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SINGAPORE ACCIDENT STATEMENT

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
 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 27/08/2021 17:06 (SGT) Date of Accident 26/08/2021 18:40 (SGT) Exact Location of Accident Synagogue St, Singapore Additional Location Information TOWARDS SOUTH CANAL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ7229X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LOW BUCK KUAN NRIC No SXXXX426A Email Address engtat7@gmail.com Mobile Phone No (Phone) +65-97109062 Alternative Phone No +65-81133798

VEHICLE PARTICULARS

Manufacturer Mercedes Model Slk200 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1796

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00129572100 Cover Note Number

DRIVER

Name of Driver ONG TONG LEE, KELVIN NRIC No SXXXX720E

Date Of Birth	19/11/1982
Occupation Date Of Driving Pass	Outdoor
Driving experience	22/04/2015 6 YEARS AND 4 MONTHS
Gender Gender	Male
Mobile Number	(Phone) +65-81133798
Alt. Phone Number	(Filone) 100-01100700
Email Address	engtat7@gmail.com
Address	BLK 11 MARSILING DRIVE #20-06
Address complement	CONTRACTOR CONTRACTOR AND CONTRACTOR CONTRAC
Postcode	730011
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
manage sentant of small senters and an in the last	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	N-
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	LIM YING BAO
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 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 OTHER	R VEHICLE PROPERTY 1
DETAILS OF OTHER	N VEHICLE PROPERTY I
Vehicle Registration Number	SMJ6510Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	- 70
No. Of Passenger (Including Driver)	
5 ()	1.72

INJURED PERSONS DETAILS

Yes

No

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	ONG TONG LEE, KELVIN Male (Phone) +65-81133798 SLIGHT INJURY SMZ7229X Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person Gender Phone No Address	LIM YING BAO Female -
Address Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	CLICUT IN HIDY
Injured person in which vehicle?	SLIGHT INJURY SMZ7229X

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.
- 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 & Time

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

Witnessed by Reporting Centre Personnel

> Vehicle A: SMZ7229X Vehicle B: SMJ6510Z

Sketch Plan

Synagogue St towards S Canal Rd

00 00 0000

Describe Circumstances of the Accident

	on t	he s	itated	date	& time	, I,	vehid	eA(smz 7a	29x)) Wo	is tr	avellir	ig a	t th	e st	ated	
cation	. As I	: wa	s turni	ng out	to the	main	road	, the	front	veh	ide	cam	e to	a sta	op,	If	ollowe	d
wit.	Sudden	ly,	I fo	lf an	impact	from	the	rear	porti	bn	of	my	cehi;	cle -	I	aliq	hted	l
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Declaration

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 & Time

Witnessed by Reporting Centre

Personnel



Date of Accident	: 368 30M Accident Time: 1840hr (24-HR-FORWAT)
Accident Place	: Synagogue St towards & Canal Rd
Vehicle Reg. No (Car plate No.)	: SMZ 7239 X Vehicle Make/Model: MB SLK360
Insurance Company	: China Taiping Policy No. DMP(SNW001>9572100
Name of Registered Owner	: Gompany / Individual Low Buck Kuan
ID of Registered Owner	: Co Rég No: SISISYNA Owner's NRIC No: -
	: Co Contact No: Owner's Contact No: 9710 9062
DRIVER'S Name	: Ong Tong Lee, Kelvin DRIVER'S NRIC No: S8239720E
DRIVER'S Date of Birth	19 NOV 1982 DRIVER'S License Pass Date 33 Apr 2015
Relationship bet, Öwner & Driver	Spouse \Parents\Children\Sibling \ Employee\ Others:
DRIVER'S Address	APT BIE 11 marciling Drive # 20 - 06 Singapore 730011
DRIVER'S Contact No./ Alt No.	1) 81133798 2) -
DRIVER'S Occupation	; INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	engtat 7 @ gmail.com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Was the accident reported to the po	Itivel): 6> Passenger Name; Lim Ying Boo Gender: M.F. lice? YES \ NO Passenger Name: Gender: M/F ar camera; YES \ NO Any Injuries: YES / NO Injured Name: Ong Tong Lee, kelving
Exact purpose for which yehicle w	as being used at the time of accident: Private use \ Work purpose
9	Other Party Driver's Particulars (if any)
Yehicle Reg No: SMJ65	0Z Vehicle Reg No:
Vehicle Make Model:	Vehicle Make\Wodel:
Name DRIVER:	Name DRIVER:
I@No. DRIVER.	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
<u>O</u>	her Party Driver's Particulars (if any)
Valuide Reg No	Vehicle Reg No:
Vehicle Make Model	Vehicle Make Model:
Name DRIVER.	
IT NO DELVER.	IC NO DRIVER.
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中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1E

AN0567A

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, 1987 (Malaysia)

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

CERTIFICATE No.

DMPCSNW00129572100

Engine No.: 27195431148346 Cha. No.:WDB1714452F213486

1. Index Mark and Registration Number of Vehicle

SMZ7229X

AUTOSAFE

Name of Policy Holder

LOW BUCK KUAN

Named Drivers Ex Sect. I

\$\$750.00

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (14:15:41)

25/06/2021

Additional Ex Other than Named Drivers:

24/06/2022

Ex Sect. 1 - Age <= 25 Ex Sect. I - Age >= 26 \$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

4. Date of Expiry of Insurance

(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. Ose for social, dornestic and pleasure purposes and for the Policyrloider'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 \$\$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.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

* 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: AUTOSHIELD 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

66222 1033

www.sg.cntaiping.com