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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

- 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 02/09/2021 10:53 (SGT) Date of Accident 01/09/2021 19:33 (SGT) Exact Location of Accident Bukit Batok Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN9865J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHAN YEE TAT (ZENG YUDA) NRIC No SXXXX025J Email Address accy+1978@hotmail.com Mobile Phone No (Phone) +65-98421420 Alternative Phone No +65-98421420

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 - Reporting only Vehicle Category Private car Transmission Auto 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00130332100 Cover Note Number

DRIVER

Name of Driver CHAN YEE TAT (ZENG YUDA) NRIC No SXXXX025J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	16/03/1978 Indoor 18/08/2003 18 YEARS AND 1 MONTH Male (Phone) +65-98421420 +65-98421420 accy+1978@hotmail.com BLK 10A BOON TIONG ROAD #26-519 - 160010 Yes - No
insurance company of other vehicle office by privar	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2415M
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	:=
Vehicle Colour	1=
Vehicle Category	Private car
Name of Driver	NG POH CHUAN
NRIC No	SXXXX923F
Contact Number	(Phone) +65-97885887
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.
- 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;

B

SLM 2415M

- (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 Brickland Noad

Withessed by Reporting Centre Personnel

Ballit Batok Road

A) SMN 9865N

B) SLM)415M

Describe Circumstances of the Accident On the 1st September at 1938 has, while driving from Bukit Paujang towards Bukit Batak Road an accident hoppened after the front vehicle epithed chake. SLM 2415M was infront of SMN 9865N on a merging lane. While traffic was moving, and while we work moving, a couple of light braking was

SLM 2415M &	tarted moving	slightly and I	moved / accelerated / ighthy.
Suddenly SIN	na 45m applie	of e-brake and	I tried to react but the
reaction or brain	Ling was too	Now.	moved accelerated lightly. I tried to react but the

Resulting in bamper das	mage to	SLM 241	EM on the be	Hom w well a	Ja
minor dent on the	boot.	It was als	· noted that	SLM 2415M a	/ready
had some boot damages	to its ho	ot.			V

and injured during the accident.

17			
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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

Witnessed by Reporting Centre Personnel

ACCIDENT'STATEMENT

ACCIDENT DATE: (01 109) 3021) (DD/MM/YYY), TIME: (19. :33) (HH:MM)
LOCATION: BUKIT BATOK ROAD
DETAILS OF VEHICLE COMPANY: SMN 98655 DINSURANCE COMPANY: CHINA TAIP/NG CIPOLICY NUMBER: DMPCSNN 00/30332100 CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) DIMAKE & MODEL: KIA CELATO
f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: EXCANOR
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
A)NAME: CHAN YEE TAT (MALE / FEMALE) b)NRIC/FIN/PASSPORT: STAOTOZES CONTACT: 9843 142 C)ADDRESS: 109 BOON TOOK ROAD # 26-519 S160010
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: (Including driver) ONAME: CIADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER (MALE / FEMALE) CONTACT: CIADDRESS:
d) DATE OF BIRTH: (6 / 92 / 478)(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PACE 18 / 08 / 002 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION:
B. THIRD PARTY VEHICLE He of passanger of VEHICLE NUMBER: SLM2415M MODEL: HONDA VEZEL Including driver) b) DRIVER'S NAME: NG POH CHUAN (1) PARTY VEHICLE HO of passanger of VEHICLE NUMBER: MODEL: MODEL: " HO of passanger of VEHICLE NUMBER: MODEL: "
Including driver) f) NRIC/FIN/PASSPORT: CONTACT:

email = Accy+1978 Chotmail.com



Motor Private Car

MX1F

N SN

AN0006A

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.

DMPCSNW00130332100

Engine No.: G4FGJH721511

Index Mark and Registration

SMN9865J

Cha. No.:KNAF3416MK5036906

Number of Vehicle

2. Name of Policy Holder

CHAN YEE TAT (ZENG YUDA)

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

Named Drivers Ex Sect 1

\$\$500.00

28/06/2021 (10:58:19)

Additional Ex Other than Named Drivers:

S\$3,000.00

4. Date of Expiry of Insurance

03/09/2022

Ex Sect. I - Age >= 26

Ex Sect. I - Age <= 25

\$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$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\$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.: DBS BANK LTD

* 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: ALFA CREDIT PTE LTD Authorised Officer

Authorised Signatory