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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 01/11/2021 11:49 (SGT) 30/10/2021 10:50 (SGT) Date of Accident **Exact Location of Accident** KPE, Singapore TOWARDS CTE (BEFORE AIRPORT ROAD) Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Private car

Auto 998

SMY8632M Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? No ASLINA BINTE ABDULLAH Name Of Registered Owner NRIC No SXXXX897H Email Address aslinaabdullah04@gmail.com Mobile Phone No (Phone) +65-90029185 Alternative Phone No +65-90029185

VEHICLE PARTICULARS

Manufacturer

Model Stonic 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 No - Claiming third party

your vehicle?

Vehicle Category

CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMPCSNW00077652100 Policy Number Cover Note Number

DRIVER

ASLINA BINTE ABDULLAH Name of Driver SXXXX897H NRIC No

Date Of Birth	22/04/1981
Occupation	Indoor
Date Of Driving Pass	10/04/2014
Driving experience	7 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90029185
Alt. Phone Number	+65-90029185
Email Address	aslinaabdullah04@gmail.com
Address	BLK 670A EDGEFIELD PLAINS #05-606
Address complement	•
Postcode	821670
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	<u> </u>
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	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
AND SECURITION OF THE PROPERTY	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
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) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Nama	NURULHUDA BINTE CHUHARI
Name Gender	Female
Gender	Terriale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
n yes, againet mon.	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
Was there any video captured by Car Carriera? Was there any audio recorded?	
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DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SJD3758M
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Private car

Vehicle Category

Vehicle Colour

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)

Lunderstand, 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 Sig Time Sketch Plan	nature / Date	e & Driver's Si & Time 70WARD S		river is not the police CBFFORK	yholder) / Date	Witnessed by Personnel	Reporting Centre	27
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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



Date of Accident	: 30 10 2021 Accident Time: 10:50 0m (24-HR-Format)
Accident Place	: KP12 downers City (Before Airport Road).
Vehicle. No. (Car Plate No.)	SMY 8632 M Make/Model: Kia. Stonic 1.0
Insurace Company	: China Taiping Policy No: DMPCSNW00077652100
Owner or Company Name /IC No.	: Aslina Binte Abdullah SP110897H
Owner or Company Contact No.	Owner's Hp 9000 9185 Company Tel
DRIVER'S Name / IC No.	: As above. (F)
DRIVER'S Date Of Birth	: 20 4 1981 DRIVER'S License Pass Date 10 4 2014.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employeek Others: Owner.
DRIVER'S Address	: BIK 670 A Edg Preld Plains for-606
DRIVER'S Contact No./ Alt No.	:1) 9002 9185 2) (8'821670)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: 98/inaabdy llah 04 @ gmail · Com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party Claim Own Insurance
Number of Passengers (Including Di	iver): 2 person (1 Driver, 1 Passenger).
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident Private use Work purpose
	arty Driver's Particular (if any)
Vehicle. No: SJD 3758	M (Vehicle B) TAXA Vehicle. No: SLV 616 R (Vehicle C)
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	gender: Veh no: SKN 6000 G. (vehicle D)

Female: Nurulhuda Binte Chuhari



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

Motor Private Car

MX1F

N SN

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)

AN0214A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00077652100

Engine No.: G3LCJP158517 Cha. No.:KNAD6811VK6257800

 Index Mark and Registration Number of Vehicle

SMY8632M

2. Name of Policy Holder

ASLINA BINTE ABDULLAH

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

15/04/2021

Named Drivers Ex Sect. I

\$\$500.00

(09:25:08)

Additional Ex Other than Named Drivers: Ex Sect. i - Age <= 25

4. Date of Explry of Insurance

18/09/2022

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 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 Walver 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.: KENSO LEASING 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: SC ALLIANCE PTE LTD . . Authorised Officer

Authorised Signatory