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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 Date of Accident	26/10/2021 15:22 (SGT) 23/10/2021 19:15 (SGT)
Exact Location of Accident Additional Location Information Country/State of Loss	Pasir Ris Dr 1, Singapore JUNCTION WITH PASIR RIS DRIVE 6 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6919Y	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH WENG FATT
NRIC No	SXXXX889C
Email Address	scotchhere123@gmail.com
Mobile Phone No	(Phone) +65-97830142
Alternative Phone No	+65-82999962

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00072922100
Cover Note Number	•

DRIVER

Name of Driver	LOH HUI YING
NRIC No	SXXXX894I

Date Of Birth	26/03/1987
Occupation	Outdoor
Date Of Driving Pass	12/03/2010
Driving experience	11 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	
Alt. Phone Number	(Phone) +65-82999962
Email Address	lohhuiyingloh@gmail.com
Address	BLK 613A TAMPINES NORTH DRIVE 1 #11-208
Address complement	₹-
Postcode	521613
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	<u>R</u>
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Cross Junction
Weather Conditions	Raining
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?	NO
ii yes, against whom:	- 1.5 - 1.5
CIRCUMSTANCES OF ACCIDENT	
CITODING PARCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
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Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
was there any addit recorded:	NO
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Belling and the second	
Vehicle Registration Number	FBK5352U
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Motorcycle
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)	-
No. of rassenger (including briver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LOH HUI YING Female Phone No (Phone) +65-82999962 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SMP6919Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

 Name
 MR PHUA

 Phone
 (Phone) +65-92335328

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 ma 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.

Fatt	_	Juling			get de	5/10/2027
Policyholder's Signature / Date & Time	Driver's Sign & Time	nature (If driver		licyholder) / Date 4	Witnessed by R Personnel	Reporting Centre
Pain by Drive I unknown						
1 [ATAI]			A2 X (6)		Vehid vehid	1. A: SMP6919 Y 1. b: FBK5352U
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	*					

Describe Circums	stances of the Accident
0	in the stated dote of tone I relich 'A' was travelling along the ser states
venue. Due to	trading light tom green, the relicle what ofart many and tom
So I procud	to go otrarght, Suddenly wellede 'B' down out from the road the
have red light of	I could not stopped in time & which is , hit onto my valide front
portun.	
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- WA	

Declaration

Time

 $\label{eq:weak_problem} \emph{WWe declare the foregoing particulars are true in every respect.}$

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

	(1//)
VEHICLE NO: SMP 6919Y.	MAKE & MODEL: TOYOR AHO OUTS/MANUAL
DATE OF ACCIDENT	23 1 10 12021 "C.C.
TIME OF ACCIDENT	19:15 AM 1 80
LOCATION OF ACCIDENT	Parir Ris Dire 1 . A Lajir Ais Prive 6 Junetrar.
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Loh Weny Faff
	nere 123 @ Gmail con Office. 1 MOBILE 97830142.
NRIC	S/644889C
CLAIM TYPE	OD / THURD PARTY / REPORTING ONLY
FLEET POLICY:	YES / MO?
INSURANCE CO.	China Taiping
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCENW00072922100.
NAME OF DRIVER	AS ABOVE / IF NO: Loh La: Ying
NAME OF BRIVER	24 26 42 2
DATE OF BIRTH	26 1 Mar 1 1987.
ANY PASSENGER	YESINO:0
NAME OF PASSENGER	X
GENDER OF PASSENGER	MALE / FEMALE X
OCCUPATION	Ouldeor / Indoor
DATE OF DRIVING PASS	12 1 Mar 1 2010
GENDER	Male / Emale
CONTACT NO.	Mobile, 8)99496) Office, Home,
EMAJL.	Idhhuiyingloh@gmail.com
ADDRESS	BIK 613 A Tampines North Drive 1 # 11-208 & 521613
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes . Reg No. INSURER.
RELATIONSHIP	Employee / If No. Father & Daughle.
WEATHER CONDITION	Clear / Returns / Other:
OAD SURFACE	Dry Wet / Other:
any injuries	No/If yes: Who? Loh fly Ying.
CONTACT NO.	8299962.
OLICE REPORT	No/If yes: Where? And his NPC
NOTICE OF INTENDED PROSECUTION GIVEN PEHICLE B NO.	
JAME	FBK 535) W. Any Passenger:
ONTACT NO.	
EHICLE C NO.	Any Passenger :
EHICLE D NO.	Any Passenger:
EHICLE E NO.	Any Passenger :
EHICLE FNO.	Any Passenger:
NY WITHESS	Yes.
VITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	92335328 (Mr Phua) YES MID
WAS THERE ANY AUDIO RECORDED?	YES / WO
SCENE ACCIDENT PHOTOS TAKEN?	ODBP) NO
**WORKSHOP:	Provident A de como
000000000000000000000000000000000000000	REVOLUTION ANTOHUTEVE.





Motor Private Car

MX1F

N SN

AN0592A Cov. Type:C

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) or Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00072922100

Engine No.: 1ZR0D56701 Cha. No.:MR2BE000001016

Index Mark and Registration

SMP6919Y

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

4. Date of Expiry of Insurance

LOH WENG FATT

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

08/04/2021 (15:04:01)

Named Drivers Ex Sect 1

\$\$500.00

Additional Ex Other than Named Drivers:

09/04/2022

Ex Sect. 1 - Age <= 25 Ex Sect. I - Age >= 26

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

* Age as at date of accident

EX ON WINDSCREEN .

\$\$100.00

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 fullion 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 \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: STANDARD CHARTERED BANK(S)LIMITED

* Limilalions 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: WINNIE SOO SIEW WAH Authorised Officer

Authorised Signatory