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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

VERSION: 1 (30/08/2021 17:10 (SGT))

- 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

30/08/2021 17:10 (SGT) Date of Submission 30/08/2021 14:55 (SGT) Date of Accident Buangkok Green, Singapore **Exact Location of Accident** TOWARDS SENGKANG Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMR8262J Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? KEK WAN FONG Name Of Registered Owner SXXXX549A NRIC No hancarrepairs@gmail.com Email Address (Phone) +65-90070161 Mobile Phone No +65-90070161 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Estima Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 2362 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMPCSNW00065322101 Policy Number Cover Note Number

DRIVER

KEK WAN FONG Name of Driver SXXXX549A NRIC No

09/12/1982 Date Of Birth Indoor Occupation 07/10/2003 Date Of Driving Pass 17 YEARS AND 10 MONTHS Driving experience Gender (Phone) +65-90070161 Mobile Number +65-90070161 Alt. Phone Number hancarrepairs@gmail.com Email Address BLK 200A SENGKANG EAST ROAD #16-02 Address Address complement 541200 Postcode 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 Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident AFTER RAIN Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 WIFE Name Female Gender PASSENGER 2 MOTHER IN LAW Name Female Gender 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 No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

SKF3931G

Vehicle Manufacturer

Vehicle Registration Number

Vehicle Model	, -
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	CHUA FRANCIS
NRIC No	SXXXX946D
Contact Number	-
Address	•
Address complement	15
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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' 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 law yers law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time

Sketch Plan B

Two take Trasfic Junction of My car (1) was stationary along a Buangkok Green towards song kan Just as the trasfic light turned green and I was prep to move off, wehirle (B) came from behind I hit my car	9.
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to move off, vehicle (B) came from behind I hirt my can	1
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Driver's Signature (If driver is not the policyholder) / Date

& Time

Policyholder's Signature / Date &

Time

Witnessed by Reporting Centre

Personnel

3) priver mother-Inlan wife

PERSONAL PARTICULARS

Date of Accident: (24Hrs)
Vehicle No: SmR 82621 Vehicle Make/Mor To yoka Ssama 2.xCA
Exact Location of Accident: Brang Kok Green Towards Seng Kong
Owner's Name/NRIC: Kek Wan Fong 158263549A
Driver's Name/NRIC: Kelc Wan Fong 158263549A
Driver's Contact: 90070161 Insurance Co & Policy No:
Driver's Email Address: han carrepairs @gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes / No If Yes, which police station?
The Other Party (Vehicle B) Details ST40 3946D Vehicle No: SKF39316
Insurance Company: Driver's Contact: 91912208
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C):
Independent Witness (If Any): Contact:
Preferred Workshop (If Any): Contact: * If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Motor Private Car

MX1F R

SN

AN0596A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00065322101

Engine No.: 2AZJ111064

Cha. No.:ACR500184054

1. Index Mark and Registration

SMR8262J

AUTOSAFF

Number of Vehicle

2. Name of Policy Holder

20/04/2021

Named Drivers Ex Sect. I

\$\$1,000.00

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

(00:00:00)

KEK WAN FONG

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

19/04/2022

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

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

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)

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

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\$500 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.: STANDARD CHARTERED BANK(S)LIMITED 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.

Issued By: AUTO ZOOM CREDIT 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