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.

- 4. The issue and acceptance of this is form by instrained 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 22/04/2021 17:42 (SGT) Date of Accident 22/04/2021 09:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI R8703R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Interior Contractor Pte Ltd Company Reg No 202002667C Email Address admin@interiorcontractor.com.sq Mobile Phone No (Phone) +65-91521315 Alternative Phone No +65-91521315

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00145562000 Cover Note Number

DRIVER

Name of Driver Bai Zhenxiang NRIC No S8615753E

Date Of Birth 09/06/1986 Occupation Outdoor Date Of Driving Pass 22/01/2013 Driving experience 8 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-93868855 Alt. Phone Number Email Address kelvinbai00@gmail.com Address Blk 428 Pasir Ris Drive 6 #06-21 Address complement Postcode 510428 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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? 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? Yes Police Station Name Thomson Neighbourhood Police Post Police Station Phone No (Phone) +65-18004529999 Alt. Police Station Phone No (Fax) +65-65535740 Police Station Address Blk 25 Sin Ming Road #01-180 Singapore 570025 Was notice of intended Prosecution given? Nο 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJP7733U Vehicle Manufacturer

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
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 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.
- 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 gersonal 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)
 - 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

22 APR 2021

Driver's Signat Ve (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

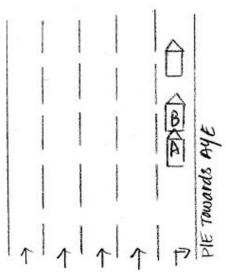
Angle Soh

1

GIARMC SketchPlanForm_V3

Angle Con-

FTCH PLAN



A: SLR8703R B SJP7733U

DESCRIBE CIRCUMSTNCES OF THE ACCIDENT When approaching event towards Beauty would at PIE, Driver of SIPATASSU guddenly journed brake when a car suddenly cut into our lane from lane 2. I consof react on true and 1 hit outo the back of the car. I was alone in Accident Date: 22.4.2021 Time: 0930 VEG NO: SLR 8703R Place of Accident: PIE Towards HYE 3rd Party: SJP7733U 9386 8855 email: Kelvinbai od a gmail. com e the foregoing particulars are true in every respect. Policyholder's Signature Reporting Centre Personnal's Signature Driver's Signature (If driver is not the policyholder) Name: Angle Soh nate & Time: 22 APR 2021

Date & Time:

NRIC/FIN NO:



