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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.

- 4. The issue and acceptance of this Point by insurance companies is not an admission of pointy 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 03/09/2021 10:31 (SGT) Date of Accident 02/09/2021 08:30 (SGT) Exact Location of Accident KJE, Singapore Additional Location Information TOWARDS TUAS BEFORE PIE EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Auto

1461

Vehicle Registration Number SMS2120U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEONG THAI SIN NRIC No SXXXX741A Email Address estrpt66@gmail.com Mobile Phone No (Phone) +65-90261212 Alternative Phone No +65-90261212

VEHICLE PARTICULARS

Manufacturer Renault Model Scenic 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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00031292100 Cover Note Number

DRIVER

CC

Name of Driver CHEONG THAI SIN NRIC No SXXXX741A

Date Of Birth	12/12/1949			
Occupation	Indoor			
Date Of Driving Pass	06/08/1970			
Driving experience	51 YEARS AND 1 MONTH			
Gender	Male			
Mobile Number	(Phone) +65-90261212			
Alt. Phone Number	+65-90261212			
Email Address	estrpt66@gmail.com			
Address	95 CASHEW ROAD #07-02			
Address complement	95 CASHEW ROAD #07-02			
Postcode	- 679666			
Is the driver the policyholder?				
If No, Relationship of the Driver with the Insured	Yes			
Does Driver Own Other Vehicles?	A NE			
Vehicle Registration Number of Other Vehicle Owned by Driver	No			
Termole Registration Number of Other Vehicle Owned by Driver				
Insurance Company of Other Vehicle Owned by Driver	-			
GENERAL INFORMATION OF THE ACCIDENT				
Type of Accident	0.00			
Weather Conditions	Collision - Head to Rear			
Road Surface	DRIZZLING			
rioda Gariace	Wet			
OTHER INFORMATION				
OTHER INFORMATION				
Was any faraism validation to the distribution of the same				
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)	·			
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?	~			
CIRCUMSTANCES OF ACCIDENT				
DI FACE DEFEN TO OUT TO THE OUT T				
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			
Vehicle Designation Number	New Control of the Co			
Vehicle Registration Number	SLJ416P			
Vehicle Manufacturer	*			
Vehicle Model	•			
Vehicle Variant				
Vehicle Colour	-			
Vehicle Category	Private car			
Name of Driver	BENNY SIM			
Contact Number	(Phone) +65-92375864			
Address	(none) 100-020/000 4			

Address complement

Postcode	-
Insurance Company Name	14
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 Formmust 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)

Lunderstand, 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' 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 &			ver is not the policyholde	Deve en med
Sketch Plan	KJE	10WORDS	TUAS	BRFORK PIK	EXIT
					A: SM3 2120 U 8: SLJ 416P
					5.323 7161

Describe Circumstances of the Accident

On 02/09/2021, at about 08:30am, I was travelling along KJE towards The before PIE Eat. I was driving extraight on the right most lane of 4 lanes. The vehicles in front of me clowed down and stopped. Noticing that, I follow exist and stopped my vehicle. Out of a sudden, I felt an impact from the rear. I then realised wehicle B had collided onto my vehicle's rear portion.
the right most lane of 4 lanes. The vehicles in front of me clowed down and stopped. Noticing that, I follow suit and stopped my vehicle. Out of a sudden, I felt an impact from the rear. I then realised vehicle B had collided onto my vehicle's rear
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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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT BILLE. & BONTON	TIME: 08:30 (hn:mm) 24 hrs Format
LOCATION KJE towards Tuas	before PIE Exit
4	
VEHICLE NUMBER SMS 2120 U	
INSURED NAME CHEONG THAT SIN	0-2/10:2
NRIC/FIN S0226741 A	CONTACT: 9026 1212
MAKE OF YOUT MODEL	SCENIC
Are you claiming under your own insurance policy for	repair to your vehicle?
() Yes, If No, Pls Select: (V) Third Party () Reporting Only
INSURANCE COMPANY CHIMA TAIPING	MYYDD DADWY () TDET
TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: DMPCSNW00031292100	
	(/ /) SAME AS INSURED
NAME DRIVER:	(V) SAIVE AS INSULED
	CONTACT:
NRIC / FIN	CONTACT.
DATE OF BIRTH: 12 - 12 - 1949	
DRIVING PASS DATE: 06 - 08 - 1970	TTDOOD
OCCUPATION. () ALL STEEL () PE	TDOOR
GENDER.	MALE () NO EMAIL
EMAIL ADDRESS: estrp+ 66 @ gmail.com	//
ADDRESS OF DRIVER: 95 CASHEW ROAD	# 07-02 SINGAPORE 679666
Deug	W 10011 V
Number Of Passenger Include Driver: DRW	er only
C.1. T. 11. C	YES (V)NO
Was driver an employee of the Insured's Company? (
If No, Relationship Of The Driver With The Insur	ative () Children () Sibling () Others
() OWING () Spouse ()	attivo () Children () and of (
Does The Driver Own Any Other Vehicle?: () Y	n Vehicle.
If Yes, Vehicle Registration Number Of Driver's Ow	II Y CINCIC.
Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear () Raining	ng (/) Drizzling () Others
Weather Conditions.	() Others
Road Surface : () Dry (\(\) Wet Was Any Foreign Vehicle Involved In This Accide	
Was Any Foreign Venicle Involved in This Accident?	YES () NO
Was Anybody Injured In The Accident? () 120 ()
If YES, Injured details: Convey By Ambulance: () YES () NO	
Convey By Ambulance: () YES () NO Was There Any Video Capture By Car Camera? ()YES (/)NO
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report
	7.22
Police Report Number (if any) Details Of 3rd Party Name / N	VRIC Contact
Details Of Std 1 arty	Sim 9237 5864
YOU DECEMBER 1	
Veh C	
Veh D	
Veh E	
Veh F	
Veh G	





Motor Private Car

MX1E

SN AN0586A

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)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00031292100

Engine No.: 146CC

CERTIFICATE OF INSURANCE

SMS2120U

Cha. No.:VF1RFA00864067814

Index Mark and Registration

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

CHEONG THAI SIN

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

14/02/2021

Named Drivers Ex Sect. I

\$\$500.00

(00:00:00)

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

4. Date of Expiry of Insurance

13/02/2022

Ex Sect. I - Age >= 26

\$\$3,000.00 S\$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.

(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\$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.

* 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: Zhong YueQiang Authorised Officer

Authorised Signatory

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

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6222 1033

www.sg.cntaiping.com