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.

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 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 05/01/2022 12:49 (SGT) Date of Accident 04/01/2022 15:05 (SGT) Exact Location of Accident Marine Terrace, Singapore Additional Location Information EXITING FROM BLK 54, MARINE TERRACE OPEN CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA6329D

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LEE PEI QIAN NRIC No. SXXXX535Z

Email Address YHSMS@HOTMAIL.COM Mobile Phone No (Phone) +65-92360447

Alternative Phone No +65-92360447

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios

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? Yes Vehicle Category Private car Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNA00101132102

Cover Note Number

DRIVER

Name of Driver CHEN KHEAT SHENG NRIC No. SXXXX800E

Date Of Birth 01/01/1943 Occupation Indoor Date Of Driving Pass 09/11/1965 Driving experience 56 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96315289 Alt. Phone Number Email Address YHSMS@HOTMAIL.COM Address BLK 59 MARINE TERRACE #01-87 Address complement Postcode 440059 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Marine Parade Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004428999 Alt. Police Station Phone No (Fax) +65-62447678 Police Station Address 300 Marine Parade Road Singapore 449296 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER SKETCH PLAN & POLICE REPORT NO T/20220104/2100 ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident TAKEN BY TRAFFIC POLICE. Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SME5332D

Toyota

Black

Accident report SC0W22150001

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)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	GY7257R Nissan Urvan
Vehicle Colour	Gray
Vehicle Category	Goods vehicle
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)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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)

Lunderstand, 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")

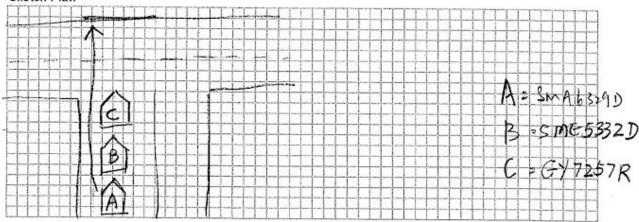
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Carpork.

