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 06/12/2021 13:55 (SGT) Date of Accident 05/12/2021 10:45 (SGT) Exact Location of Accident Commonwealth Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number SMQ3627D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Goh Kee Seng NRIC No S1605077F Email Address paulynchew@yahoo.com Mobile Phone No (Phone) +65-97372388 Alternative Phone No +65-97372388

VEHICLE PARTICULARS

Manufacturer

Model Attrage 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 Private car Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00218692101 Cover Note Number

DRIVER

Name of Driver Chew Poh Ling NRIC No S7913757Z

Date Of Birth 28/04/1979 Occupation Outdoor Date Of Driving Pass 04/12/1999 Driving experience 22 YEARS Gender Female Mobile Number (Phone) +65-97910100 Alt. Phone Number Email Address paulynchew@yahoo.com Address Blk 32 Holland Close #02-100 Address complement Postcode 270032 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο 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 Please refer to the sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberYP3715XVehicle ManufacturerMitsubishiVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicleName of DriverKhoo Huat KeongNRIC No\$68206491Contact Number(Phone) +65-83662523Address-



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

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- (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/jaw-(irms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time - 6 DEC 2021

Sketch Plan

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

- 6 DEC 2021

Commonwesld

Witnessed by Reporting Centre Personnel

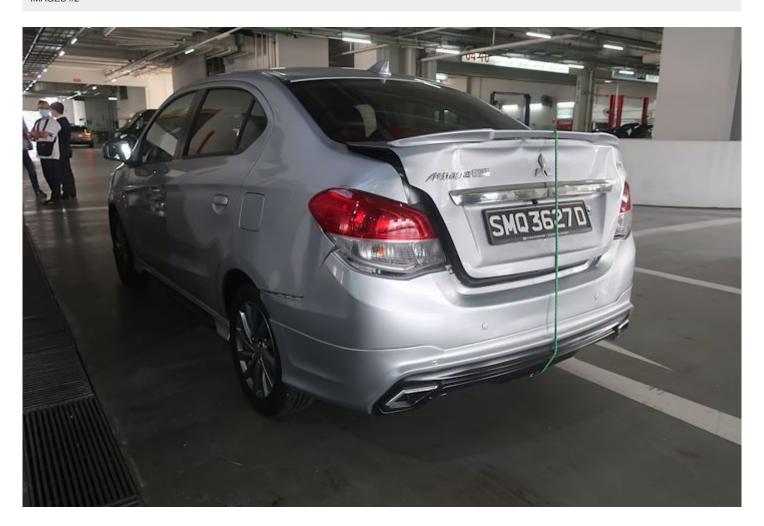
Jenny Lim

A: SMQ3627 D B: YP3715 Q

Queenstaou MPT Station

Describe Circumstances of	the Accident					
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- 6 DEC 2021	& Time	C DEC 2024		Personne	Jenny	Lim
O DEC LOLI		- 6 DEC 2021			Jenny	-1111

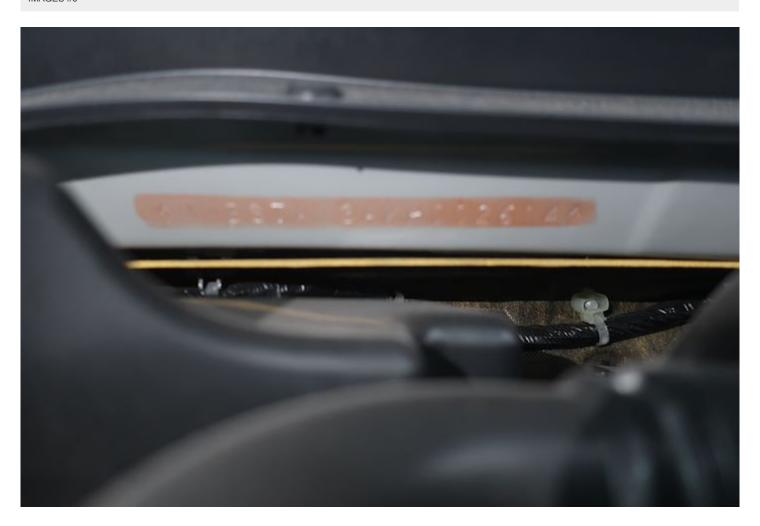














中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1F

CERTIFICATE OF INSURANCE

AN0688A

ptor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1997 (Maklysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00218692101

Engine No.: 3A92UHX7739

1. Index Mark and Registration

SMQ3627D

Cha. No.:MMBSTA13AKH002614

Number of Vehicle

2. Name of Policy Holder

GOH KEE SENG

Named Drivers Ex Sect. I

\$\$500.00

Effective date of the Commencement of 12/11/2021 Insurance for the purposes of the Regulations (00:00:00) Ordinance or Enactment

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

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

4. Date of Expiry of Insurance

11/11/2022

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

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 fution 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 \$\$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: THIS MARKETING INSURANCE AGENCY

Authorised Officer

Authorised Signatory

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

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

C)63896111

6222 1033

www.sg.cntaiping.com