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.

 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 17/12/2021 17:54 (SGT) Date of Accident 16/12/2021 17:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS WHITLEY ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ2801K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JERRYY YEO JIA WEI NRIC No S8707679B Email Address JERRY.YEOJW@GMAIL.COM Mobile Phone No (Phone) +65-91081120 Alternative Phone No +65-91081120

VEHICLE PARTICULARS

Manufacturer Mercedes Model C200 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? Yes Vehicle Category Private car Transmission Auto 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00079662102 Cover Note Number

DRIVER

Name of Driver JERRYY YEO JIA WEI NRIC No. S8707679B

Date Of Birth	14/03/1987
Occupation	Indoor
Date Of Driving Pass	18/02/2006
Driving experience	15 YEARS AND 10 MONTHS
Gender	
	Male
Mobile Number	(Phone) +65-91081120
Alt. Phone Number	+65-91081120
Email Address	JERRY.YEOJW@GMAIL.COM
Address	8 CHOA CHU KANG GROVE #11-20
Address complement	-
Postcode	-
	\$688206
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
Troda Gariago	ыу
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	NA
Gender	Female
Control	Terriale
PASSENGER 2	
Name	NA
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-
, , ,	
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
. ,	
Are accident photos available for attachment?	Ven
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 Number	SMZ5516E
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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.
- 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>.
- 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.
- 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.
- By the lodgment 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Orived Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

						ITT	ПТ	TT	
	1 2								
				A:	SMJ	28	OIK		
		++++							
	A			B:	Sm	255	166		+
	1								
									-
	H/H1H								
						++			-
	1911	1							
									+
						+++	-		
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDE	NT							
vehide B	travelling all (SMZ SS16) tried to p in time (€7 Sudd	tenty 1	braked	in.	fron-	100	me	-
wonen	of bont 1	change	10	the v	widd	e 1	2110	1	nuth
not et	o in time	and wi	moto	-1) - 0	1.0.	1		10	outu
2	· · · · · · · · ·	WILL MILT	Overso	1000	1011	na	d S	de	100
Ot his	webile								
* Refer	to Polica Re	bolt							
* Refer -	to Polica Re	bout							
LARATION						^			
LARATION declare the foregoing partic		respect.			curting Cen	<u></u>		14.	

Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E -

CERTIFICATE OF INSURANCE

oter Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950 Road Transport Act, 1957 (Mallysta) Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

AN0450A Cov. Type:C

CERTIFICATE No.

DMPCSNW00079662102

Engine No.: 27492030326218

Index Mark and Registration

SMJ2801K

Cha. No.: WDD2050422F113806

Number of Vehicle

AUTOSAFF

2. Name of Policy Holder

4. Date of Expiry of Insurance

JERRY YEO JIA WEI

(00:00:00)

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

\$\$750.00

10/05/2022

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

5. Persons or Classes of Persons entitled to drive*

(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 disquatified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

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

The policy does not cover use for hire or reward tustion driving test racing pace-making, reliability triat, speed-testing, the carriage of goods other than samples in connection with any trade or austiness 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 Walver of Excuss for the first S51,000 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; : HL BANK AS HP OWNER