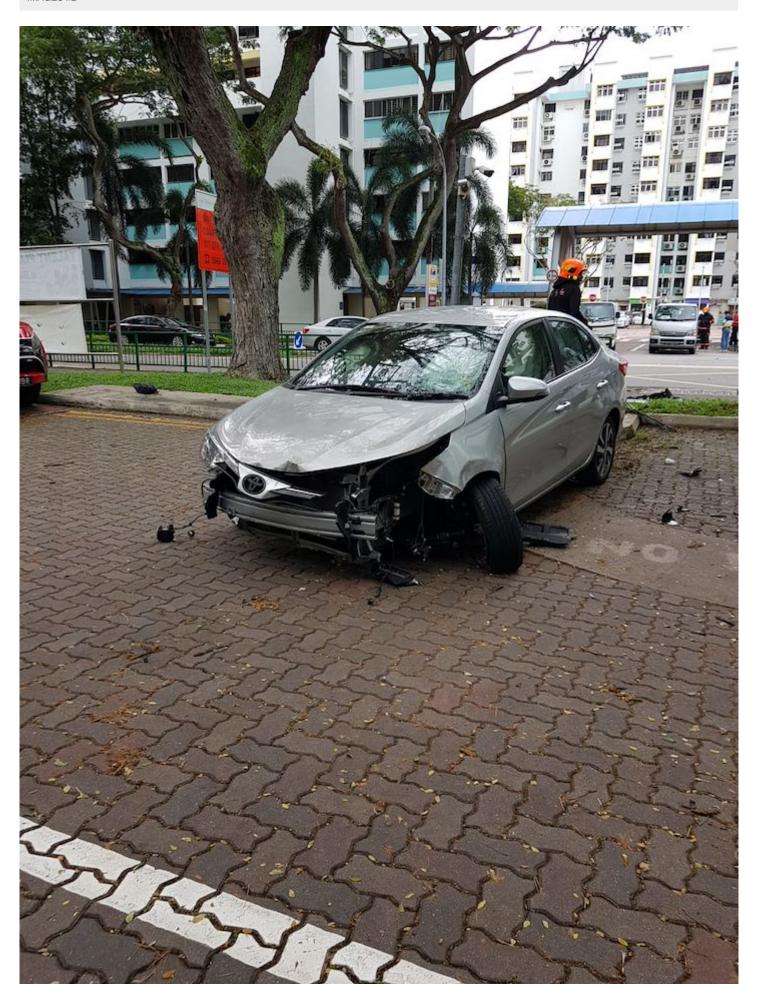
Describe Circumstances of the Accident

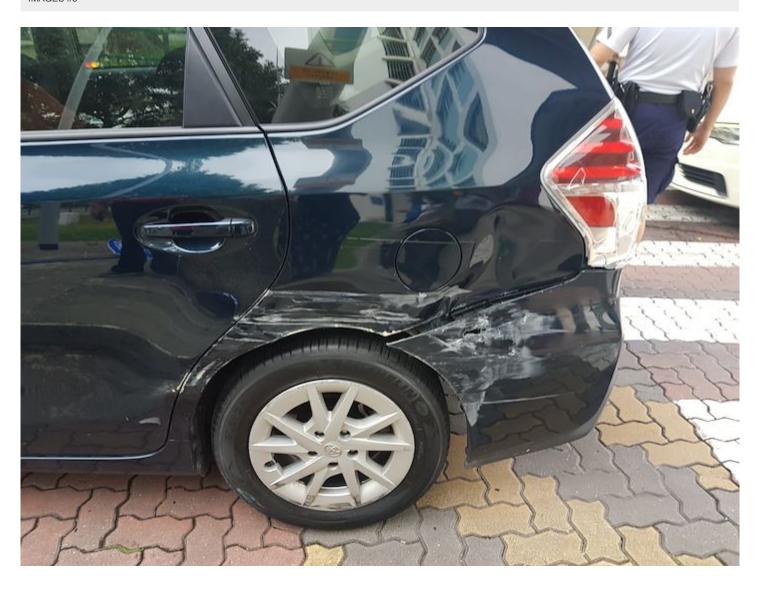
Report

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Declaration					
I/We declare the foregoing particula	irs are true in every re-	snect			
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	3000/00		1	N. 1983	1
Policyholder's Signature / Date & Time	Driver's Signature (& Time	ff driver is not the po (ひ・く ぢ ぬ	olicyholder) / Date	Witnessed by Re Personnel	ecorting Centre
		11 No Windows (10 Co.)			

