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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 15/09/2021 11:41 (SGT) Date of Accident 14/09/2021 12:30 (SGT) Exact Location of Accident Outram Rd, Singapore 169608 Additional Location Information OPPOSITE BLK 4 OPEN SPACE CARPARK Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJW3612A

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NEO AIK GEK** NRIC No SXXXX313A Email Address alex\_tan\_24@hotmail.com Mobile Phone No (Phone) +65-94886168 Alternative Phone No +65-98581808

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model A180 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 1699

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00043652102 Cover Note Number

#### DRIVER

Name of Driver TAN MEIHUI (CHEN MEIHUI) NRIC No SXXXX942F

Date Of Birth Occupation	20/06/1984	
Date Of Driving Pass	Indoor	
Driving experience	15/07/2021	
Gender	2 MONTHS	
	Female	
Mobile Number	(Phone) +65-98581808	
Alt. Phone Number		
Email Address	alex_tan_24@hotmail.com	
Address	BLK 131 JALAN BUKIT MERAH #09-1597	
Address complement	₹	
Postcode	160131	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Friend	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
THE STATE OF THE PARTY OF THE P	新 = 1	
Insurance Company of Other Vehicle Owned by Driver		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Assident		
Type of Accident	Collision - Major/Minor Rd	
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)	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?	All >	
Was notice of intended Prosecution given?	No	
If yes, against whom?	No	
ii yos, against whom:	•	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
, i monimento		
Are available to be a second of the second of		
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	VEHICLE PROPERTY 1	沙崖
Vehicle Registration Number	CEV124A	
Vehicle Manufacturer	SFX134A	
N. C. L. Markov, A. C. L. C. L	¥9	
	-	
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	- 5
No. Of Passenger (Including Driver)	-
9 ( 9)	-

# INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender Phone No Address	TAN MEIHUI (CHEN MEIHUI) Female (Phone) +65-98581808
	:=
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injurion Custained	-
	SLIGHT INJURY
Injured person in which vehicle?	SJW3612A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	rara
and injured conveyed to nospital by ambulance?	No

#### 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' 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

Personnel

Sketch Plan

Vahicle A. SJW3612A

Witnessed by Reporting

WebileB: SFX134A

opposite SGAH BIKU Open Space (aupark

	on t	he	Stat	ed	date	K	tim	u,	I	, \	redni d	eA(	SI	W 31	AClo	()	vas	trai	vellin	na	at.	the	State
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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 & Time

Witnessed by Reporting Centre Personnel

Date of Accident	[4 26P 301] Accident Time: 1230118\$ (24-HR-FORMAT)
Accident Place	: Opposite SGitt BIK4 Open Space Caypante i
Vehicle Reg, No (Car plate No.)	SJW 3612A Vehicle Make/Model: MB A160
Insurânce Company	China Taiping Policy No. DMPLSAW00043652103
Name of Registered Owner	: Company / Individual Neo Aik Gek
ID of Registered Owner	: Co Reg No: _ Owner's NRIC No: SUIS313A
DRIVER'S Name	Co Contact Not - Owner's Contact No: 1488 6168  (CHEN MEIHUL)  TAN METHOL DRIVER'S NRIC No. 5 8417942 F
DRIVER'S Date of Birth	20 Jun 1984 DRIVER'S License Pass Date 15 July 2021
Relationship ber, Owner & Driver	Spouse \ Parents \Children\ Sibling \ Employee\ Others: \Runny
DRIVER'S Address	APT BIK 131 Jalan Bukit Merah #09-1597 Cingapore 160131
DRIVER'S Contact No./ Alt No.	(1) 96581808 2)
DRIVER'S Occupation	; INDOOR \OUTBOOR (eg. working Inside or outside of an ofc)
Email Address	alex - tan - 24 @hotmail. Sg
Weather & Road Surface	: CLEAR & DRY   RAINING & WET VAFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including E Was the accident reported to the po	Tiver):O\ Passenger Name: Gender: M/F Lice? YES \ NO
Exact purpose for which vehicle w	Injured Name:as being used at the time of accident: Private use \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u></u>	ther Party Driver's Particulars (if any)
	Vehicle Reg No:
Vehiele Make\Model	
Name DRIVER.	Mame DRIVER:
10 No. DRIVER.	IC No. DRIVER:
DRIVER'S Contact & adJ	DRIVER'S Contact & add:
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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 R

AN0397A

SN

Cov. Type:C

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) 
or Vehicles (Third-Party Risks and Compensation) Rutes, 1960 
Road Transport Act, 1987 (Malaysla) 
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00043652102

Engine No.: 26694030740312 Cha. No.:WDD1690322J813774

1. Index Mark and Registration

SJW3612A

AUTOSAFE

Number of Vehicle

Name of Policy Holder

NEO AIK GEK

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

19/03/2021

\$\$750.00

(00:00:00)

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

18/03/2022

Ex Sect. 1 - Age <= 25 Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$500.00

\* Age as at date of accident EX ON WINDSCREEN .

\$\$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

Use for social, domestic and pleasure purposes and for the Policyholder's business. Ose for social, correstic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward fullion 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 Walver 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.

HIRE PURCHASE CO.: INDEX CREDIT PTE 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.

Issued By: INDEX AGENCY 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