**Limitations randered 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INXPIRE N SOLUTIONS Authorised Officer

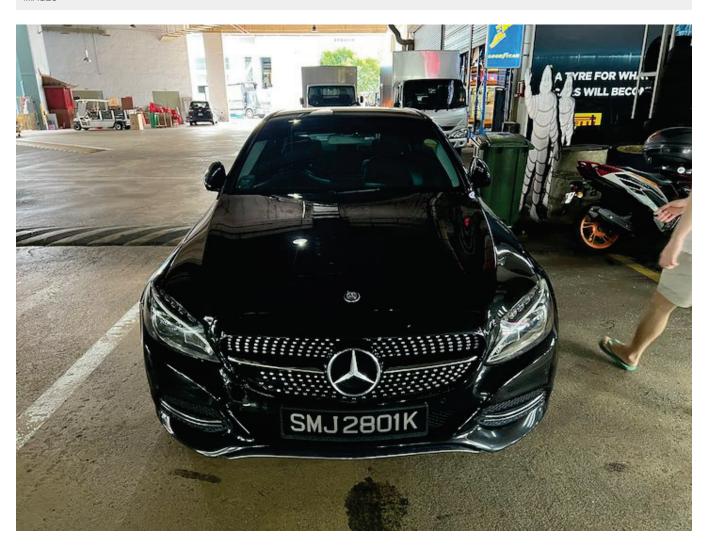
Authorised Signatory

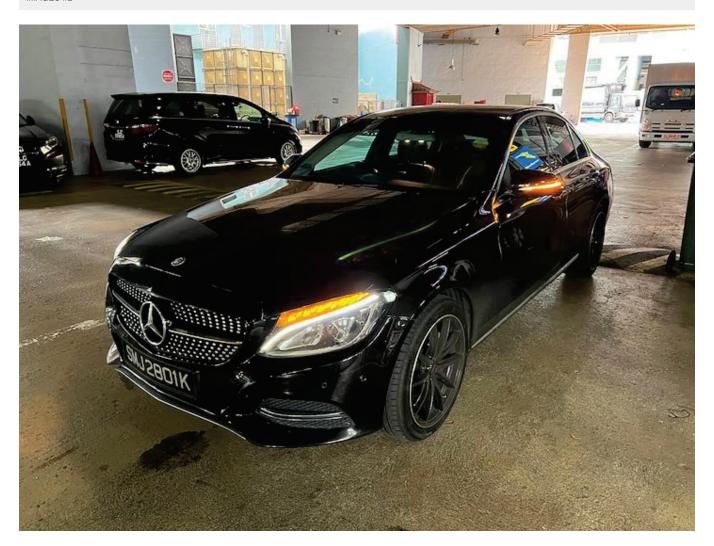
China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