20120104/2100 deted 04/01/2072@

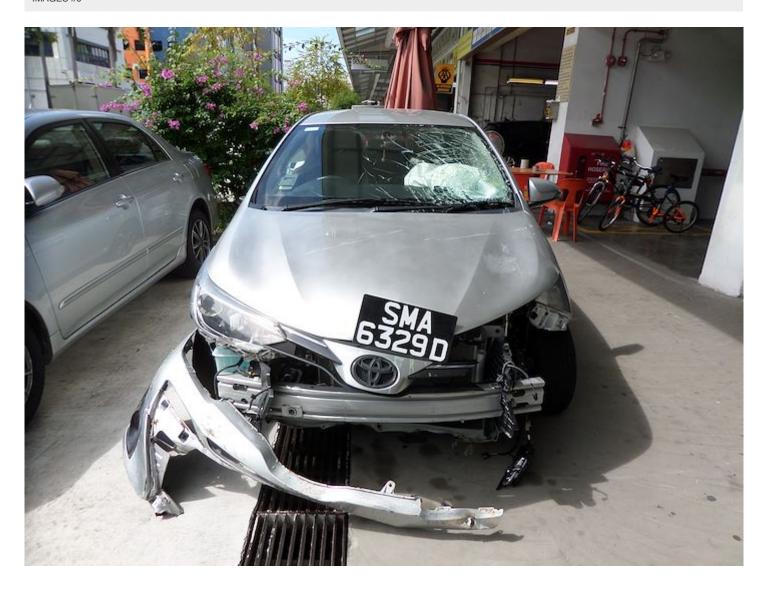






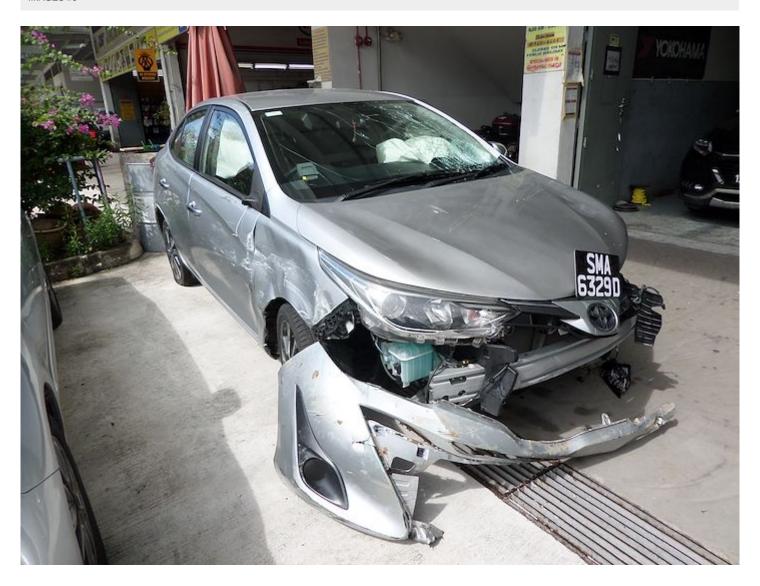








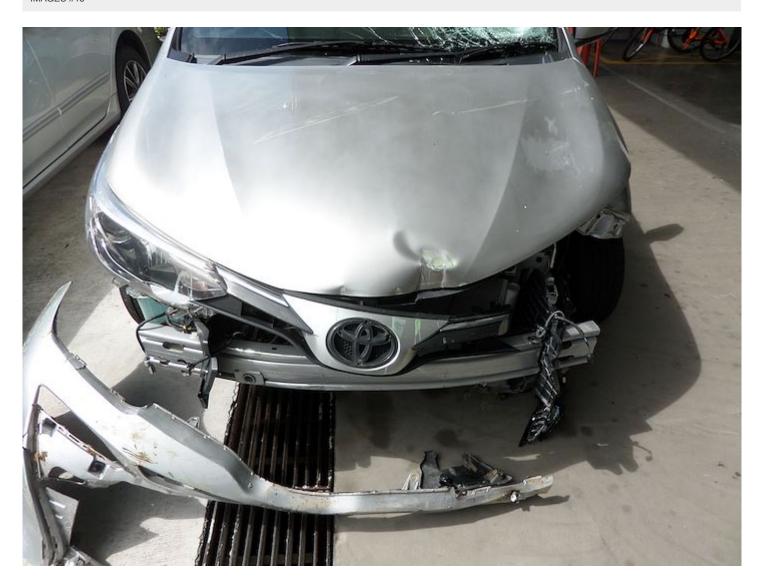


















Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20220104/2100

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 022 21:15	Made:	Vide Report No.: G/20220104/0150	Station Diary No.: 69
Informa	nt's Partic	ulars		
	f Informant: HEAT SHE		Address: APT BLK 59 MARINE TERRA	ACE #01-87 SINGAPORE 440059
	/ ID No.: D / S20388	00E	Contact No.: Home/Office:	Mobile: 96315289
National SINGAP	ity: ORE CITIZ	EN	Email: yhsms@hotmail.com	
Sex: Male	Age: 79	Date of Birth: 01/01/1943	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat SELF EN	ion: MPLOYED		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/01/2022 15:05	Type of Location Straight Road
Location: MARINE TER	RACE			
Weather: Drizzling		Road Surface: Wet	F	Road Speed Limit:
Actual Control of Cont		Traffic Control:		
Traffic Flow: Two Way	~	Not Controlled		Fraffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GY7257R	Van	NISSAN	URVAN 5DR	Silver	Slightly Damaged	0
SMA6329D	Car	ТОУОТА	VIOS G (AUTO)	Silver	Seriously Damaged	0
SME5332D	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Slightly Damaged	1



