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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 5. Information provided must be as truthing and accurate as possible as 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

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 Date of Accident 23/09/2021 17:35 (SGT) **Exact Location of Accident** 22/09/2021 15:26 (SGT) Additional Location Information Geylang Serai, Singapore Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKF81D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner No CHOY MENG KIAT MICHAEL NRIC No SXXXX540I Email Address michael@jmsfood.com.sg Mobile Phone No (Phone) +65-96391888 Alternative Phone No

+65-96391888

VEHICLE PARTICULARS

Manufacturer Model Bentley Variant Flying spur

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission CC

Private use

No - Claiming third party

Private car Auto

3993

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Fleet Policy Comprehensive Policy Number DMPCSNW0002884102

Cover Note Number

DRIVER

Name of Driver NRIC No

CHOY MENG KIAT MICHAEL SXXXX540I

Date Of Birth	
	01/07/1970
	Indoor
Date Of Driving Pass Driving experience	18/07/1989
Gender	32 YEARS AND 2 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-96391888
Email Address	+65-96391888
Address	michael@jmsfood.com.sg
Address complement	56 SENGKANG SQUARE #01-16
Postcode	544833
Is the driver the policyholder?	Yes
in No, Relationship of the Driver with the Insured	165
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
vveather 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?	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 DELLE STATE OF THE STAT	
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
	MONTH MANAGEMENT AND ADMINISTRATION OF THE PARTY OF THE P
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	ED622770
Vehicle Manufacturer	FBS2277G
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Mataravala
Name of Driver	Motorcycle RASHIDI BIN ABU
NRIC No	SXXXX889F
Contact Number	-
Address	-

Address complement	
Postcodo	
Insurance Company Name	
Nature Of Damage Details of property damaged in	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	
gor (molading Driver)	- 52

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email:

Email: alphacarser ces@hotmail.com

Signature:

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 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
- 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
- (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.

X

Policyholder's Signature / Date & Time

X

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

Vythessed by Reporting Centre Personnel

Sketch Plan

Vehble A: SEF SID. Vehicu B = FBS >>779.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 15 : 5 (24-HR-FORMAT)
Vehicle No.: SEF 815 Vehicle Make & Model / Engine (cc): Bentley Flying Spur V8 Private Hire: (Y 18).
Exact location of Accident: Geylang Serai
Policyholder's Name / IC No.: Choy Mevy Eigt Michael ROC/UEN (Company) S 70+>5407. Driver's Name / IC No.: (As Above) Driver's Contact No.: 9369 1888 Company Contact No / Owner Contact No: 9369 1888
Driver's Name / IC No.:(As Above)
Driver's Contact No.: 9369 1888 Company Contact No / Owner Contact No: 9369 1888
Driver's Address: 36 Singitana Square # 01-16 (3) 544X 33.
Owner Email address: michael @ 2MS FOOD. Com. Sy Insurance Company:
Driver Email address :
Owner/ Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
*Passenger Name: Gender: Male / Female x() *Passenger Name: Gender: Male / Female x()
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes / No Remarks:
Was there any video captured by vour Car Camera? Yes / No Remarks: Any Injuries: Yes / No (If YES) Injured Person' Name:
Anv Injuries: Yes / No (If YES) Injured Person' Name:
Anv Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle:
Anv Injuries: Yes / No (If YES) Injured Person' Name:
Anv Injuries: Yes / No (If YES) Injured Person' Name:
Anv Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: Rashidi Bin Abn (569/3149F) Vehicle No: FBS 22779
Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: Rashidi Bin Abn (569/3849f) Vehicle No: FBS 22776 Driver's Contact No: Insurance Company:
Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: Rashidi Bin Abn (5 bg/3 bf yehicle No: FBS 22776 Driver's Contact No: Insurance Company: 2. Driver's Name / IC No (If Any): Vehicle No:

3 4



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1/B

SN AN0478A

CERTIFICATE OF INSURANCE otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00028842102

Engine No.: CYC003204

Index Mark and Registration

Cha. No.:SCBEN53W1FC044183

Number of Vehicle

SKF81D

2. Name of Policy Holder

CHOY MENG KIAT MICHAEL

\$\$15,000.00

Effective date of the Commencement of insurance for the purposes of the Regulations, (00:00:00)

Named Drivers Ex Sect. I Excess Sect. I (Outside Singapore)

5\$30,000.00

4. Date of Expiry of Insurance

05/02/2022

EX ON WINDSCREEN .

\$\$1,000.00

Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below.

As per Named Driver(s) stated below. 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.

CHOY MENG KIAT MICHAEL

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.

HIRE PURCHASE CO. : ASIA CARZ HOLDING 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

#3 Anson Road #16-00 Springleaf Tower Singapore 079909

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www.sg.cntaiping.com