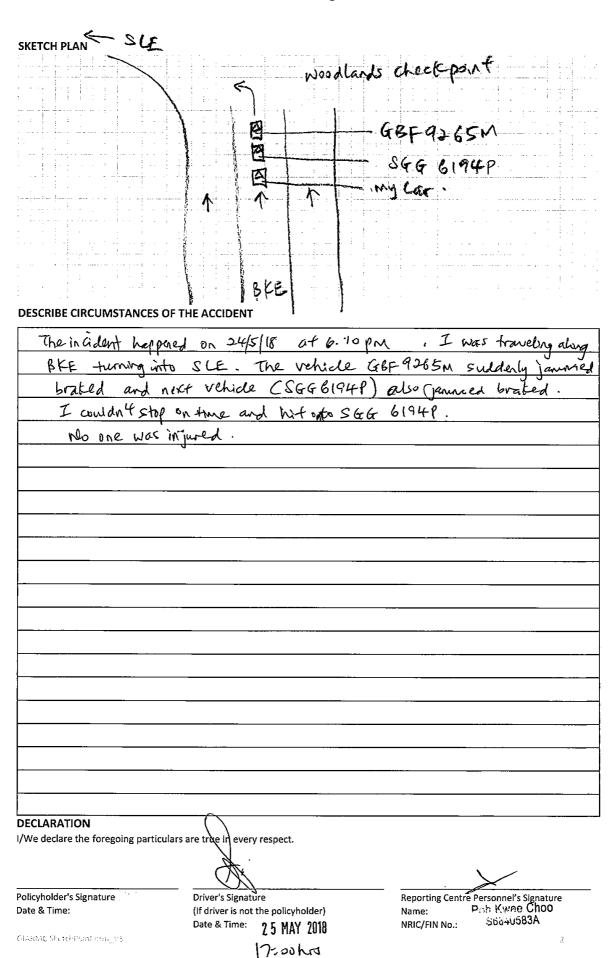
Driver's Signature (If driver is not the policyholder)

Date & Time: 2 5 MAY 2018

17:00 hrs

Reporting Center Personnel's Signature

Poh Kwee Choo





中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SNIGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MX1E R SN AN0421A Cov.Type: C