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

2 of 3 Report No. T/20220104/2100

Tel No: 1800-4428999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No			The second second	
No. of Pedestrian		Use of Pe	destrian	Cross	ing: NA
Driver	RESPECTATION OF THE PERSON	ors of the state of			
Name	CHEN KHEAT SHENG		ID No	.	S2038800E
Related Vehicle	NIL		Conta	ct No.	96315289
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On 4th January 2022 at about 1505hrs, while I was exiting the car park between B/54 Marine Terrace and B/55 Marine Terrace. There were 2 vehicles ahead as stated above a van and a car. I accidentally accelerate instead of braking as it was too near to the car in-front. I then swerved to the left side swipe to both vehicles and head on to the railing opposite the Fire post of B/16 Marine Terrace. My car was in total damaged and need to be towed after the accident, both vehicles only sustained scratches on the left side. No one was injured and it was attended by the traffic police.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 3 of 3 Report No. T/20220104/2100

Tel No: 1800-4428999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Informant: Signature of Officer Recording The Report G/ Staff Sgt MOHAMMAD FADIL BIN **JAMIL** Signature Of Interpreter: Date/Time: Not applicable 04/01/2022 21:15 Officer In Charge Of Case: Classification Of Case SINGAPORE TP/GIT/ Other MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171 Authentication Stamp NP168 SIGNATURE



中国太平保险(新加坡)有限公司

CHENA TAIPING INSURANCE (SINGAPORE) PTE. 670.

Molar Private Car

MXXF

R SN

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) And Clasgian 183)
Motor Vehicles (Third-Party Risks and Compensation) Fuller, 1963)
Motor Vehicles (Third-Party Risks and Compensation) Fuller, 1963)
Motor Vehicles (Third-Party Risks) Ruise, 1963 (Atlanysia)

DROSSSP.

Cov. Type:C

CERTIFICATE No.

DMFCSHA60101122192

Engine No.: 2NR5233380

1. Jadex Mark and Registration

SMA5329D

LEE PELOJAN

Cha. No.169292953151135197

Number of Vehicle 2. Namo of PoSey History

Named Drivers Ex Sect. 1 S\$550.00

Effective date of the Commonweal of Indextocs for the purposes of the Regulations. (CC-90:CR) Ordinance or Empterior to 1.000.000.

Additional Ex Other than Named Different

13/68/2022

Ex Sect. 1 - Age <= 25 Ex Sact. 1 - Aga >= 26

5\$3,000.00 \$5500,00

"Age as at date of accident EX ON WINDSCREEN.

\$5100.00

Pictors of Citatos of Parsons entitled to drive?

(a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his persection.

Provided that the person driving is possibled in accordance with the Scenaing or other have 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 respect of any emiddress to cognitation in that behalf from althing the Motor Vehicle.

6. Limitations as to user?

Use for social, demostic and pleasure proposes and for the Policyhold of a business. The soliny does not cover use for him or recent to find other test racing pass-making, reliability trial, speed-testing, the carriage of goods other than samples in germandian with any trade or business or use for any purpose in connection with the Machi Trade.

Expess whichever is applicable for losses copuring outside Singapore (Constructive Total Loss Thati) will be doubled.

was do opcoded.

One time Walter of Excess for the Sest SSSOR will apply to the Impared and Named Drivers in the event of Own formage Claim at our Authorized Workshops for each Policy Year.

HORE PURCHASE CO. MAYBANK AS HE CYDNER

Transport Act, 1987 (Malaysia).

*Limitations rendered imperative by Section 8 of the Mater Vehicles (Taint-Party Richs and Compensation) Acs (Chapter 181) 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 185) and Past (V of the Road

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Authorised Signatory

Issued By: Mones Chin Wen Jye

Authorised Officer

China Yaping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 😘 3 Anson Road #16-00 Springleaf Tower Singapore 075909

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⊕www.sg.cntziping.com