O63896111

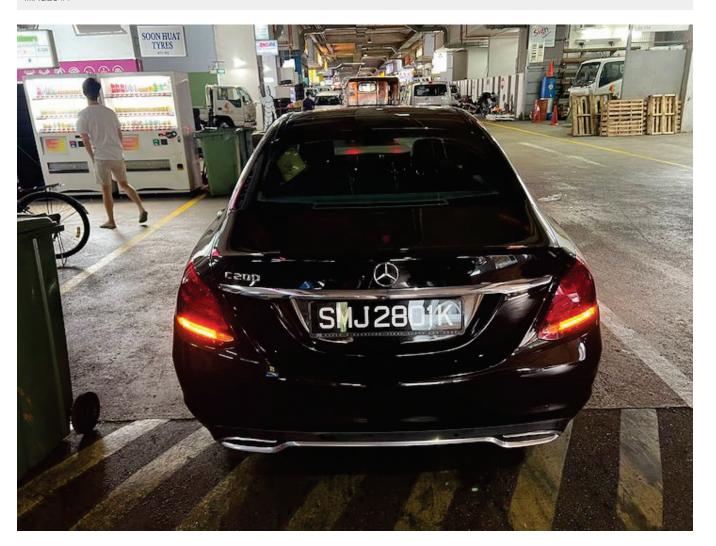
6222 1033

www.sg.cntaiping.com

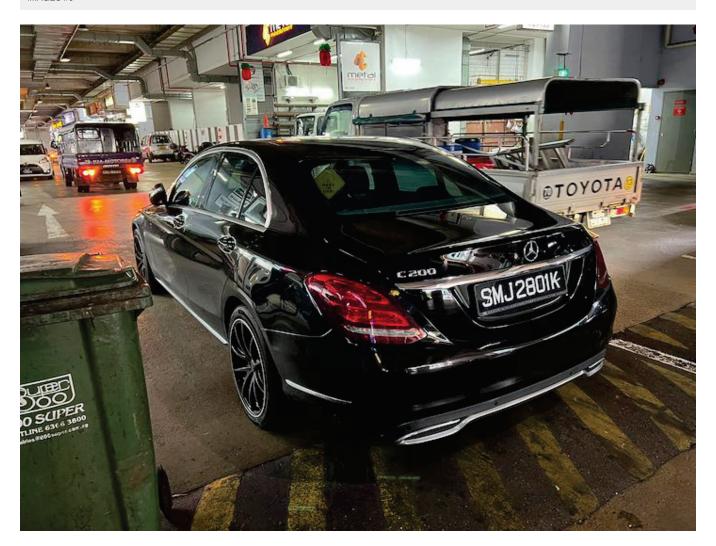


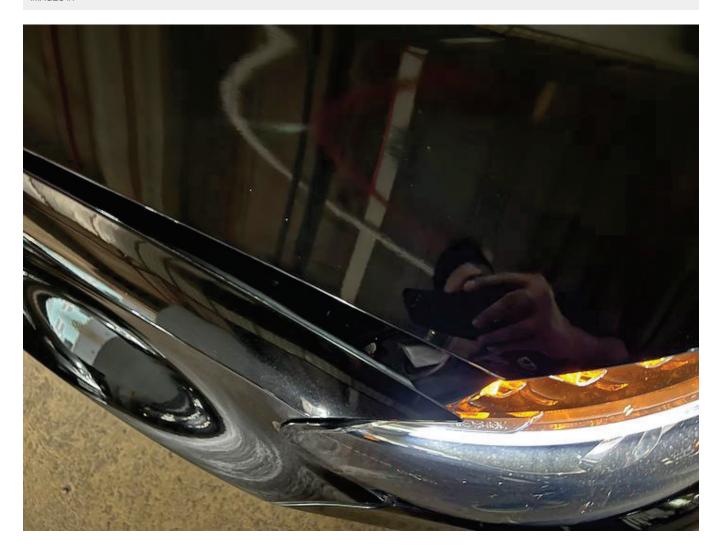


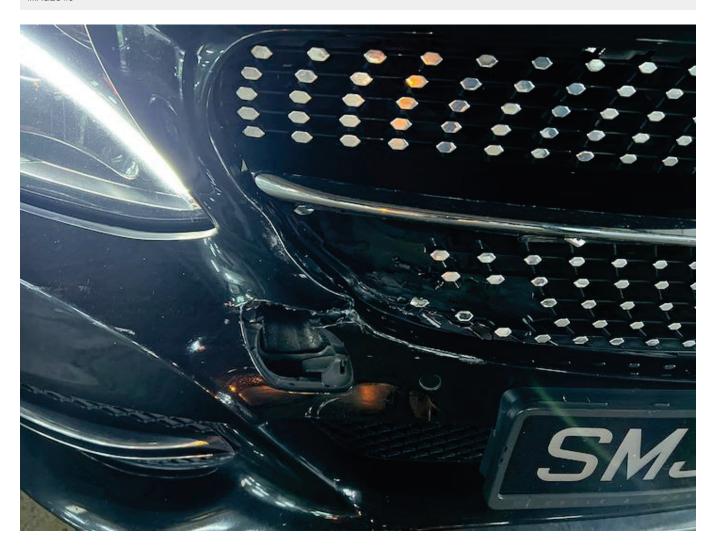


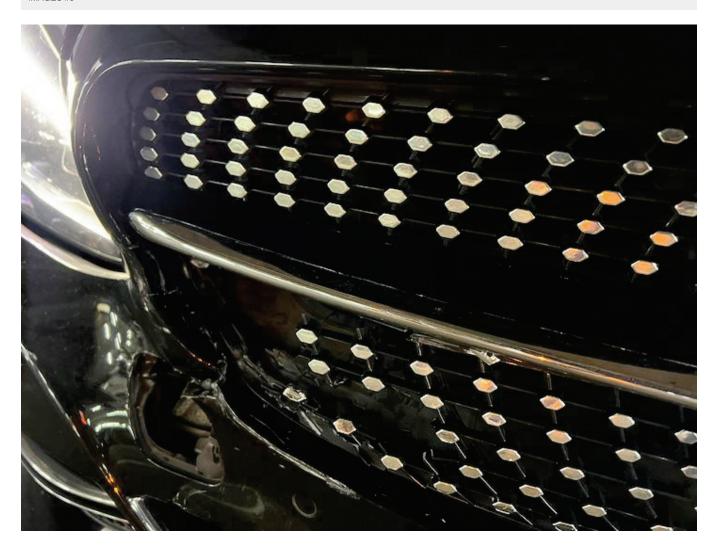


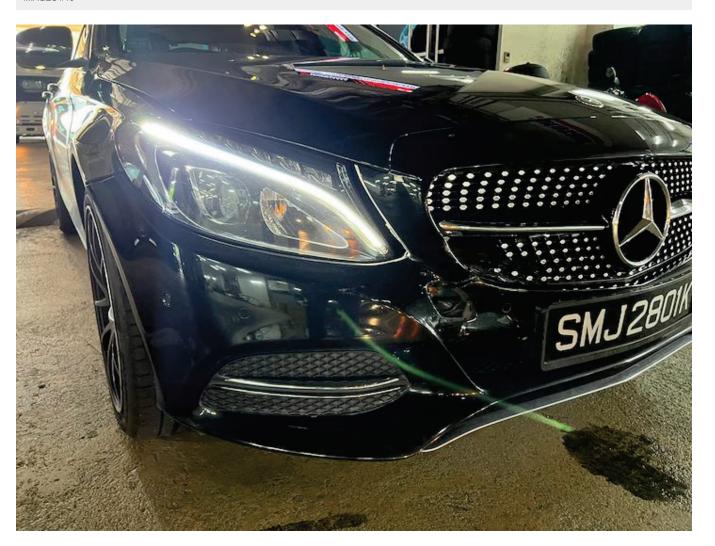


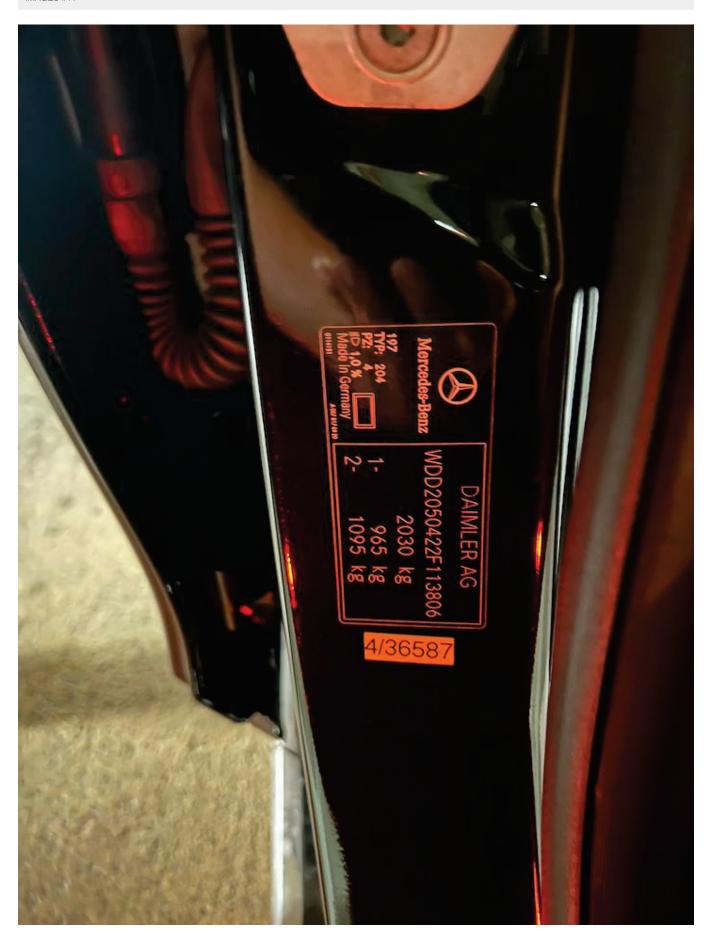


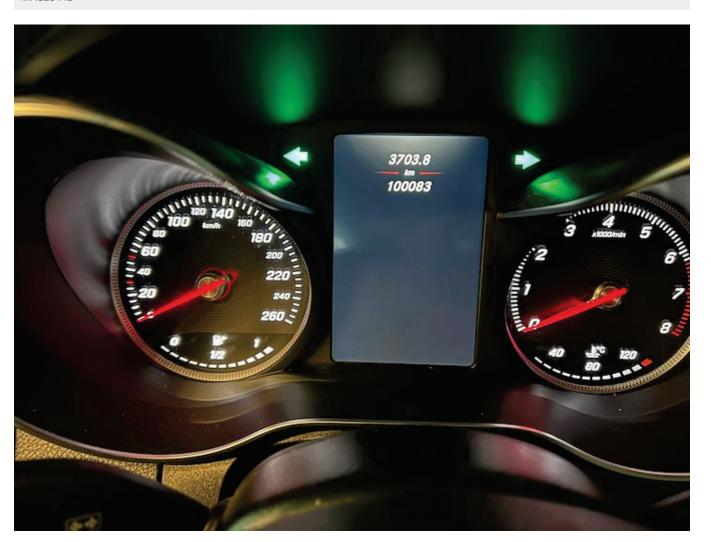




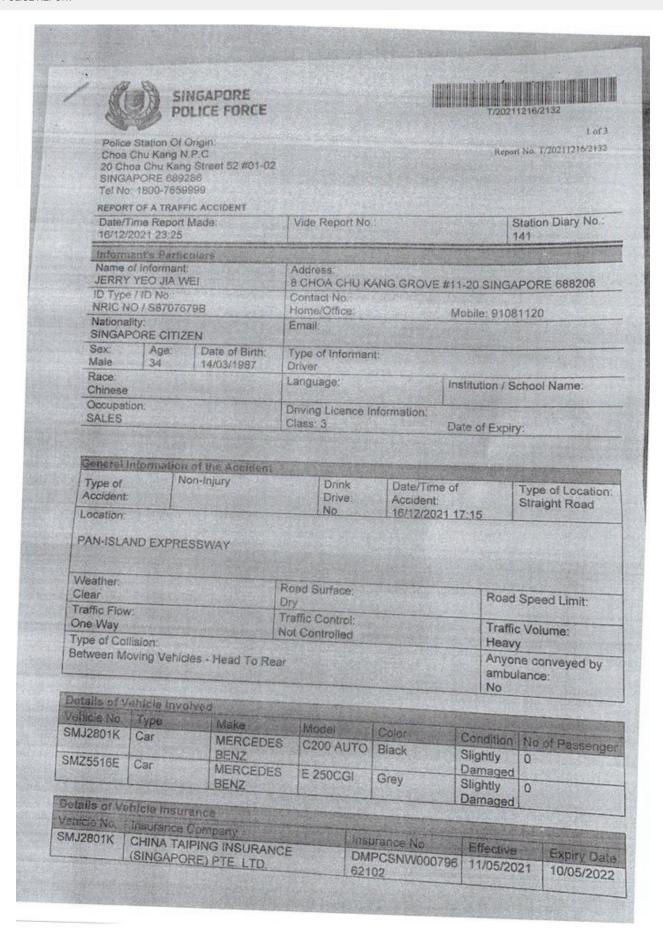














Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999



Report No. T/20211216/2132

CONTINUATION OF REPORT

Daves	lans Injured: NIL	Use of P	edestrian Cros	sing: NA
Name	JERRY YEO JIA WEI		ID No.	S8707679B
Related Vehicle	8 SMJ2801K (Car)		0-1-11	
Hospital/Clinic	NIL		Contact No.	91081120
			Class of Driving Licence &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	In a	Expiry Date	
river	nted Medical Leave NIL	Date Disc	f Injury NIL	
ame	JAMES GOH			
elated Vehicle	SMZ5516E (Car)		ID No.	NIL