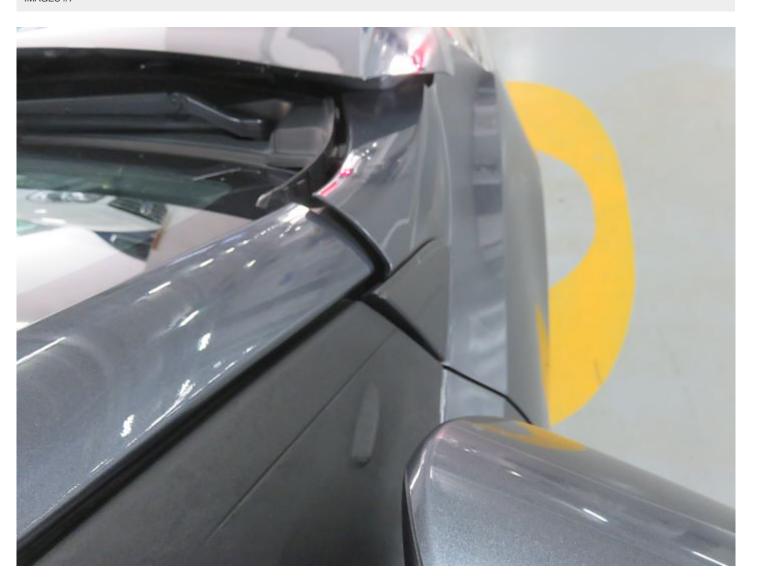




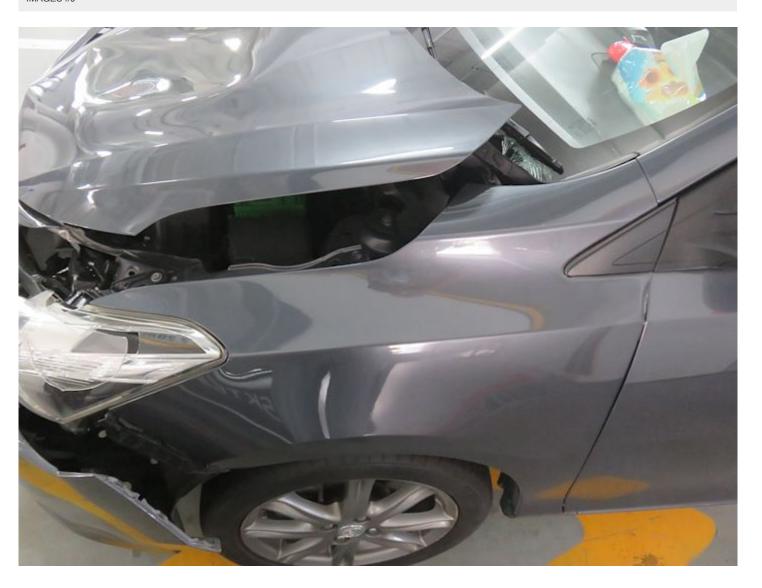






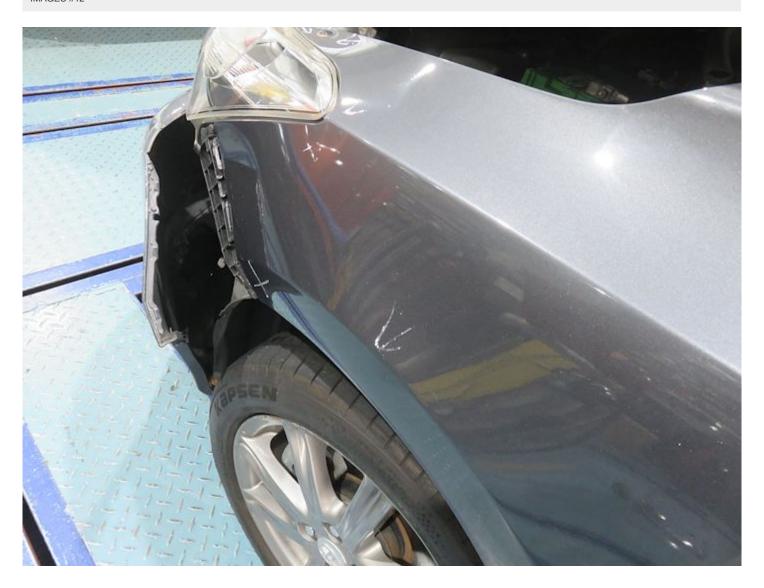


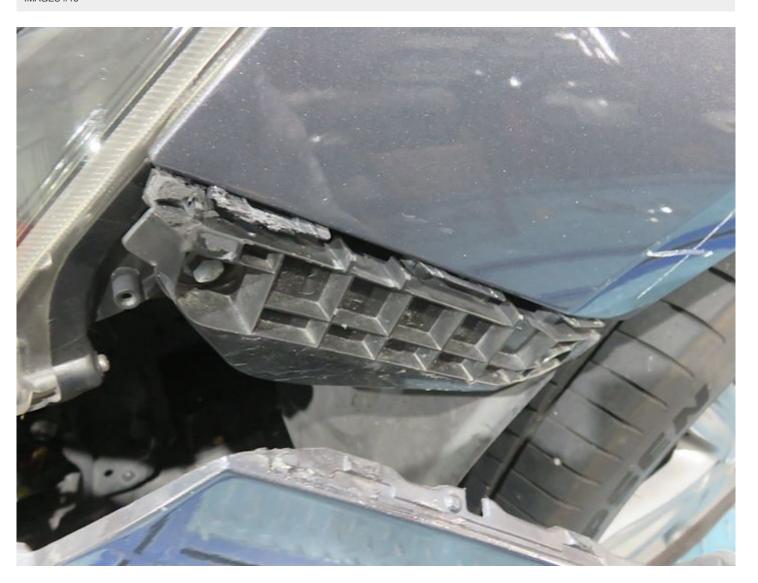


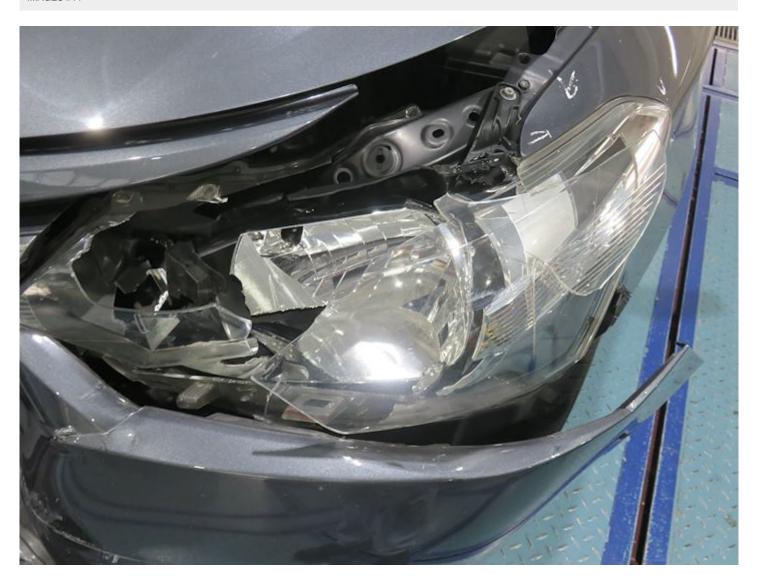








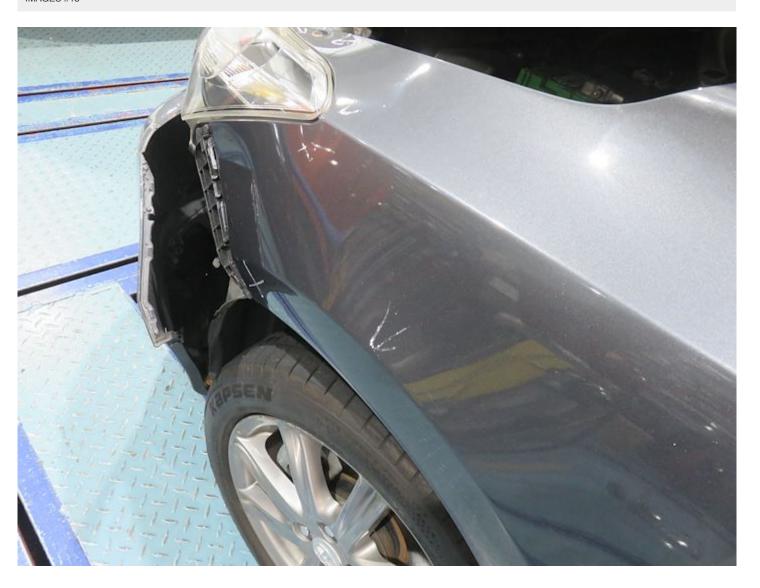


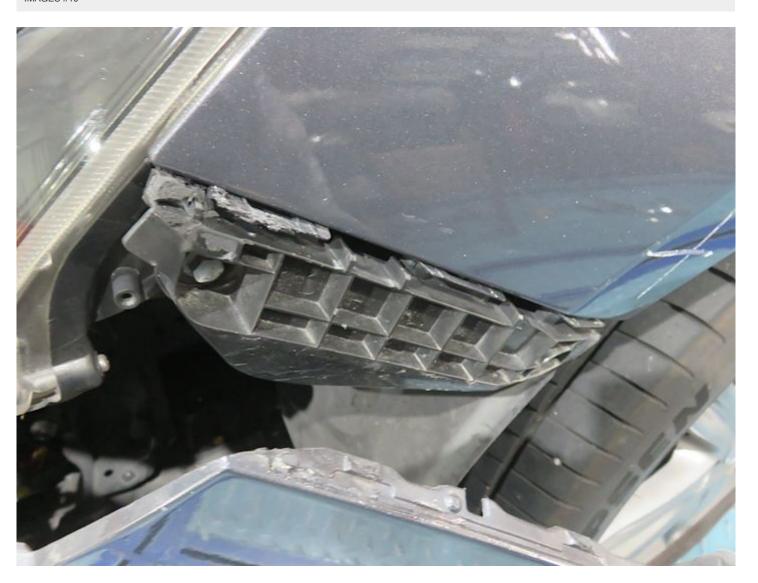




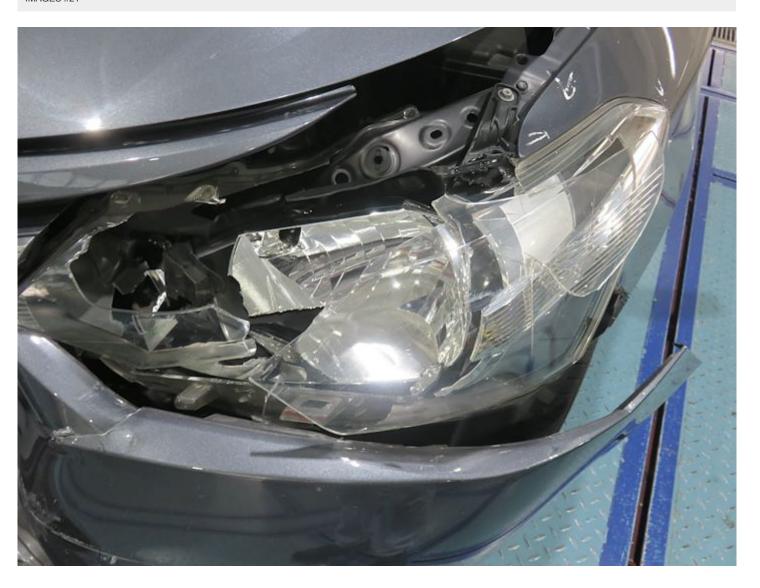
















Report No. T/20210422/2070

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2021 14:43			Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars		extension state of the property of the fire	
BAI ZHE	Intermant: NXIANG	-tuig	Address: APT BLK 428 PASIR RIS DR 510428	IVE 6 #06-21 SINGAPORE	
ID Type / ID No.: NRIC NO / S8615753E Nationality: SINGAPORE CITIZEN		53E	Contact No.: Home/Office: Mobile: 93868855		
			Email:		
Sex: Male	Age: 34	Date of Birth: 09/06/1986	Type of Informant:		
Race: Chinese Occupation: Interior designer		1 32.00.1300	Language: English	Institution / School Name:	
			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	enteria: Drink Drive: No	Date/Time of Accident: 22/04/2021 09:30	Type of Location Straight Road	
PAN-ISLAND	EXPRESSWAY	Road Surface:			
		Wet	F	Road Speed Limit:	
Differing	e Way Not Controlled				
Traffic Flow: One Way Type of Collis		Traffic Control: Not Controlled	T N	raffic Volume: Moderate	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJP7733U	Car				Slightly Damaged	0
SLR8703R	Car				Seriously Damaged	

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR8703R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001455 62000		Expiry Date



T/20/10422/2070

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

Report No. T/20210422/2070

CONTINUATION OF REPORT

