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 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.

- 4. The issue and acceptance of this is form by instrained 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 27/10/2021 14:54 (SGT) Date of Accident 27/10/2021 08:40 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TWDS TOA PAYOH NEAR EXIT 20B Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SGV2223I

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEE KOK HAN (ZHU GUOHAN) NRIC No. S8105395B Email Address kyanchee@gmail.com Mobile Phone No (Phone) +65-96826549 Alternative Phone No +65-96826549

VEHICLE PARTICULARS

Manufacturer

Model Sienta Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00170182101 Cover Note Number

DRIVER

Name of Driver CHEE KOK HAN (ZHU GUOHAN) NRIC No. S8105395B

Date Of Birth 09/02/1981 Occupation Outdoor Date Of Driving Pass 09/10/2001 Driving experience 20 YEARS Gender Male Mobile Number (Phone) +65-96826549 Alt. Phone Number +65-96826549 Email Address kyanchee@gmail.com Address BLK 727JURONG WEST AVE 5 #09-194 Address complement Postcode 640727 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/10/2021 AT ABOUT 0840HRS.I WAS TRAVELLING ALONG PIE TWDS TOA PAYOH NEAR EXIT 20B. VEHICLE C WHO WAS TRAVELLING IN FRONT OF ME SUDDENLY STOPPED. THEREFORE I FOLLOW SUITED CAME TO A STOP. WHEN SUDDENLY I FELT AN IMPACT FROM MY REAR AND REALISED THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE. THE IMPACT WAS TOO HUGE CAUSE MY VEHICLE SURGED FORWARD AND HIT ONTO VEHICLE C. IT WAS A CHAIN COLLISION TOTAL INVOLVING 3 VEHICLES. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FILE IS TOO LARGE Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver NRIC No	CHEONG KOH LIANG S7109203H
Contact Number	(Phone) +65-91280033
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDU338T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED ZULFIFLIE BIN ABDUL GHANI
NRIC No	S8223614G
Contact Number	(Phone) +65-90219364
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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.
- 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

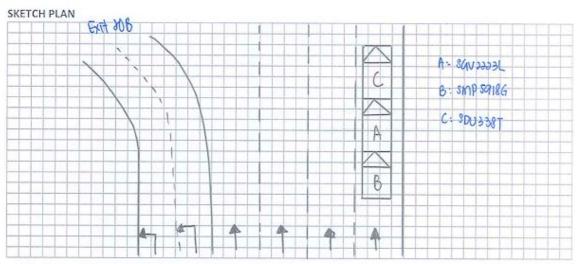
Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMC SketchPlanForm V3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	176	Kl o	181	at	about	084	Ohtg.	IA	ias ti	aellin	g_	along	PIE	ti	uds	Toa	Pa	lybh	Mar
Ent	20В	. VI	hidu	C	who	was	trave	lling	in	front	of	nu	норр	vd.	Thure-	Bre	l	Aolbu)
Nided	ca	MU	to	а	etop	, who	n	sudo	dniy	1	Ælt	an	impo	act	f on	n m	y I	reat-	and
halise	d	that	١	rehicl	В	had	(0	lliaud	onto	my	vehic	u. 1	the in	npac	l W	20	t00	hug	ge
cause		my	12	hidu	gut	ged	Abruo	nd	and	coll	idia	onto) vel	nicu	C-	t w	as	a d	hain
collisio	n	tol	al	ψν	Olving	3	vehic	No.											
																		_	
			_																
				_															

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD

MX1F Motor Private Car

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)

BR0043A Cov. Type:C

SN

Engine No.: 1NZC828621 DMPCSNW00170182101

SGV2223L

Cha. No.:NCP815046248

1. Index Mark and Registration Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

CERTIFICATE No.

CHEE KOK HAN (ZHU GUOHAN)

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

25/08/2021

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

4. Date of Expiry of Insurance

24/08/2022

Ex Sect. I - Age >= 26 * 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 Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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: PANA HARRISON (ASIA) PTE LTD Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

箭 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

₱6222 1033

www.sg.cntaiping.com































