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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 08/11/2021 19:50 (SGT) Date of Accident 07/11/2021 10:50 (SGT) Exact Location of Accident Hougang Ave 1, Singapore Additional Location Information CARPARK (BESIDE BLOCK 104) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL6773G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ALEX LIAN TECK HUAT NRIC No SXXXX867I Email Address alexIth1972@icloud.com Mobile Phone No (Phone) +65-92966906 Alternative Phone No +65-92966906

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry Variant 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 Commercial vehicle Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00225642100 Cover Note Number

DRIVER

Name of Driver ALEX LIAN TECK HUAT NRIC No SXXXX867I

Date Of Birth	19/07/1972
Occupation	Indoor
Date Of Driving Pass	05/05/1993
Driving experience	28 YEARS AND 6 MONTHS
Gender	
Mobile Number	Male
Alt. Phone Number	(Phone) +65-92966906
Email Address	+65-92966906
Address	alexIth1972@icloud.com
	BLK 101 HOUGANG AVENUE 1 #05-1155
Address complement Postcode	-
	530101
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 Company	•
Insurance Company of Other Vehicle Owned by Driver	*
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	Collision - Major/Minor Rd
Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anybody injured in the Applicants	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)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	LEE LI CHEN
Gender	Female
	Terrale
DETAILS OF POLICE ACTION	
The state of the s	
Was the second of	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	- C - C - C - C - C - C - C - C - C - C
CIRCUMSTANCES OF ACCIDENT	
DI EASE DEEED TO OVETOUR DI ANI	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Yes
Was there any audio recorded?	WITH OWNER
	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
	。 第一章
Vehicle Registration Number	SMQ3133L
Vehicle Manufacturer	- OMISKO TOOL
Vehicle Model	
Vehicle Variant	8
Vehicle Colour	•
	-

Vehicle Category	
Name of Driver	Private car
Contact Number	•
A J J	-
Address complement	-
Postcodo	-
Insurance Company Name	-
Natilie Of Damago	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	<u>=</u>
The second (including Driver)	1-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	
A 100 Page 1 100 Page	ALEX LIAN TECK HUAT
Phone No	Male
Address	(Phone) +65-92966906
Address Complement	•
Post Code	-,
Post Code Approximate Age Years Old	-
Injuries Sustained	- s
Injuries Sustained Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	SJL6773G
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes
and injured conveyed to nospital by ambulance?	No
INJURED 2	
Name of injured person	/ No. 1 of the second of the s
Gender	LEE LI CHEN
Phone No	Female
Address	~
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	- -
injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	SJL6773G
	Yes
Was this injured conveyed to hospital by ambulance?	No

SKEI UN FLAN

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 <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
- (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 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 result of the result

,	· yer snaw mins), v	vilicii may be sited outside	of Singapore, for one or mo	re of the	above Purposes.
Policyholder's Sigr Time	nature / Date &	Driver's Signature (If drive & Time	er is hot the policyholder) / D	Date .	Witnessed by Reporting Centre Personnel
Sketch Plan	car	partellot		7	Car partle
	,				Houbouf AVR (
	Blk	104)			A) SIL 6739 B) SMQ 3133L

DEPCH	de Circumstances of the Accident	
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	SMQ 3133L with a stop sen did not	Velgicle no
		Stop and
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	right slote of my vehicle.	
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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



Date of Accident	Accident Time: 10.50 (24 HR-FORMAT)
Accident Place	: Housang Avel Car Parle (Beside BIK 104)
Vehicle Reg. No (Car plate No.)	: SJL 6773 GVehicle Make/Model: Toyota Camy
Insurance Company	: China Taiping Policy NoDMPCS NWO 022564210C
Name of Registered Owner	: Company/Individual Alex Law Teck Huat
ID of Registered Owner	: Co Reg No. \$7226867 = Owner's NRIC No. \$7226867 I
	: Co Contact No: Owner's Contact No: 32966906
DRIVER'S Name	: Alex Lian Teck Hudriver's NRIC No: 57226867 =
DRIVER'S Date of Birth	19-07-1972 DRIVER'S License Pass Date 05-05-1993
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: \(\rightarrow \widetildarrow \)
DRIVER'S Address	: BIKIOI Housey 1205-1155 Spor 530101
DRIVER'S Contact No./ Alt No.	:1) 92966906 2)
DRIVER'S Occupation	(NDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	alexHh1972@icloud. 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 Dri Was the accident reported to the polic Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the inj	ver): 02 Name & Gender; Female (Re Li Chen)
Other 1	Party Driver's Particulars (if any)
Vehicle Reg No. SMQ3133L	The second secon
Vehicle Make Model:	Vehicle Make Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Private Car

MX1F

SN

AN0661A

CERTIFICATE OF INSURANCE

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

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00225642100

Engine No.: 2AZF114462 Cha. No.:MR053BK4007029838

Index Mark and Registration

SJL6773G

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ALEX LIAN TECK HUAT

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

Named Drivers Ex Sect. I

\$\$1,500,00

(00:00:00)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

31/10/2022

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

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

* Age as at date of accident

EX ON WINDSCREEN.

S\$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)

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.

HIRE PURCHASE CO. : AMS MOTORS PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 183) 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: GREATLINK INSURANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory