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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	07/06/2021 14:52 (SGT) 04/06/2021 10:37 (SGT) BKE, Singapore TOWARDS PIE Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SMR2768G
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ZHUO JUNHAO SXXXX698E julian.zhuojh@outlook.com (Phone) +65-87864499 +65-87864499
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Mercedes E200 - Private use No - Claiming third party Private car Auto 1796
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive No DMPCSNW00118922000

ZHUO JUNHAO

SXXXX698E

Name of Driver

NRIC No

Date Of Birth	12/10/1987
Occupation	
Date Of Driving Pass	
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	(Phone) +65-87864499 +65-87864499
Email Address	
Address	jananiznaojn@outlook.com
Address complement	BLK 574A WOODLANDS DRIVE #07-708
Postcode	
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	
vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	1 - - 1 -
GENERAL INFORMATION OF THE ACCIDENT	
SERVE IN CHARTION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	DRIZZLING
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle in the Line	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	M-
soliciting/oliciting accident claims assistance?	No
PASSENGER 1	
Name	IECLIN
Gender	
	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	110
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?	163
Was there any audio recorded?	
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number	01 5000011
V Park Charles & Programme property and the control of the control	
Vehicle Manufacturer Vehicle Model	Audi
	•
Vehicle Category	Private car

Name of Driver NRIC No Contact Number	CHNG KIAN BENG SXXXX197Z (Phone) +65-96355091
Address Address complement	
Postando	
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 Vehicle Model Vehicle Variant Vehicle Colour	SKU3344Y Honda Odyssey -
Vehicle Category	Private car
Name of Driver	SYAFIE
NRIC No	SXXXX865H
Contact Number	(Phone) +65-91724712
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 3

Vehicle Registration Number	UNKNOWN LORRY
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	2
Vehicle Colour	
Vehicle Category	Commercial vehicle
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)	-
S descriger (moraling Direct)	-

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	ZHUO JUNHAO SLIGHT INJURY
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 2	SMR2768G Yes No
Name of injured person	JESLIN

Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMR2768G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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.
- 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

Witnessed by Reporting Centre Personnel

Sketch Plan

BSMR2768G

BSLE2333H

OSKU33HAY.

DSKIded lorry

BKE -> PIE

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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

*If no proper documents are produced, IDA	88 C shall not file the report. Information will be discarded after one week.
Date of Accident: 04 106 /2021 (dd/mm/y)	Time of Accident: 10 : 37 (24-HR-FORMAT)
Vehicle No. : SMR 276861 Vehicle Make	& Model / Engine (cc): Merc Bons E200 Private Hire: (Y)
Exact location of Accident: BKE	PIE)
Policyholder's Name / IC No. : Zhu o	Jun Hao S 8-732698E. ROC/UEN (Company)
Driver's Name / IC No. :	(As Above)
Driver's Contact No. : 8 78644 99	Company Contact No / Owner Contact No:
Driver's Address: BIK 574A U	voodlands Dr 16 #07-708 SC731574)
	h @ outlook. Com Insurance Company: Chine Tary
Driver Email address :	
Relationship between Owner & Driver: (Ple Owner / Spouse / Children / Friend / Parents /	ase CIRCLE one only) Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK	one only)
Own Insurance / Other Vehicle (The	one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver):
A Company of the Comp	Gender: Male / Female x() Gender: Male / Female x()
Weather condition & Road conditions? (On	the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car (Camera? Yes / No Remarks:
Any Injuries; Yes / No (If YES)	Injured Person' Name: driver Jelegs mk
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (I	f YES) Which Police Station:
\vee	The Other Party(s) Details:
1. Driver's Name / IC No: Chag kie	2n Beng S1596197Z _{Vehicle No:} SLE2333H
Driver's Contact No: 9/35 5091	Insurance Company:
2. Driver's Name / IC No (If Any): Syat	ie S9018865H- Vehicle No: SKU 3344Y.
Driver's Contact No: 9172 471	Insurance Company:
	Contact No:
Preferred Workshop Name	Contact No:





Motor Private Car

MX1E

SN

AN0444A 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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00118922000

Engine No.: 27186030055946

Cha. No.: WDD2120482A203755

Index Mark and Registration

SMR2768G

AUTOSAFE

Number of Vehicle

ZHUO JUNHAO

2. Name of Policy Holder

Date of Expiry of Insurance

01/09/2020

Named Drivers Ex Sect I

\$\$750.00

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

(14:26:29)

20/10/2021

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00

\$\$500.00

Ex Sect. 1 - Age >= 26 * 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 Vehicle.

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 S\$1,000 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:

Chua Suat Lay Sally **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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www.sg.cntaiping.com