

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 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. 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 | 29/09/2021 15:08 (SGT) |
| Date of Accident | 29/09/2021 11:59 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | WOODLANDS AVE 12 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMU7739S |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | LIM YI LIN |
| NRIC No | SXXXX378A |
| Email Address | KAYTHLIMYILIN@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-92725544 |
| Alternative Phone No | (Office) +65-92725544 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C180 |
| 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 | 1595 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00081362100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------|
| Name of Driver | LIM YI LIN |
| NRIC No | SXXXX378A |

| | |
|--|---------------------------|
| Date Of Birth | 24/09/1993 |
| Occupation | Indoor |
| Date Of Driving Pass | 30/08/2013 |
| Driving experience | 8 YEARS AND 1 MONTH |
| Gender | Female |
| Mobile Number | (Phone) +65-92725544 |
| Alt. Phone Number | (Office) +65-92725544 |
| Email Address | KAYTHLIMYILIN@HOTMAIL.COM |
| Address | BLK 872 YISHUN ST 81 |
| Address complement | #08-131 |
| Postcode | 760872 |
| 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

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

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 VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLX1944B |
| Vehicle Manufacturer | Mazda |
| Vehicle Model | - |
| 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 -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM YI LIN
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMU7739S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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' 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' 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 lawyers/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

Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLAND AVE 12

A-SMU7739S
B-SLX1944B

Describe Circumstances of the Accident

On the stated time and date, I was on my vehicle A bearing SMU7739S
as I was waiting for the traffic light to turn green, suddenly I felt an impact
from my rear and realised vehicle B bearing SLX1944B had collided on to my
rear.

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

ACCIDENT REPORTING

Accident Date: (29 / 9 / 2021) (DD/MM/YYYY)

Time: (11 : 59) (HH:MM)

Location: WOODLAND AVE 12.

1. Accident Details

- Type Of Accident: HOOD TO REAR
- Weather Condition: (Clear / Raining / Others: DRIZZLING)
- Road Surface: (Dry / Wet / Others: _____)
- Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
- Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: _____
- Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name: _____
- Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- Vehicle Registration No: SMU 7739S
- Vehicle Category: Private Use
- Vehicle Manufacturer: mercedes benz Vehicle Model: C180
- Transmission: Manual / Auto CC: 1595
- No. Of Passengers (Including Driver) 1
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

(DMPCSNN00081362100)

- Handling Insurer: CHINA TAI PING INSURANCE (SINGAPORE) PTE LTD
- Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- Fleet Policy? (Yes / No)
- Owner Name: LIM YI LIN (Female / Male)
- ID Type: S9335378A (UEN / NRIC / Passport Or Fin / Work Permit)
- Email: Kaythlimyilin@hotmail.com Mobile: 92725544
- Alt No. Type: (Home / Office / Not In List) : 92725544

4. Driver's Information

- Is The Driver The Policyholder? (Yes / No)
- Driver Name: LIM YI LIN (Female / Male)
- ID Type: S9335378A (UEN / NRIC / Passport Or Fin / Work Permit)
- Date Of Birth: 24.09.1993
- Driving Pass Date: 30.8.2013
- Email: Kaythlimyilin@hotmail.com Mobile: 92725544
- Address: Blk 872 YISHUN ST 81 #08-131
- Postal Code: 760872
- Occupation: (Indoor / Outdoor)
- Driver Owner Relationship: _____ Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SIX1944B

Vehicle Category: _____ Vehicle Model: Mazda

No.Of Passengers (Including Driver) 1

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: Lim Yi Lin (Female / Male)

Vehicle Registration No: SMU 7739 S

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)

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.

DMPCSNW00081362100

Engine No.: 27491030043014

Cha. No.: WDD2040312A841877

1. Index Mark and Registration
 Number of Vehicle

SMU7739S

AUTOSAFE

=====

2. Name of Policy Holder

LIM YI LIN

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

20/04/2021
 (13:45:34)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

19/04/2022

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\$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: _____
 ALLEGIANCE PTE LTD
 Authorised Officer

 Authorised Signatory