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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.

- 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 04/10/2021 16:16 (SGT) 02/10/2021 14:50 (SGT) Date of Accident Exact Location of Accident Singapore ENTRANCE KPE (TAMPINES) Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Honda

SMQ9430P Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? TODDS PARTNERS PTE LTD Name Of Registered Owner 2XXXXXX177E Company Reg No THENZG@GMAIL.COM **Email Address** (Phone) +65-97867493 Mobile Phone No (Office) +65-97867493 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer

Vezel Model Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1496 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy DMHCSNA00004242101 Policy Number Cover Note Number

DRIVER

LIM KIM WEE JET Name of Driver SXXXX113I NRIC No

06/04/1993 Date Of Birth Outdoor Occupation 05/04/2013 Date Of Driving Pass 8 YEARS AND 6 MONTHS Driving experience Gender (Phone) +65-97867493 Mobile Number Alt. Phone Number THENZG@GMAIL.COM Email Address **BLK 8 HOLLAND AVE** Address #11-16 Address complement 271008 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer 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 Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 UNKNOWN Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? 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? Yes No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SJU685U Vehicle Registration Number Toyota Vehicle Manufacturer **ALTIS** Vehicle Model Vehicle Variant

Private car

Vehicle Colour

Vehicle Category

Name of Driver - Contact Number Address	TOH CHYE SING RICHIE 606F (Phone) +65-98151218
Address complement	-
Postcode	•
Insurance Company Name	-
Nature Of Damage	•
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLN4063B Honda Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG SHAO KAI
* STEELS CONTROLLED CONTROLLED CONTROLLED CONTROLLED CONTROLLED CONTROLLED CONTROLLED CONTROLLED CONTROL	471E
Contact Number	(Phone) +65-81683731
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLV4389U Suzuki Vitara
Vehicle Variant	,-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	LEE HUI YI
Contact Number	(Phone) +65-91991911
Address	-
Address complement	-
Postcode	1.
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	•

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 <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)

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/aw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

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; Tills
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of corresponder ce, 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 & Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

Sketch Plan

Sketch Plan

Sketch Plan

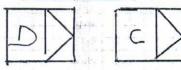
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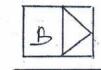
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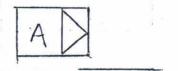
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A) SMQ 9430P

D) SLV 43894

B) SJU 685U

@) SLN 4063B

Describe Circumstances of	the Accident		
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Declaration			
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IWe declare the foregoing particula	rs are true in every respect.		4
	30		puffer
Policyholder's Signature / Date &	Driver's Signature (If driver is not the	policyholder) / Date W/itn	essed by Reporting Centre
Time Out	& Time.		onnel

ACCIDENT STATEMENT

ACCIDENT DATE: 2/10 2/ (DD/MM/YYM), TIME: 14:50 (HHJAJA)
LOCATION: ENTRANCE KRE (TAMPINES)
DETAILS OF VEHICLE SMO 9430P. BINSURANCE COMPANY: China Im CIPOLICY NUMBER: DM KC SNA 0 000 4242 WI
DIPOLICY TYPE (COMPREHE TIVE / THIRD PARTY FIRE &THEFT)
TITYPE: (SALON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PROATE / COMMERCIAL / MOTORCYCLE)
If NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER AJNAME: Todds partus Pt Ltd. [MALE / FEMALE] bjnric/fin/Passport: 201533 177 E CONTACT:
c) ADDRESS:
#HO of passange, DRIVER ALSO POLICY HOLD IR WHO of passange, DRIVER ALSO POLICY HOLD IR ON AME AM KIM WEE JE 7 (MAKE FEMALE)
(Including driver) SINAME: SIN
POSCUPATION: (INDOOR, OU(DOOR)
WAS DRIVER AN EMPLOYIE OF THE INSURED'S COMPANY? (YES (NO)
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE (DRY) VIET / OTHERS 6. WAS ANYBOLLY INJURED (YES / NO)
7. a) REPORTED TO POUCE (YES / NO) : IF YES, PLEASE STATE WHICH POUCESTATION: 8. THIRD PARTY VEHICLE OT (A C G L)
THE of passenger a) VEHICLENUMBER: 107 CATE STATE 98117218
Me (CA) 9. THIRD PARTY VEHICLE SLAV 4063 B MODEL N/ VEZEL .
(Including driver) NRIC/FIN/PASSPORT: 47/4 FORMACT: 8/18373/
(_) SIV 4389U (TYVITALA
$ \begin{array}{cccc} \mathcal{L} & \mathcal{L} $
VIDEO



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Motor Hire Car

CERTIFICATE OF INSURANCE and Compensation) Act (Chapter 18 ks and Compensation) Rules, 1960 Act, 1987 (Malaysia) Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Part / Risks) Rules, 1959 (Malaysia)

MZ406L/B

SN

AN0478A Cov. Type:C

CERTIFICATE No

DMHCSNA00004242101

Engine No.: L15B4030316 Cha. No.:RU11110312

Index Mark and Registration

Number of Vehicle

SMQ9430P

Motor Vehic

Name of Policy Holder

Date of Expiry of Insurance

TODDS PARTNERS PTE LTD

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

01/05/2021 (00:00:00)

Excess Sect I.

\$\$2,000.00

Excess Sect. I (Outside Singapore)

30/04/2022

Excess Sect. II

\$\$4,000.00

Excess Sect.II (Outside Singapore).

S\$2,000.00

\$\$4,000.00

EX ON WINDSCREEN .

S\$100.00

Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

Provided that the person driving is permitted in accordance, with the Loensing 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

ANY AUTHORISED HIRER/DRIVER

ANY EMPLOYEE OF THE COMPANY

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or spend-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section ? 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 assued 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: Lim Lee Choo Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 202208384E) 🌴 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

www.sg.cntaiping.com