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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 23/11/2021 16:44 (SGT) Date of Accident 20/11/2021 12:07 (SGT) **Exact Location of Accident** 5 Mount Sophia, Singapore 228453 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SMU9946Y

+65-84880440

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner SAMMI CHING MAY NRIC No SXXXX820F **Email Address** fappucino@yahoo.com Mobile Phone No (Phone) +65-84880440

VEHICLE PARTICULARS

Alternative Phone No

Vehicle Registration Number

Mercedes Manufacturer Model CIs350 Variant

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto

CC 3498

INSURANCE COMPANY

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

Policy Number DMPCSNA00215372101 Cover Note Number

DRIVER

Name of Driver SAMMI CHING MAY NRIC No SXXXX820F

Date Of Birth	15/03/1974	
Occupation	Outdoor	
Date Of Driving Pass	02/07/1993	
Driving experience	28 YEARS AND 4 MONTHS	
Gender	Female	
Mobile Number	(Phone) +65-84880440	
Alt. Phone Number Email Address	+65-84880440 fappucino@yahoo.com	
Address	62 HAVELOCK ROAD #05-19	
Address complement	02 HAVELOOK NOAD #00-10	
Postcode	169659	
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	110	
Service and the production of the control of the co	-	
Insurance Company of Other Vehicle Owned by Driver	•	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Side Swipe	
Weather Conditions	Clear	
Road Surface	Dry	
Noad Ouridee		
OTHER INFORMATION		
	AT	
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2 No	
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)	<u>-</u>	
soliciting/offering accident claims assistance?	No	
Soliciting/offering decident elamo assure		
PASSENGER 1		
Name	INGRID	
Gender	Male	
DETAILS OF POLICE ACTION		
DETAILS OF TOLISE TO		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?		
ii yes, against whom:		
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CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
Was there any audio recorded?	No	
DETAILS OF OTHE	R VEHICLE PROPERTY 1	

SJF1081J

Private car

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver	72
Contact Number	-
Address	
Address complement	
Postcode	· ·
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

Date of Accident	20 11 2021 Accident Time: 1207 (24-HR-FORMAT)
Accident Place	: 5 Mount Sophia
Vehicle Reg. No (Car plate No.)	SMU 9946Y Vehicle Make/Model: MERC CLS 350
Insurance Company	: Child Taiping Policy No. DMPCSHA 0215372101
Name of Registered Owner	: Company / Individual Summi Ching Play
ID of Registered Owner	: Co Reg No: Owner's NRIC No: 5741882 OF
	: Co Contact No: Owner's Contact No: 8488 0440
DRIVER'S Name	: DRIVER'S NRIC NO: 57418820F
DRIVER'S Date of Birth	: 15 3 1974 DRIVER'S License Pass Date 2 7 1993
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: 32H
DRIVER'S Address	: 62 Hurelock Rad HOS-19 (169659)
DRIVER'S Contact No./ Alt No.	: 1)2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: fappucino Oyahoo com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Qther Party \ Claim Own Insurance
Any injuries, if yes(name of the i	lice? YES \ NO ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose njured person)
×20	r Party Driver's Particulars (if any)
Vehicle Reg No: <u>55F10815</u>	
Vehicle Make\Model:	
Name DRIVER:	
IC No. DRIVER:	IC No. DRIVER: DRIVER'S Contact & add:
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中国太平保险(新加坡)有限公司

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)

MX1E

R SN

AN0450A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00215372101

Engine No.: 27695230032550 Cha. No.:WDD2183592A021543

1. Index Mark and Registration

SMU9946Y

AUTOSAFE

Number of Vehicle

SAMMI CHING MAY

2. Name of Policy Holder

4. Date of Expiry of Insurance

17/10/2021

Named Drivers Ex Sect. I

\$\$2,000.00

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

Additional Ex Other than Named Drivers:

(00:00:00)

Ex Sect. 1 - Age <= 25

\$\$3,000.00

16/10/2022

Ex Sect. I - Age >= 26

\$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

5\$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

Use for social, domestic and pleasure purposes and for the Policyholder's business. Ose for social, comestic and pleasure purposes and for the Policyholder's dustriess.

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\$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: 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

©6389 6111

₱6222 1033

www.sg.cntaiping.com

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 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)

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.

Policyholder's Signature / Date & Time

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

Personnel

Witnessed by Reporting Centre

Sketch Plan

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel