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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

06/12/2021 17:59 (SGT) 06/12/2021 10:25 (SGT) Bendemeer Rd, Singapore **CROSS JUNCTION** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SML3954K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

No

TAY YONG HUA SXXXX650Z

charmaine.m.choo@gmail.com (Phone) +65-86000268

+65-86000268

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Volvo

S60

Private use

No - Claiming third party

Private car

Auto

1596

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive

DMPCSNW00212642100

CHOO MANNING, CHARMAINE SXXXX549D

Accident report SN0821C60006

Date Of Birth 09/02/1991 Occupation Indoor Date Of Driving Pass 21/01/2012 Driving experience 9 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-86000268 Alt. Phone Number **Email Address** charmaine.m.choo@gmail.com Address BLK 135C BEDOK SOUTH ROAD Address complement Postcode 463153 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured DAUGHTER IN LAW Does Driver Own Other Vehicles? 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 - Cross Junction 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | XD4389Y |
|-----------------------------|--------------------|
| Vehicle Manufacturer | L'Allender · |
| Vehicle Model | www.companies = |
| Vehicle Variant | mine Long - |
| Vehicle Colour | ACCIONALINE |
| Vehicle Category | Commercial vehicle |
| Name of Driver | accommon = |
| Contact Number | 3100 THOMAS (#) |
| Address | allemental (# |
| Address complement | 1400.000 x 1100.00 |

| | Postcode |
|---|--------------------------------------|
| | Insurance Company Name |
| | Nature Of Damage |
| - | No. Of Passenger (Including Driver) |
| | rto. Or rassenger (including Driver) |

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHOO MANNING, CHARMAINE Gender Female Phone No (Phone) +65-86000268 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SML3954K Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

KRONG PMG JOSH
(Phone) +65-82880700

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 <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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

COSSTUCTION OF BUNDENUT ROOM.

A - Sml 3954k
B - XD 4 389Y

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Declaration

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

ACCIDENT REPORTING

| Accident Date: $(6/12/30)$ (DD/MM/YYYY) Time: $(6/25)$ (HH | (MM: |
|---|----------|
| Location: cross Junction as bordemeer Road | |
| 1. Accident Details a) Type Of Accident: | |
| 2. Details Of Own Vehicle a) Vehicle Registration No: SML 3954K b) Vehicle Category: PRNAL USE c) Vehicle Manufacturer: YOVO Vehicle Model: S60 d) Transmission: Manual / ACTO CC: 1596 e) No.Of Passengers (Including Driver) 1 Passenger Name: (Female / Male) | |
| 3. Own Vehicle Policy a) Handling Insurer: Chima Taiping (DMPC SNW0021264200) b) Coverage Type: (ACT / Compressive / Third Party / Third Party, Fire & Theft) c) Fleet Policy? (Yes / 10) d) Owner Name: Tay Yong HUA (Female / Male) e) ID Type: SI 7 13650 Z (UEN / NBIC / Passport Or Fin / Work Permit) f) Email: CHARMAINE . M. (HOD @ OWN ON Mobile: 86000 268) f) Alt No. Type: (Home / Office / Not In List): | |
| 4. Driver's Information a) Is The Driver The Policyholder? (Yes / No) b) Driver Name: (HOO MANNING, CHARMAINE (Female / Male) c) ID Type: Sq1645490 (UEN / NR)C / Passport Or Fin / Work Permit) d) Date Of Birth: 09 · 02 · 1991 e) Driving Pass Date: 21 · 01 - 2012 f) Email: CHARMAINE. m · (HOOE OMBIL COM) Mobile: 8600 0268 g) Address: BIK 153C Bedox South Road # 15-598 h) Postal Code: 463153 i) Occupation: (Infloor / Outdoor) j) Driver Owner Relationship: Father In Law Does Driver Own Other Vehicles: (Yes If Yes, Please Provide Vehicle Registration No: Handling Insurer: | - /@) |

ACCIDENT REPORTING

| TP Vehicle Or Property Was There Any Other Vehicle Or Proper | ty Damaged? (Yel) No. | |
|--|--|---|
| If Yes, Please Provide: | (1) 55.1166651 (163) 110) | |
| Vehicle Registration No: XD 4389 Y | | |
| Vehicle Category: | | |
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| Vehicle Category: | Vahisla Madali | |
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| Vehicle Registration No: | | |
| Vehicle Category: | Vehicle Model: | |
| No.Of Passengers (Including Driver) | venicie woder. | |
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| Vehicle Registration No: | | |
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| Vehicle Category: | Vehicle Model: | |
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| 6. Injured Person's Details | | |
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| a) Was Anyone Injured In The Accident? (X b) Any Injured Conveyed To Hospital By Ar If Yes, Please Provide: Name: CHOO MADDING, CHOTMAIDE Vehicle Registration No: Name: Vehicle Registration No: Name: Vehicle Registration No: 7. Witness Details a) Was There Any Witnesses? (Yes / HO) If Yes, Please Provide: | mbulance? (Yes / No) _ (Fe@ale / Male) _ (Female / Male) _ (Female / Male) | |
| a) Was Anyone Injured In The Accident? (Ab) Any Injured Conveyed To Hospital By Ar If Yes, Please Provide: Name: CHO MADDING, CHAMAIDE Vehicle Registration No: Name: Vehicle Registration No: Name: Vehicle Registration No: 7. Witness Details a) Was There Any Witnesses? (Yes / NO) If Yes, Please Provide: Name: Krong Pmg Josh | mbulance? (Yes / No) _ (Fe@ale / Male) _ (Female / Male) _ (Female / Male) | |
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Motor Private Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rizes, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Matayera)

MYSE

N SN

AN0715A Cov Type C

CERTIFICATE No.

DMPCSNW00212642100

Engine No.: 84164T1086361

Cha. No.:YV1FS48HBC2136911

Index Mark and Registration

SML3954K

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TAY YONG HUA

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Eriactment (00:00.00)

20/11/2021

Named Drivers Ex Sect 1

\$\$1,000.00

4 Date of Expiry of Insurance

19/11/2022

Additional Ex Other than Named Drivers: Ex Sect 1 - Age <= 25

\$\$3,000.00

Ex Sect. 1 - 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

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 fultion 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 Viaiver of Excess for the first SS1,000 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.

Authorised Signatory

Issued By: ALL INS MARKETING PTE LTD

Authorised Officer

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

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