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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
- 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 15/03/2021 17:25 (SGT) Date of Accident 13/03/2021 10:30 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information NEAR ANG MO KIO AVENUE 5 EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV4161T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HYA TINGWEI** NRIC No SXXXX200F Email Address hyatingwei@gmail.com Mobile Phone No (Phone) +65-96365198 Alternative Phone No +65-96365198

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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 - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00063452004 Cover Note Number

DRIVER

Name of Driver **HYA TINGWEI** NRIC No SXXXX200F Date Of Birth 13/07/1985 Occupation Indoor

Date Of Driving Pass	12/10/2009
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
- Mobile Number	
Alt. Phone Number	(Phone) +65-96365198
Email Address	+65-96365198
	hyatingwei@gmail.com
Address	13 FERNVALE LANE #11-07
Address complement	-
Postcode	797496
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Chain Collision
Weather Conditions	
Road Surface	Clear
1 Toda Gariago	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	- V
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
solioning decident 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 SKETCH PLAN	
ATTACHMENT(S)	
(4)	
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	SUD4102V
Vehicle Manufacturer	SHD4102Y
Vehicle Model	-
Vehicle Widden	-
Vahiala Oala	
Vehicle Category Name of Driver	Taxi
	ONG CHIN YAM
Contact Number	(Phone) +65-91919720
Address	
Address complement	

Postcode Insurance Company Name

Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	GZ1296L
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	- -
Name of Driver	Commercial vehicle
Contact Number	CHIT THU
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
9 ()	:=

DETAILS OF OTHER VEHICLE PROPERTY 3

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.
- 3. 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 Police for investigation.
- 6. 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.
- 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.
- 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date
Time 15 March 2021 1(::10am & Time

Sketch Plan CTE C ANG MO CO AVE 5)

15/03/2021

Witnessed by Reporting Centre
Personnel

Sketch Plan (TE C ANG MO KN & S)

A) SGV 4161T

B) SHD 4102Y

C) GZ 1296L

D) SMX 39393

Describe Circumstances of the Accident
On & March 2021, at 10:30 am, I was driving along the CTE on the second lane outer right and there was a bang sound as I realised a motor car had hit onto my cor. I immediately jammed braked but was not be able to prevent hitting onto the mercedes car in front. When coming out of the webille, that it was the taxi which hit on the back of my car and the lorry behind hed hit onto the faxi. If My car had hit onto the Mercedes but the back of Mercedes saffered scratches. My front part of the car was heavily damaged. It was later towed by EMAS. Nobody is injuried at the scene of the accident.
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onto my cur. I immediately jammed breaked but was a beauty
orto the mercedes car in front when consider at I it will the
taxi which hit on the back of my car and the land to the
the faxi. I My car had hit meto the Meridia I I della lit onto
saffered scratches. My front part of the nor use bearity to
later found by EMAS. Nobody is injured at the country damaged. It was
July Jan of the recident.

Declaration

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

Policyholder's Signature / Date & Time

15 March 2021 11: 10am

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

AGCIDENT'STATEMENT

,	DENT DATE: (13. 1.3. 12021) (DD/MM/YYY), TIME: (10. : 30.) (HH:MM)
	TION: CTE (Ang Mo Kio Ave 5)
1.	DETAILS OF VEHICLE GIVEHICLE NUMBER: SGV 4161 7 BINSURANCE COMPANY: China Tal Ping CIPOLICY NUMBER: DMPCSN WOOD6345 2004
	d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT) 6)MAKE & MODEL: HONDA C/V/C 18, F)TYPE: (SALOOD / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
3 ×	B) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Good to I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)
2.,	INSURED / POLICY HOLDER A) NAME: HYA TING WE! b) NRIC/FIN/PASSPORT: \$8520200F CONTACT: 96365198 c) ADDRESS: B/K 13 Fenvale Lane #11-07
	SINGAPOR 797496
Mu A	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
#Ho of passanger	DRIVER G) NAME: As above . (MALE (FEMALE)
(Including driver)	DINRIC/FIN/PASSPORT: As about CONTACT: As about
(T)	CIADDRESS: As above
	d) DATE OF BIRTH: (13/07/198) (DD/MM/YYY) e) OCCUPATION: (NDOOR POUTDOOR) f) DATE OF DRIVING PASS (2 Octobe 2009) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
4.	6)OCCUPATION: (INDOOR POUTDOOR) F)DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR) RAINING / OTHERS
5.	6)OCCUPATION: (INDOOR POUTDOOR) F)DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G)REPORTED TO POUCE (YES / NO)
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5. 6. 7. 8.	e)OCCUPATION: (INDOOR POUTDOOR) F)DAY'E OF DRIVING PASS (2 October 2009) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SHD 4102Y B) DRIVER'S NAME: ONG Chin Inc.
5. 6. 7. 8. Ho of passionger (Including driver)	e)OCCUPATION: (INDOOR POUTDOOR) f)DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR) RAINING / OTHERS D)ROAD SURFACE: (DRY) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SHD 4102Y MODEL: Hyundai loniq E) DRIVER'S NAME: Ong Chin Yan C) NRIC/FIN/PASSPORT: CONTACT: 91919720
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5. 6. 7. 8. (Including driver) 9. (Including driver) (Including driver) (Including driver)	e)OCCUPATION: (INDOOR POUTDOOR) FIDATE OF DRIVING PASS (2 Octobe 2009) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR) RAINING / OTHERS D)ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SHD 4102Y MODEL: Hyundai loniq C) NRIC/FIN/PASSPORT: CONTACT: 91919720 THIRD PARTY VEHICLE G) VEHICLE NUMBER: CAZ 1296 L MODEL: F) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE WEHICLE NO. SMX 3939 S MODEL Meradai E 250





Motor Private Car

MX1F

R SN

AN0435A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNW00063452004

Engine No.: R18A12030391

Cha. No.:JHMFD16307S213794

1. Index Mark and Registration

SGV4161T

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

HYA TINGWEI

Named Drivers Ex Sect. I

\$\$750.00

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

14/06/2020

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00

4. Date of Expiry of Insurance

13/06/2021

Ex Sect. I - Age >= 26

\$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

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.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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: YETTA INSURANCE AGENCY 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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