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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	01/11/2021 16:34 (SGT)
Date of Accident	31/10/2021 20:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY AFTER BALESTIER
200 NO 100 NO 10	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF815E	
INSURED/POLICYHOLDER		
Is company?	No	

1499

Name Of Registered Owner LU YUNFAN NRIC No SXXXX213B **Email Address** luyunfan2010@qq.com Mobile Phone No (Phone) +65-98563472 Alternative Phone No +65-98563472

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
Variant	1.5
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

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00196322101
Cover Note Number	

DRIVER

CC

Name of Driver	LU YUNFAN
NRIC No	 SXXXX213B

Date Of Birth	03/09/1984
Occupation	Outdoor
Date Of Driving Pass	12/03/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98563472
Alt. Phone Number	
Email Address	+65-98563472
Address	luyunfan2010@qq.com
Address complement	BLK 2C UPPER BOON KENG ROAD #10-680
Postcode	- 202000
	383002
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	• 55
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
industrice dompany of other vehicle owned by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Assident	0.1111.111.111
Type of Accident Weather Conditions	Collision - Head to Rear
	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	M-
Number of vehicles involved in the accident	No
	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)	Ma
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?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes No
Was there any audio recorded?	No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
DETAILS OF OTHER	TO LINGLE THOSE HATT
Vehicle Registration Number	YL9520Y
Vehicle Manufacturer	
Vehicle Model	*
Vehicle Variant	
Vehicle Colour	<u>u</u>
Vehicle Category	Commercial vehicle
Name of Driver	KARUPPIAH PANDI
Passnort No/FIN	OWWATER

(Phone) +65-94659463

GXXXX759N

Passport No/FIN
Contact Number

Address

Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	- 4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LU YUNFAN
Gender	Male
Phone No	(Phone) +65-98563472
Address	-
Address Complement	-
Post Code	5 –
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF815E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

1 3 2 WH

Policyholder's Signature / Date &

Time

Sketch Plan

PLAPH

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

& Time

A: SMF 815E

Witnessed by Reporting

Personnel

B: YL95204

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Declaration

I/We declare the foregoing particulars are true in every respect.

了武弘神子

Policyholder's Signature / Date & Time

Pa zoph

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

Vithessed by Reporting Centre Personnel

VEHICLE NO: SMF815E

MAKE & MODEL : 8MW X2 .

AUZON MAINUAL

MEMICIE MO: 2ML 8/2.E	
DATE OF ACCIDENT	31 / 10 / 2021 °C.C.
TIME OF ACCIDENT	\$ 840 AM / D -
LOCATION OF ACCIDENT	(TE((ity) after Balesher.
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Lu Yunfan
EMAIL Luyunfan 20/0@QQ-Gn	S848 2213B.
NRIC	
CLAIM TYPE	OD / THIRD FARPY . / REPORTING ONLY
FLEET POLICY.	YES 1600 ?.
INSURANCE CO.	China Taiping
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSNA00196322101.
NAME OF DRIVER	ASABOVE' / IFNO.
NIC	As above ·
DATE OF BIRTH	03 / 09 / 1984
ANY PASSENGER	YES/ (1):
NAME OF PASSENGER	4 - '
GENDER OF PASSENGER	MALE / FEMALE 7-
OCCUPATION	Quidor / Indoor
DATE OF DRIVING PASS	12 / 03 / 204.
GENDER	Mail / Fernale
CONTACT NO.	Mobile, 98563472. Office, Home,
EMAIL:	As above (luyunfan 2010 @ QQ. com
ADDRESS	
DOES DRIVER OWN OTHER VEHICLES?	26 Boon teng 20 Upper Boon Keng Road. #10-680, \$383002.
RELATIONSHIP	Employee / If No
WEATHER CONDITION FOAD SURFACE	Clear / Bairing / Other.
	Dry / Wgi / Other.
ANY INJURIES CONTACT NO.	No 18 Test Who? Dasher.
POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN	No / If yes : Where? NO/IF YES, WHO?
VEHICLE B NO.	YL 9520 Y. Any Passenger:
JAME	(68174759N) Karuppiah Pand: (94659063 Whatsopp only)
ONTACT NO.	Contraction to the same to the Material ONTA
EHICLE C NO.	Any Passenger :
EHICLE D NO	Any Passenger :
EHICLE E NO.	Any Passenger :
EHICLE F NO.	Any Passenger:
NY WITHESS	
VITNESS CONTACT NO.	
WAS THEFE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	YES (NO)
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO)
**WORKSHOP:	
	REVOLUTION ANTOMOTIVE.
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中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

SN

AN0727A

Cov. Type:C

DMPCSNA00196322101

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)

Engine No.: 30385329B38A15A

Cha. No.:WBAYH12010EB36414

Index Mark and Registration

Number of Vehicle

4. Date of Expiry of Insurance

SMF815E

Name of Policy Holder

CERTIFICATE No.

LU YUNFAN

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

26/10/2021 (00:00:00)

Named Drivers Ex Sect. I

S\$500.00

25/10/2022

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

\$\$3,000.00

Ex Sect. I - Age >= 26

\$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

5. 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

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 Waiver of Excess for the first \$\$1,000 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.: MAYBANK SINGAPORE LIMITED

* 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: Chua Suat Lay Sally Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 希 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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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.

	ADDEND	UM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENT	rs:
	Original Report No: SVOR 18 0006	Vehicle Registration No:SMF415E
	Name (as shown in NRIC): LY YUN FAM	NRIC/FIN/Passport No:
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as a	ppropriate
	Address:	Singapore (
	Contact (Tel):	
	Email Address:	
	Date of Accident: 31 10 2021	_ Time of Accident:
	Place of Accident: The Younges City	AFTHE BOURSTIAR
	Insurance Company: Chur Torring	
(B)	ADDITIONAL INFORMATION / AMENDMENTS:	
	I have made a report on the above-mentioned accident a make the following amendments:	and would like to include additional information or
	DOTH OF ACCIONAL TO YEAR &	
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_		
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		an 1/11/200
P D	olicyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name:
		NRIC/FIN No.

Date: