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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 15/10/2021 12:26 (SGT) Date of Accident 13/10/2021 21:46 (SGT) Exact Location of Accident Serangoon Garden Way, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH3926M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALBERT FOO MENG AIK NRIC No SXXXX609B Email Address wmgrjkhu@gmail.com Mobile Phone No (Phone) +65-93828754 Alternative Phone No +65-93828754

VEHICLE PARTICULARS

Manufacturer Model Freed Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00000782101 Cover Note Number

DRIVER

Name of Driver ALBERT FOO MENG AIK NRIC No SXXXX609B

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	7 YEARS AND 2 MONTHS Male (Phone) +65-93828754 +65-93828754 wmgrjkhu@gmail.com BLK 138 PASIR RIS STREET 11 #05-209 - 510138
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 No - Yes 2 No
Name Gender	UNKNOWM PAX Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH OWNER No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SLZ4933C Toyota - -

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)	
140. Of Fassenger (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 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)

l understand, acknow ledge, 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) w ho 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 & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Berangoon Garden Way direction the You Chu KANGERO

VEHA

Scrayoon Garlar Would E towards Scrayoon Garden

On the stated date and time, I was driving along Serangoron Grarden Wa
towards Y10 Chu Kary. I have passenger onboard as well, while I was:
framelling: there this vehicle B (SIZ4933C) from my opposite
direction had drove and cut onto my lane and hit onto my right
side mirror ratter my vehicle got hit I slow down and stop out
the side, lucky behind my vehicle A (SMH3926M) was
another vehicle with video clip and sent to me for evidence.
I turn back hopefully to And the Vehicle B and som the
diver had stop and searching for something and that why
manage to take the vehicle B nos plate. I did not manage
to exchange particular as the volvide B driver tound his
Hem and just drove aft without exchange conversation.

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

	ACCIDENT STATEWEN			And the second of the second	
		0946 11	3		
location of accident:	Serangoon Garden Way				
	Details of Own Vehicle	e			
Vehicle Number:	SMH3926M	1	Make/Model:	HONDA FREE	· O=
Insurer:	CHINA TAIPENG			2 (FEMAL	
Policy No:	10158F00000 WASHIND			C/ TPFT/ TPO	
Policyholder					
Name:	ALBERT FOO MENG AILC		NRIC/FIN no.:	81644609	5
	93828754				
<u>Driver</u>	-	,			
Name:	AS AREN'E		NRIC/FIN no:	S1644609B	•
	93828754.		D.O.B:	24/07/196	4.
Email:	wmgrjkhu@gmail.com			PRIVAL HICE	
Address:	BIK 138 PASIK FIS &T. 11 + 05-2	109 (5101	38)		
Driving pass date:		tionship with	Policyholder:	OWNER.	
General Information					
Weather conditions:	Clear Raining	Road surface:	Dry Wet		
Police report:	Yes/No	/ideo Footage:	(es) No		
Prosection Letter:	Yes/ (lo If Yes a	gainst whom:			
Injuries:	Yes/No If Yes, provide injuries details	j:-			
	Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)	
al a					
	Details of Third party				
Proposition and the second	Vehicle B		Vehicle C		
Vehicle no.:	, SLZ4933 C.70/07A.				$\overline{}$
Driver name:					
NRIC/ FIN no.:					
Contact no:					
Insurance Co:					
Remarks: (Made/Model, Passenger,					
property Info & etc)					
	Detail of Witness				
	Witness 1		Witness 2		
Name:					
Contact no.:					
Claim Type:	Own Damage Third Party Penerting Only	Policyholder/	2		
Workshop:	Own Damage/Third Party/Reporting Only	driver	x ()	Lu Vie	
workshop:	The second secon	Signature:	*	-	



Motor Hire Car

MZ406L/B

AN0621A Cov. Type:C

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chispher 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Melaysia)

CERTIFICATE No.

DMHCSNW00000782101

Engine No.: LEB5618136

Cha. No.:GB71081511

1. Index Mark and Registration

SMH3926M

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ALBERT FOO MENG AIK

Excess Sect 1.

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment
 (00:00:00)

21/01/2021

Excess Sect. I (Outside Singapore) Excess Sect. II \$\$2,500.00 \$\$1,250.00

Excess Sect.II (Outside Singapore).

S\$2,500.00

4. Date of Expiry of Insurance

20/01/2022

EX ON WINDSCREEN .

\$\$100,00

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

As pai Names of the least state of the 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.

ALBERT FOO MENG AIK

ANY AUTHORISED DRIVER

6. Limitations as to use:*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 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 speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: SMARTCARS BOUTIQUE PTE, LTD.

* 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: IMOTOR INSURE 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



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SMS2/A46002 Vehicle Registration No: SMH 3906M
	Name (as shown in NRIC): ALAMAT For March MK NRIC/FIN/Passport No: SXXX/60918
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
	Address: Singapore (
	Contact (Tel): Mobile No.:
	Email Address:
	Date of Accident: 13(10) 2000 Time of Accident: 21:46
	Place of Accident: Sulfally Our GREAK Why
	Insurance Company: CHOMO TO Pract
(B)	ADDITIONAL INFORMATION /AMENDMENTS:
	I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:
	June of secromo 20 2146HB
	200 15/10/20x
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: