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 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.

 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 Submission 10/02/2021 14:50 (SGT) Date of Accident 09/02/2021 07:09 (SGT) Exact Location of Accident 233A Lor 8 Toa Payoh, Singapore 311233 Additional Location Information Bllk 233A Lorong 8 Toa Payoh MSCP Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD3608C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Tan Kian Han Ronald NRIC No. S8917151B Email Address ronaldtankianhan@gmail.com Mobile Phone No (Phone) +65-88624727 Alternative Phone No +65-88624727

VEHICLE PARTICULARS

Manufacturer

Hyundai Model Elantra 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 your vehicle? No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00084782000 Cover Note Number

DRIVER

Name of Driver Tan Kian Han Ronald NRIC No S8917151B Date Of Birth 22/05/1989 Occupation Indoor

Date Of Driving Pass 20/06/2014 Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-88624727 Alt. Phone Number +65-88624727 Email Address ronaldtankianhan@gmail.com Address Blk 102B Bidadari Park Drive #09-213 Address complement Postcode 342102 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 Hit and run / Vandalism / Damaged whilst parked 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM9908A Vehicle Manufacturer Lexus Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Allan Tang NRIC No Contact Number (Phone) +65-92372606 Address 229 Lorong 8 Toa Payoh #19-168 Address complement Postcode 310229

Insurance Company Name AIG
Nature Of Damage Details of property damaged in accident 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 <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 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:
 - (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: 10/02/2021

0930

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

Date & Time:

Reporting Centre Personnel's Signature

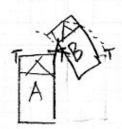
Name:

NRIC/FIN No.:

Jenny Lim

SKETCH PLAN

A - SMD 3608 C B - SMM 9908A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Danages Form	ationary purked one on forward R	ight Hard of Car,	bomper and head lig.	H affected.
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STOTIONALLY CALL	per Cul.			
		y left a note wi	the me on my wil	ndscreen indicating
damage caus	ed by him.		4	
Wasses-9				
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			X = 0	

DECLARATION

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

Policyholder's Signature Date & Time: (5/02/2021 Driver's Signature

(If driver is not the policyholder)

Date & Time: 0930

Reporting Centre Personnel's Signature

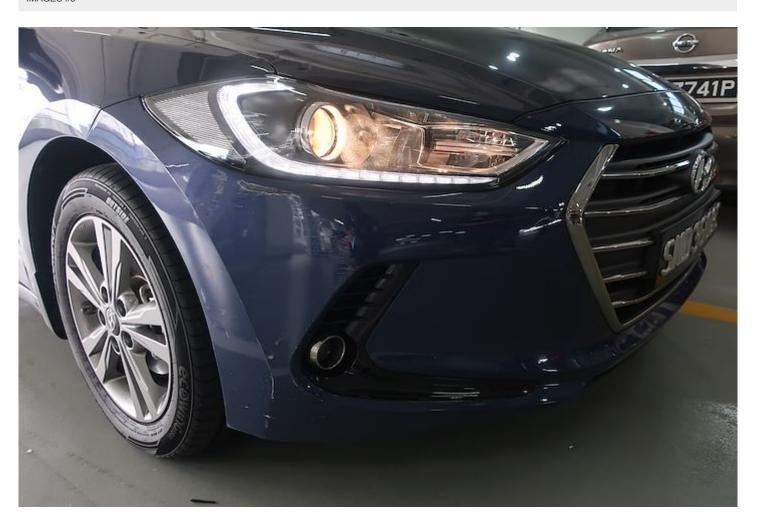
Name:

NRIC/FIN No.:

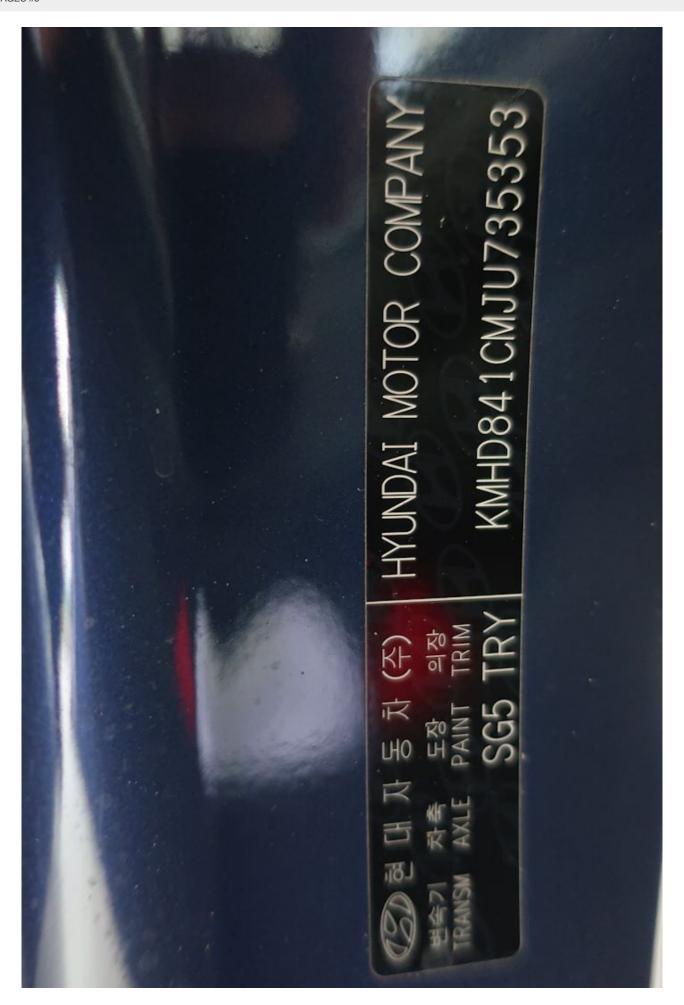
Jenny Lim













中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N

CERTIFICATE OF INSURANCE

AN0676A

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)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00084782000

Engine No.: G4FGJU245078 Cha. No.: KMHD841CMJU735353

Index Mark and Registration Number of Vehicle

SMD3608C

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

TAN KIAN HAN RONALD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

16/08/2020

Named Drivers Ex Sect. I Ex Sect. I - Age <= 25 \$\$500.00

Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$500.00

15/08/2021

Additional Ex Other than Named Drivers:

EX ON WINDSCREEN

S\$100.00

* Age as at date of accident

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

6. Limitations as to use:

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

The policy does not cover use for hire or reward tuition 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 Waiver of Excess for the first \$\$500 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.

Issued By: EZY-1 SERVICES PTE LTD

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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