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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

20/12/2021 11:18 (SGT) 18/12/2021 15:22 (SGT)

91 Labrador Villa Rd Singapore 119190 Labrador Villa Rd,

Labrador Park, Singapore 119190

CARPARK C Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ4571M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

NG XIAN LIANG, KENNETH (HUANG XIANLIANG)

SXXXX852C

hancarrepairs@gmail.com

(Phone) +65-91258956

+65-91258956

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

Hyundai

Elantra

Private use

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

DMPCSNW00244452100

DRIVER

Name of Driver

NG XIAN LIANG, KENNETH (HUANG XIANLIANG)

NRIC No SXXXX852C Date Of Birth 28/01/1989 Occupation Indoor Date Of Driving Pass 15/09/2009 12 YEARS AND 3 MONTHS Driving experience Gender Male (Phone) +65-91258956 Mobile Number +65-91258956 Alt. Phone Number hancarrepairs@gmail.com **Email Address** BLK 124B BUKIT MERAH VIEW #10-402 Address Address complement 152124 Postcode Yes Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 WIFE Name Female Gender 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 Yes Was there any video captured by Car Camera? Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 SMV5782Z Vehicle Registration Number

Mercedes

E200

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number	Private car FREDDIE HENG (Phone) +65-90059550
Address	-
Address complement	-
Postcode	-
Insurance Company Name	<u>-</u>
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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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) w ho 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 (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.
- (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 Signa Time 20 12 2021 Sketch Plan	0123			driver is not the policyh	older) / Date	Witnessed by Reporting Centre Personnel
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older's Signature / Date &				1/1 20/12/2-2
Olir or 0923	Driver's Signature (If driver & Time			

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

A	CCIDENT DATE: (8	1 12/2021 100/	MM/YYY) TIME-()	5., 22 1/10/14
Lo	OCATION: Labra	dor Grank Ca	rpark C	
WIFF(F)	DETAILS OF VE a) VEHICLE NU b) INSURANCE c) POLICY NUM d) POLICY TYPE e) MAKE & MOI f) TYPE: (SALOON g) VEHICLE CAT h) PURPOSE OF i) ARE YOU CLAN IF NO, PLEASE 2. INSURED / POLIC A) NAME: NA b) NRIC/FIN/PAS c) ADDRESS: 12	COMPANY: Chin To COMPANY: Chin To IBER: PMP(SNW 0024 COMPREHENSIVE) TI COMPREHENSIVE) TO COMPREHENSIVE / TO COUPE / MPV / VAN EGORY: PRIVATE / COI USING AT ACCIDENT THE MING UNDER YOUP OVE STATE (THIRD PARTY CL.) CY HOLDER CAN Ling Kaneth SPORT: S89028524	HIRD PARTY / THIRD HIRD PARTY / MOTOR MMERCIAL / MOTO ME: Dinger WN INSURANCE (YE AIM / REPORTING C	CYCLE / OTHERS) RCYCLE) S/NO) DNLY) MALE / FEMALE)
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(Including driver)	a) VEHICLE NUMB b) DRIVER'S NAM c) NRIC/FIN/PASS	ER: SMV 5782 Z E: Freddie Hang	MODEL: Me	right Exoc
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中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Customer Copy

Motor Private Car

CERTIFICATE OF INSURANCE

otor 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)

MX1F.

Ν SN

AN0741A Cov. Type:C

CERTIFICATE No.

DMPCSNW00244452100

Engine No.: G4FGJU164502

Cha. No.:KMHD841CMJU662034

Index Mark and Registration Number of Vehicle

Date of Expiry of Insurance

SLZ4571M

AUTOSAFE

Name of Policy Holder

NG XIAN LIANG KENNETH

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

20/11/2021 (00:00:00)

Named Drivers Ex Sect. I

19/11/2022

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

\$\$3,000.00 S\$500.00

* 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 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)

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.

HIRE PURCHASE CO.: OVERSEA-CHINESE BANKING CORPN 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: JNQ ASSURANCE AGENCY Authorised Officer

Authorised Signatory

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

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6222 1033

www.sg.cntaiping.com