Any Pedestrian In	volved: No			100		CHARLES TO THE STATE OF THE STATE OF	
No. of Pedestrian		Use of Pedestrian Crossing: NA					
Driver	College State and College	SAGE AND THE		1964		SEASTANIOS .	
Name	NEO GIAP LEONG			ID No.		S7632835H	
Related Vehicle	SJP7733U (Car)			Contact No.		97966584	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge NIL				
No. of Days gran	ted Medical Leave N	IIL	Degree of		NIL		
Driver	全部 有任何主要的。	588 DS	5公司的政治局	1			
Name	BAI ZHENXIANG			ID No.		S8615753E	
Related Vehicle	SLR8703R (Car)			Contact No.		93868855	
Hospital/Clinic	NIL			Class Driving Licence Expiry	9	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	arge	NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL				

Brief Details.

On 22/04/2021, at about 9.30am, I was driving my vehicle SLR8703R along PIE towards Jurong. When I was driving towards Bukit Timah exit near to Anak Bukit flyover, I noticed there was one unknown vehicle make a sudden turn into my lane. Suddenly the vehicle in front of me SJP7733R started to jam brake. I applied my brakes too but was too late to avoid collision. Due to this, my front portion collided onto the rear portion of vehicle SJP7733R.

Both drivers went out to make a check, no one was injured at that point of time. I noticed that there were passengers (unsure how many of them) at the other party vehicle. Initial agreement was to settle the matter privately however today I received a call from the other party, informing me that his passenger will be seeing a doctor due to injuries in the accident. Purpose to lodge this report is for insurance claims purposes and also for traffic police follow up.



T20215422:2370

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Report No T/20210422/2070

Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report E / Sr Staff Sgt AZMI BIN MOHAMED HAMZAH	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2021 14:43	
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:	
Authentication Stamp NP168	2	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX4F

N: SN

AN0573A

CERTIFICATE OF INSURANCE Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) for 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.

DMPCSNW00145562000

Engine No.: 2NRX182406 Cha. No.:MHFB29F3902014500

1. Index Mark and Registration

SLR8703R

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

INTERIOR CONTRACTOR PTE LTD

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

10/10/2020

Named Drivers Ex Sect. I \$\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 Ex Sect. 1 - Age >= 26

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

* Age as at date of accident

EX ON WINDSCREEN. \$\$100.00

5. Persons or Classes of Persons entitled to drive* Any person who is driving on 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 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 Vehicle.

09/10/2021

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward does not social, comeans and preasure purposes and returns Policyholder's dustries. The policy does not cover use for nine or reward tutilion 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 doubted. One time Waiver of Excess for the first \$5500 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.: TOKYO CENTURY LEASING (S) PTE LTD

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: PRIVILEGE CAPITAL 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

Q6389 6111

6222 1033

@www.sg.cntaiping.com