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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 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 Private use accident 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**

#### DRIVER

Name of Driver LIM YI LIN NRIC No SXXXX378A

2	
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?	
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	= Ω~
Vehicle Registration Number of Other Vehicle Owned by Driver	No
vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
GENERALINI ONWATION OF THE AGGISENT	
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?	-
THE RESIDENCE OF THE PROPERTY	
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
	110
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLX1944B
Vehicle Manufacturer	Mazda
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	<u> </u>
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 Gender	LIM YI LIN 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?	-

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 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

Witnessed by Reporting Centre Personnel

Sketch Plan

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	A   A   .	8-51×1944B
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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

## ACCIDENT REPORTING

Accident Date: (34/4/8021)(DD/MM/YYYY)	Time: ( <u>II</u> : <u>DY</u> )(HH:MM)
Location: WOODN'S AVE 12.	
1. Accident Details	
a) Type Of Accident: twod to mar	
And the second s	· · · ·
b) Weather Condition: (Clear / Raining / Others: December)	)
c) Road Surface: (Dry / We) / Others:)	
d) Are You Claiming Under Your Own Insurance? (Yes / (No))	
If No, Please State: (Third Party Claim / Reporting Only)	~:
e) Was Any Foreign Vehicle Involved In An Accident? (Yes /	M3)
If Yes, Please State Vehicle No:	
f) Were You Been Approached By Unknown Person(s) Solicit	ting/Offering
Accident Claims Assistance? (Yes / 10)	
g) Was The Accident Reported To The Police? (Yes / 🕡)	
If Yes, Police Station Name:	
h) Was Notice Of Prosecution Given?	
If Yes, Against Whom?:	
2. Details Of Own Vehicle	
a) Vehicle Registration No: <u>Smu 7739S</u>	
b) Vehicle Category: Private USE	
c) Vehicle Manufacturer: mercedes bom Vehicle Model: C18	30
d) Transmission: Manual / Allo CC: 1595	
e) No.Of Passengers (Including Driver) 1	freely the late of the
Passenger Name: (Female	/ Male)
	E. E. L. S.
3. Own Vehicle Policy ( DMPCSNV0008 1362100)	
a) Handling Insurer: (HINA TAIPING INSURANCE (SMOAPOR) PIE AD	)
b) Coverage Type: (ACT / Comphrensive / Third Party / Third	
c) Fleet Policy? (Yes / No)	7 7 2 2
341 3	/ Male)
e) ID Type: \$9335378A (UEN / NOC / Passport O	
f) Email: Kaythlim Yilin @ hotmail.com Mobile:	9×25544
f) Alt No. Type: (Home / Office / Not In List): 92725544	1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Driver's Information	
Driver's Information	
a) Is The Driver The Policyholder? (*@s / No)	
b) Driver Name: LIM YI LIN (Female	
c) ID Type: S9335348A (UEN / NEOC / Passport Or	r Fin / Work Permit)
d) Date Of Birth: 24 - 09 . 1993	
e) Driving Pass Date: 30.8.2013	ALTO PROPERTY
	92725544
g) Address: BIK 872 YUHUN ST 81 #08-131	
h) Postal Code: 760872	
i) Occupation: (Indgor / Outdoor)	
j) Driver Owner Relationship: Does Driver Ow	n Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No:	andling Insurer:

## **ACCIDENT REPORTING**

5. IP venicle or Property	
a) Was There Any Other Vehicle Or Propert	y Damaged? (Yes / No)
If Yes, Please Provide:	
Vehicle Registration No: _S以1944B	
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:	Vahicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	
Vehicle Category:	
No.Of Passengers (Including Driver)	
Vehicle Registration No:	75 xF = + v
Vehicle Category:	
No.Of Passengers (Including Driver)	
6. Injured Person's Details	
a) Was Anyone Injured In The Accident? (	Ps / No)
b) Any Injured Conveyed To Hospital By Am	
If Yes, Please Provide:	201011001 (1007/05)
Name: Lim Yi Lin	(Pemale / Male)
Vehicle Registration No: SMu 7739 S	
Name:	
Vehicle Registration No:	
Name:	
Vehicle Registration No:	( camero j more)
	Table 1 No. 1997
7. Witness Details	Line - Linear Land
a) Was There Any Witnesses? (Yes / No)	
If Yes, Please Provide:	(Famala / Mala)
Name:	_ (remaie / Male)
Witness Contact:	•
8. Files	~
a) Are Accident Photos Available For Attach	nment? (Yes / Nb)
b) Was There Any Video Captured? (Yes / N	
a) Was There Any Audio Captured? (Yes / K	0
	현대 그리는 바다 사람이 많아 그네요. 10년 대한 그는 것 같습니다.

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)

MX1E

SN

AN0411A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00081362100

Engine No.: 27491030043014 Cha. No.:WDD2040312A841877

1. Index Mark and Registration

SMU7739S

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

LIM YI LIN

20/04/2021

Named Drivers Ex Sect. I

\$\$500.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (13:45:34)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

19/04/2022

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

EX ON WINDSCREEN.

\$\$3,000,00 S\$500.00

\* Age as at date of accident

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\$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