ospital/Clinic			Contact No.	92299922
te Treatment	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
CONTRACTOR OF THE PARTY OF THE	ed Medical Leave NII	Date Disci	narge NIL	

On the above date, time and location, I was travelling along the Pan Island Expressway towards Bukit Timah Expressway nearby to Whitley Road exit 19 where I met up with an accident with another driver. The traffic volume was heavy as it was during peak period and when I was changing lane, the vehicle in front of me jammed break and I went against his rear which I was not able to break on time.

I am lodging a police report for insurance purpose.

Police Station Of Origin	7/20211216/2132
Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999	A of 3 Report No. 1/20211216/2132 CONTINUATION OF REPORT
Sketch Plan	
Informant is not able to provide sketch plan	
IMPORTANT: Please attach a copy of your vehi	Cle's Insurance Court
IMPORTANT: Please attach a copy of your vehicle certificate with you now, please fax a copy to	cle's Insurance Certificate to this report. If you don't have
Signature of Officer Recording The Report	cle's Insurance Certificate to this report. If you don't have 65474885 stating the report number as reference.
Signature of Officer Recording The Report J/ Sgt 2.SMARIEFURIN RIN	cle's Insurance Certificate to this report. If you don't have 65474885 stating the report number as reference. Signature Of Informant:
Signature of Officer Recording The Report Sgl 2.SHARIFEUDIN BIN ROSMAN POLICE FORCE	as reference.
Signature of Officer Recording The Report J/ Sgt 2.SMARIEFURIN RIN	Signature Of Informant: Date/Time
Signature of Officer Recording The Report Sgl 2 SHARIFEUDIN BIN ROSMAN POLICE FORCE Signature Of Interpreter	as reference.
Signature of Officer Recording The Report J / Sgt 2 SHARIFEUDIN BIN ROSMAN POLICE FORCE Signature Of Interpreter Not applicable	Signature Of Informant: Date/Time
Signature of Officer Recording The Report J / Sgt 2 SHARIFEUDIN BIN ROSMAN POLICE FORCE Signature Of Interpreter Not applicable Difficer in Charge Of Case: P / GIA /	Signature Of Informant: Date/Time: V 16/12/2021 23:25
Signature of Officer Recording The Report J / Sgt 2 SHARIFEUDIN BIN ROSMAN POLICE FORCE Signature Of Interpreter Not applicable Signature Officer in Charge Of Case: P / GIA / SP (2) YIP YEW SENO NEW	Signature Of Informant: Date/Time
Signature of Officer Recording The Report J / Sgt 2 SHARIFEUDIN BIN ROSMAN POLICE FORCE Signature Of Interpreter Not applicable Signature Of Case: P / GIA / SP (2) YIP YEW SENG NELSON ontact No.: 65476182	Signature Of Informant: Date/Time: V 16/12/2021 23:25
Signature of Officer Recording The Report J / Sgt 2 SHARIFEUDIN BIN ROSMAN POLICE FORCE Signature Of Interpreter Not applicable Signature Officer in Charge Of Case: P / GIA / SP (2) YIP YEW SENO NEW	Signature Of Informant: Date/Time: V 16/12/2021 23:25