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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

ADDRESS OF THE RES

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 26/10/2021 13:15 (SGT) Date of Accident 25/10/2021 14:00 (SGT) Exact Location of Accident 369 Yung An Rd, Block 369, Singapore 610369 Additional Location Information CARPARK GANTRY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG5364M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WEE DAVID (HUANG DAVID) NRIC No SXXXX708D Email Address davidwee75@gmail.com Mobile Phone No (Phone) +65-86884472 Alternative Phone No +65-86884472

VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla Variant ALTIS Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00011252100 Cover Note Number

DRIVER

Name of Driver WEE DAVID (HUANG DAVID) NRIC No SXXXX708D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	02/04/1975 Indoor 21/02/2001 20 YEARS AND 8 MONTHS Male (Phone) +65-86884472 +65-86884472 davidwee75@gmail.com BLK 359 YUNG AN ROAD #13-87 - 610359 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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?	No 2 No - Yes 1
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 Vehicle Category Name of Driver Contact Number	FBS9067A Motorcycle -
Address	-

Address complement	
Doctords	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	
(moldaling briver)	17.2

SKETCH PLAN

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 <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' 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Carpark gentry of BK 369 Yuan Ann Road

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A- SLG 5364 M B- FBG 9067 A Describe Circumstances of the Accident

and location, I was waiting
leticle (B) at the company yearty. Uthicke B' then reserved and collided
nto the front of my uphicle 'A' and caused damages to my webicle 'A'
I would like to state that I do have in car camera footage OF 4)
whole incident.

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 10 / 2021 (dd/mm/yy) Time of Accident: 14 : 00 (24-HR-FORMAT)					
Vehicle No.: SLG 5364 M Vehicle Make & Model: Toyota Attls					
*Transmission: o Manual o Auto *C.c: 1.6					
Exact location of Accident: Carpark gantry of \$1k369 Yung An Road					
Policyholder's Name: Wee David (MONG DAVID NRIC/FIN/REG NO .: 47540708D					
*Policyholder's email address: davidwee 75 @ gmail.com					
Driver's Name: AS above NRIC/FIN/REG No.: S7540708D					
*Driver's email address:david WIL 75@ gmail. com					
Driver's Contact No.: 86884472 Company Contact No (If any):					
Date of birth: 02 04 1975 Driving Pass Date: 21 02 2001					
Driver's Address: B/K-359 Yung An Roud #13-87 S(610359)					
Insurance Company: Chinc. Taiping					
Policy No.: DIM HCSNW000 1125210Pppe of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft					
Relationship between Owner & Driver: (Please CIRCLE one only)					
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:					
What do you wish to claim? (Please <u>TICK</u> one only)					
o Own Insurance / Other Vehicle (The one you want to claim against) / o Reporting (For Record Purpose)					
Tyce of Accident					
o Chain Collision - Head To Rear o Side Swipe o Other					
Occupation (nature job) & Indoor / o Outdoor *No. of Passengers / Including Driver): 0					
*Passanger Name: Gender: Male / Female					
*Passanger Name: Gender: Male / Female					
Weather condition & Road conditions? (On the day of accident)					
or Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:					
Was there any video captured by your car Car camera? OYes / o No					
Any Injuries: o Yes / No (If YES) Injured Person' Name:					
Injuries Sustain : Injured Person in Which Vehicle:					
Police Report field: o Yes / o No (If YES) Which Police Station:					
The Other Party (S) Details:					
1. Driver's Name/IC No: My Knoon Kang Vehicle No: FBS 90674					
Driver's Contact No: Insurance Company :					
2. Dríver's Name / IC No (If Any): Vehicle No:					
Driver's Contact No: Insurance Company :					
*Independent Witness (If Any): Contact No:					
Preferred Workshop Name: Contact No:					



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (EINGAPORE) PTE LTD

Motor Hire Car

MZ406L/B

N SN

CERTIFICATE OF INSURANCE

Motor Vehicles (Thro-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Thro-Party Risks and Compensation) Risles, 1960

Road Transcort Act, 1992 (Martysa)

Motor Vehicles (Trint Party Risks) Rukes, 1959 (Mataysta)

AN0707B

Cov. Type:C

CERTIFICATE No.

DMHCSNW00011252100

Engine No.: 1ZRX560563 Cha. No.:MRD53REH104548292

1 Index Mark and Registration

SLG5364M

Number of Vehicle

AUTOSAFE

WEE DAVID

551 250 00

Effective date of the Commandement of Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Eneutriens.

Excess Sect 1. Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II

5\$1,250.00

4 Date of Expiry of Insurance

03/10/2022

Excess Sect.If (Outside Singapore). EX ON WINDSCREEN .

\$\$2,500.00 5\$100.00

5. 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 ticensing or other taws 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.

WEE DAVID

6 Limitators 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.: GOLDBELL FINANCIAL SERVICES PTE. LTD.

** Limitations rendered inoperative by Section 8 of the Motor Vehicles (Trivid-Party Ricks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act (987 (Malaysia), are not to be included under those 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 KHC HOLDINGS PTE LTD Authorised Officer

Authorised Signatory

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.cntalping.com