

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 withholding 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 | 16/08/2021 11:43 (SGT) |
| Date of Accident | 13/08/2021 16:30 (SGT) |
| Exact Location of Accident | Upper Changi Rd N, Singapore |
| Additional Location Information | TOWARDS UPPER CHANGI ROAD EAST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | PA8894P |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | SHENG EN TRANSPORT |
| Company Reg No | 5XXXX743M |
| Email Address | choolengl@gmail.com |
| Mobile Phone No | (Phone) +65-98588099 |
| Alternative Phone No | +65-97893676 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2754 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | DMB1SNW00013562000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LIU CHOO LENG |
| NRIC No | SXXXX385G |

| | |
|--|-----------------------------------|
| Date Of Birth | 26/01/1958 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/01/1979 |
| Driving experience | 42 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97893676 |
| Alt. Phone Number | - |
| Email Address | choolengl@gmail.com |
| Address | BLK 37 LORONG 5 TOA PAYOH #07-357 |
| Address complement | - |
| Postcode | 310037 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------------|
| Name | LIM TIEW CHIN |
| Gender | Female |

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 AND ATTACHMENT

ATTACHMENT(S)

| | |
|---|-----|
| 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 VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | YN2158X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| 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) -

SKETCH PLAN

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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' 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;

(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.



Policyholder's Signature / Date & Time

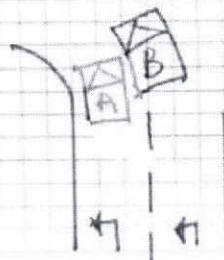
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan UPPER CHANGI RD NORTH TOWARDS UPPER CHANGI RD EAST

Vehicle A: PA8894P

Vehicle B: YN2158X



Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:

10

Refused

16/08/2021

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Handwritten signature of the policyholder.

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

Witnessed by Reporting Centre Personnel

Handwritten signature and date: 16/08/2021

ON THE STATED DATE AND TIME. I , VEHICLE A (PA8894P) WAS TRAVELLING ON THE STATED VENUE. WHILE I WAS MAKING A LEFT TURN IN MY LANE , VEHICLE B (YN2158X) ON MY RIGHT ALSO MAKING LEFT TURN BUT HE CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE RIGHT PORTION.

VEHILCE A : PA8894P

VEHICLE B : YN2158X

gus 16/08/2021

Date of Accident : 13/8/2021 Accident Time: 16:30hrs (24-HR-Format)
 Accident Place : Upper Changi Rd North towards Upper Changi Rd East
 Vehicle, No. (Car Plate No.) : PA 8894P Make/Model: Toyota Hiace
 Insurance Company : China Taiping Policy No: DMB1SHW00013561000
 Owner or Company Name /IC No. : Sheng En Transport (53278743M)
 Owner or Company Contact No. : 9858 8099 Owner's Hp : Company Tel :
 DRIVER'S Name / IC No. : Lim Choo Leng (S1294385G)
 DRIVER'S Date Of Birth : 26/1/1958 DRIVER'S License Pass Date : 15 Jan 1979
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
 DRIVER'S Address : Blk 37 Lorong 5 Tanjong Pagar #07-357/5) 310037
 DRIVER'S Contact No./ Alt No. : (1) 9789 3676 (2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : choo leng LW@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 Lim Tiew Chin (F)
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): N/A

Other Party Driver's Particular (if any)

| | |
|--|--|
| Vehicle, No: <u>YN2158X (B)</u> | Vehicle, No: <u> </u> |
| Vehicle Make/Model: <u> </u> | Vehicle Make/Model: <u> </u> |
| Name Driver: <u> </u> | Name Driver: <u> </u> |
| IC No. Driver/Contact: <u> </u> | IC No. Driver/Contact: <u> </u> |

*** NEW - Passenger's name & gender:**



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

N SN

AN0590A

Cov. Type F

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

DMB1SNW00013562000

Engine No.: 1KD1944066

Cha. No. JTFST22P500006938

1. Index Mark and Registration
Number of Vehicle

PA8894P

2. Name of Policy Holder

SHENG EN TRANSPORT

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

04/12/2020
(00:00:00)

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

03/12/2021

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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:

ODDS SEVEN
Authorised Officer

杨亚美

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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6222 1033

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