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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	05/04/2021 14:11 (SGT)
Date of Accident	02/04/2021 22:24 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	Towards Woodlands
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Subaru

venicle Registration Number	SLD444P	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yu Peck Keng
NRIC No	S1836006C
Email Address	pkyu@yny.com.sg
Mobile Phone No	(Phone) +65-85189855
Alternative Phone No	+65-85189855

VEHICLE PARTICULARS

Manufacturer

Model	Outback
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
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00041162001
Cover Note Number	-

DRIVER

Name of Driver	 Yu Yan Lu Patrina
NRIC No	 T0216457J

Date Of Birth 06/06/2002 Occupation Indoor Date Of Driving Pass 04/03/2021 Driving experience 1 MONTH Gender Female Mobile Number (Phone) +65-91457751 Alt. Phone Number Email Address pkyu@yny.com.sg Address Blk 881 Woodlands Street 82 #07-40 Address complement Postcode 730881 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet 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? Nο 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SJP7717S Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	_
Address complement	_

Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	4

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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)

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:
- (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;
- (ii) 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.

F: PKYY

Policyholder's Signature / Date &

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

0.5 APR 2021 & Time

Sketch Plan

Time

Witnessed by Reporting Centre
Personnel Angle Soh

MANDAI (SLE TOWARDS WOODLANDS)

_

SLD 444P

SJP 7717 S

Describe Circumstances of the Accident

On 214	121, at about 10-24 prehicle SLD 4444 P along vehicle in front of me ped, but 9 could not stand and stand	n 9 was
driving my v	aborda SLD 444P along	SLE towards
Woodfands The	o valorle in strant of man	STP 77178
and dealer stop	and but & hould not of	an internal
has net the	222 VAL 201	of incinus or ex
no onto the	said vouicle.	
		1 122
that for a second		
	77	1955
11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1977
A A second second		
	The state of the s	
	The second secon	100
	- 15 W/H	
	<u>&</u>	
	(1)	
1 O miner A		
Angle S		All Table
		- 22
		-
claration		
w.m. 41 11 11 1		
e declare the foregoing particular	rs are true in every respect	
	13 2	
125	and	21
okuzu	for	/_//
cyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
e	& Time	
0 5 APR 2021		Personnel Angle Sol











中国太平保险(新加坡)有限公司

CHINATAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1F

R

AN0450A

Cav. Type:C

CERTIFICATE OF INSURANCE Motor Versicles (Third-Party Risks and Compensation) Act (Chapter 1 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990 Richaf Transport Act 1973 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00041162001

Engine No.: FB25Y289248 Cha. No.:JF2BS9KC2GG037152

1. Index Mark and Registration

SLD444P

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

YU PECK KENG 27/05/2020

Named Drivers Ex Sect. I

\$\$1,000.00

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

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25

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

4. Date of Expiry of Insurance

26/05/2021

Ex Sect. I - Age >= 26 * Age as at date of accident

EX ON WINDSCREEN. S\$100.00

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 him or reward fullion 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.

will be coulded.

One time Walver 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.: ALPINE CREDIT (PTE) LTD AS HP OWNER

* Limitations rendered inequative by Section 8 of the Motor Vivision (Trind-Party Risks and Composition) Act (Chapter 189) and Section 95 of the Boad Transport Act 1987 (Malaysin), 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 sec reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

issued By INXPIRE N SOLUTIONS

Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

\$ 6389 6111

₱6222 1033

@www.sg.cntaiping.com