MOTOR PRIVATE CAR

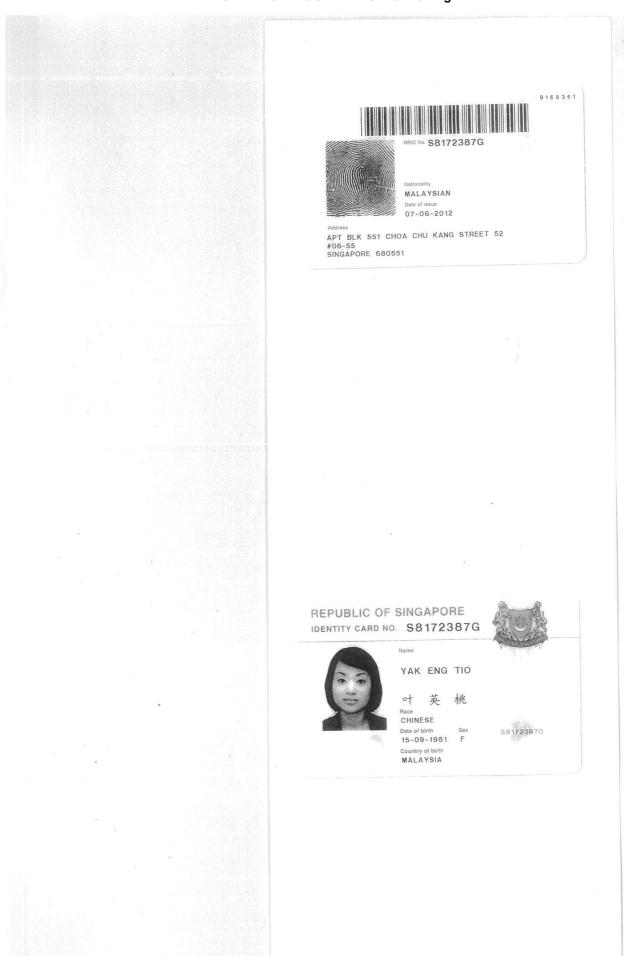
CERTIFICATE OF INSURANCE

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

ORIGINAL

| CEI | | | |
|------|---|---|---|
| | RTIFICATE No. | DMPCSN3047191702 | Engine No :CGG337845 Chano:www.zzz6r.ZaU060549 |
| 1. | Index Mark and Registration | D. 11 CO1100 17 T3 Z7 02 | CHANO, WYWZZZONZAUDUUJ73 |
| | Number of Vehicle | SKF9843M | AUTOSAFE |
| 2. | Name of Policy Holder | | |
| | | MISS YAK ENG TIO | |
| 3. | Effective date of the Commencement of Insurance for the purposes of the Regulation | ine | |
| | Ordinance or Enactment | 28 July 2017 | Named Drivers Ex Sect. I \$\$500.00 Additional Ex Other than Named Drivers: |
| 4. | Date of Expiry of Insurance | | Ex Sect. I - Age <= 25 |
| | | 26 July 2018 | EX Sect. I - Age >= 26 \$\$500.00 |
| | | ======================================= | * Age as at date of accident |
| 5. P | Persons or Classes of Persons entitled to o | 12 | EX ON WINDSCREEN |
| Э. | Persons or Classes of Persons entitled to c | uve. | S. 01 12103C1CER |
| | (a) The Policyholder. | | |
| | (b) Any other person who is a | riving on the Policyhol | der's order or with his permission. |
| | regulations to drive the Moto | or Vehicle or has been s | ordance with the licensing or other laws or o permitted and is not disqualified by order of a tion in that behalf from driving the Motor Vehicle. |
| • | The policy does not cover use | for hire or reward tui riage of goods other th | or the Policyholder's business. tion driving test racing pace-making, reliability an samples in connection with any trade or business Trade. |
| | | | |
| | | e for losses occurring | outside Singapore (Constructive Total Loss/Theft) |
| 1 | will be doubled. | | |
| 1 | will be doubled. | the first S\$1,000 will | apply to the Insured and Named Drivers in the event |
| 1 | will be doubled. One time Waiver of Excess for of Own Damage Claim at our AL * Limitations rendered inoperations | the first \$\$1,000 will thorised Workshops for | apply to the Insured and Named Drivers in the event |
| 1 | will be doubled. One time waiver of Excess for of Own Damage Claim at our AL *Limitations rendered inoperate and Section 95 of the Road Trace I/We hereby Certi | the first \$\$1,000 will thorised Workshops for we by Section 8 of the Motor V asport Act 1987 (Malaysia), are fy that the policy to which cles (Third-Party Risks and | apply to the Insured and Named Drivers in the event each Policy Year. |
| 1 | will be doubled. One time Waiver of Excess for of Own Damage Claim at our AL * Limitations rendered inoperational Section 95 of the Road Transitive Certiprovisions of the Motor Vehice. | the first \$\$1,000 will thorised Workshops for we by Section 8 of the Motor V asport Act 1987 (Malaysia), are fy that the policy to which cles (Third-Party Risks and | apply to the Insured and Named Drivers in the event each Policy Year. Tehicles (Third-Party Risks and Compensation) Act (Chapter 189) and to be included under these headings. |
| 1 | will be doubled. One time waiver of Excess for of Own Damage Claim at our AL *Limitations rendered inoperational Section 95 of the Road Transport Act, 1987 (Malaysis) | the first \$\$1,000 will thorised Workshops for we by Section 8 of the Motor V asport Act 1987 (Malaysia), are fy that the policy to which cles (Third-Party Risks and | apply to the Insured and Named Drivers in the event each Policy Year. Sehicles (Third-Party Risks and Compensation) Act (Chapter 189) and to be included under these headings. In this Certificate relates is issued in accordance with the Compensation) Act (Chapter 189) and Part IV of the Road |
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OWNER'S NRIC & DRIVING LICENCE Pg. 1

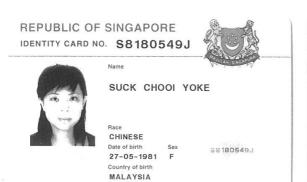


OWNER'S NRIC & DRIVING LICENCE Pg. 2





DRVIER'S NRIC & DRIVING LICENCE Pg. 1







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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 01 Apr 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A











CHASSIS NUMBER

