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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 23/08/2021 17:58 (SGT) Date of Accident 20/08/2021 08:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS BEFORE CTE-SLE EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3688H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAY HOCK GUAN NRIC No SXXXX929C Email Address fullstop423@gmail.com Mobile Phone No (Phone) +65-94355758 Alternative Phone No +65-94355758

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1794

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00008342001 Cover Note Number

DRIVER

Name of Driver TAY HOCK GUAN NRIC No SXXXX929C

• 000000	
Date Of Birth	13/07/1970
Occupation	Outdoor
Date Of Driving Pass	18/01/2001
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94355758
Alt. Phone Number	+65-94355758
Email Address	fullstop423@gmail.com
Address	BLK 689F WOODLANDS DRIVE 75 #10-140
Address complement	STREET, STREET
Postcode	736689
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	110
vehicle registration ratified of other vehicle owner by birrer	: *
Insurance Company of Other Vehicle Owned by Driver	
modiance company or care remove a man a promise	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Time of Ancident	Callisian allead to Door
Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident 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?	1503660
CIRCUMSTANCES OF ACCIDENT	
CIRCUNSTANCES OF ACCIDENT	
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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?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETAILS OF STILL	
Vahiala Degiatration Number	00000015
Vehicle Registration Number	GBC8561E
Vehicle Manufacturer	*
Vehicle Model	8

Vehicle Registration Number	GBC8561E
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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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. 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:
 - 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
 - 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.

Reporting Centre Personnel's Driver's Signature Policyholder's Signature Date Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No .:

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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date

Reporting Centre Personnel's Signature

Name: NIDIC/EIN NA .

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20 / of /2021 (dd/mm/yy) Time of Accident: Of: 20 (24-HR-FORMAT)
Vehicle No.: SMP 3688H Vehicle Make & Model: TOYOTA WSH 1794
Exact location of Accident: PIE Thas Before CIE-SLE Exit
Policyholder's Name / IC No.: Tay Hock Guan 87025929C
Driver's Name / IC No.: Polk 689 F WOODLANDS DR 75 \$ 10-140 (736689) (As Above)
Driver's Contact No.: 94355758 Company Contact No (Company Veh Only):
Driver's Address: DMHCSuw000083470
Email address: fallstip423 agrail can Insurance Company: Chiora Taiping 13/07/1970 10/01/2001
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / 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):
*Passanger Name: Gender: Male / Female *Passanger Name: Gender: Male / Female
Candon Mole / Female
Name: Gender: Male / Female
Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident)
Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
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
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 Any Injuries: Yes / No (If YES) Injured Person' Name:
Gender: Male / Female
Mass Gender: Male / Female
Meather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:



CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD

Motor Hire Car

MZ4061 /B

AN0055A

Cov. Type:C

SN

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 Riska) Rules, 1959 (Malaysia).

CERTIFICATE No.

DMHCSNW00008342001

Engine No.: 2ZR1960673

Cha. No.:JTDGG20W40J007070

Index Mark and Registration

SMP3688H

AUTOSAFE

Number of Vehicle

Name of Policy Holder

22/12/2020

Excess Sect 1.

\$\$1,250.00

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

(00:00:00)

TAY HOCK GUAN

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II

5\$1,500.00

Date of Expiry of Insurance

21/12/2021

Excess Sect.II (Outside Singapore).

\$\$3,000.00

EX ON WINDSCREEN .

\$\$100.00

Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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.

THE POLICYHOLDER

ANY AUTHORISED DRIVER

6. Limitations as to use:*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD 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.

Authorised Signatory

Issued By: COWELL INSURANCE (AGENCY) PTE LTD

Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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