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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 **Exact Location of Accident** Additional Location Information Country/State of Loss

17/11/2021 17:59 (SGT) 17/11/2021 13:27 (SGT) Jalan Bukit Merah, Singapore SLIP ROAD TOWARDS HENDERSON ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNB3605J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No HO KAH NGAI SXXXX556D cs8558cs@gmail.com (Phone) +65-94598993 +65-94598993

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Private use

Toyota

Vios

No - Claiming third party Private car

Auto 1497

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMHCSNW00008162100

DRIVER

Cover Note Number

Name of Driver NRIC No

HO KAH NGAI SXXXX556D

. Date Of Birth 12/04/1966 Occupation Outdoor Date Of Driving Pass 07/09/1994 Driving experience 27 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-94598993 Alt. Phone Number +65-94598993 Email Address cs8558cs@gmail.com Address BLK 126C KIM TIAN ROAD #35-519 Address complement Postcode 163126 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry 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? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes Yes

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA6362E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car JOHN Name of Driver (Phone) +65-90017439 Contact Number Address

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	12

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO KAH NGAI
Gender	Male
Phone No	(Phone) +65-94598993
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNB3605J
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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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' lawyers/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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

HENDERGON

UALHN BUET WERAM

SKA6362E

Describe Circumstances of the Accident I WAS TRAVELLING ALONG SUP ROAD FROM JALAN BURIT MERAH TOWAKDS HENDERSON ROAD . SUDDENLY VEHICLE B COMPED INTO THE REAK RIGHT OF MY VEHICLE, CAUSING MY REAK PIGHT ALIGNMENT TO BE OFF.

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

*If no proper documents are produced, IDAC shall no	ot file the report. Information will be discarded after one w	veek.
Date of Accident: 17 / 11 /2021 (dd/mm/yy)	Time of Accident: 13 : 27 (24-HR-FOR	MAT)
Vehicle No. : _SNB3605J Vehicle Make & Mode	el / Engine (cc): TOYOTA VIOS Private H	ire: (Y)N
Exact location of Accident: SLIP ROAD OF JALAN BU		and the second s
Policyholder's Name / IC No. : HO KAH NGAI SIRS	DSS6D ROC/UEN (Company)	
Driver's Name / IC No. : HO KAH NGAI SH50556D	Q(As A	(bove)
Driver's Contact No. : 9459 8993 C	Company Contact No / Owner Contact No:	
Driver's Address: BLK 126C KIM TIAN ROAD #35-5	SINGAPORE 163126	
Owner Email address : C\$ 8558CS @gmail.com	Insurance Company : CHINA TAIPING	
Driver Email address :		
What do you wish to claim? (Please TICK one on		
Own Insurance / Other Vehicle (The one you we	ant to claim against) / Reporting (For Record Purpose)	
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor	
Private use / Work purpose	No. of Passengers (Including Driver):	
*Passenger Name: *Passenger Name:		
Weather condition & Road conditions? (On the day of	faccident)	
Clear & Dry / Raining & Wet / After-Ra	in & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car Camera?	Yes / No Remarks:	
Any Injuries: Yes / No (If YES) Injured Pe	erson' Name:	Harrison Color (T. S. IIII)
Injuries Sustain:	Injured Person in Which Vehicle:	
Police Report filed: Yes / No (If YES) W	hich Police Station:	
The Oth	ner Party(s) Details:	
1. Driver's Name / IC No: JOHN	Vehicle No: SKA6361E	
Driver's Contact No: 9001 7439	Insurance Company :	
2. Driver's Name / IC No (If Any):	Vehicle No:	
Driver's Contact No:	Insurance Company :	
*Independent Witness (If Any):	Contact No:	
Diaferral Workshon Name	Contact No:	



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE_LTD

Motor Hire Car

MZ406L/B

N SN

ANO679A Cov. Type:C

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE OF INSURANCE

CERTIFICATE No.

DMHCSNW00008162100

Engine No.: 2NR5533091

Cha. No.:MR2B23F3901230239

Index Mark and Registration

SNB3605J

AUTOSAFE

Number of Vehicle 2 Name of Policy Holder

HO KAH NGAL

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

17/08/2021 (00:00:00)

Excess Sect I.

Excess Sect. I (Outside Singapore)

\$\$1,250.00

Excess Sect. II

\$\$2,500.00

S\$1,250,00

\$\$2,500.00

Excess Sect.II (Outside Singapore).

4. Date of Expiry of Insurance

16/08/2022

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive

As per Named Driver(s) stated below.

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.

HO KAH NGAI

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover
(1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: TOYOTA FINANCIAL SERVICES SINGAPORE 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: Moses Chia Wen Jye Authorised Officer

Authorised Signatory

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

@63896111

6222 1033

www.sg.cntaiping.com