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 20/01/2022 18:20 (SGT) Date of Accident 19/01/2022 21:15 (SGT) Exact Location of Accident 801 Keat Hong Cl, Singapore 680801 Additional Location Information **MSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGQ9391P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHUA BEE KIANG NRIC No S1822772Z Email Address BEEKIANG@MCU.COM.SG Mobile Phone No (Phone) +65-93670033 Alternative Phone No +65-93670033

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant 1.8 A Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1794

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMPCSNW00020542100 Cover Note Number

DRIVER

Name of Driver PHUA TIAK TONG NRIC No S6826235F

Date Of Birth 14/07/1968 Occupation Outdoor Date Of Driving Pass 11/05/1987 Driving experience 34 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96254660 Alt. Phone Number Email Address BASIL@MCU.COM.SG Address **BLK 133 TECK WHYE LANE #07-379** Address complement Postcode S680133 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Collided into Parked Vehicle 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? 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? No PASSENGER 1 Name NA Gender Male PASSENGER 2 Name NA Gender Female 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 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**

SLF1213Y

Vehicle Registration Number

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	CIOESECLI
9	SJQ5356H
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:
 - 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:

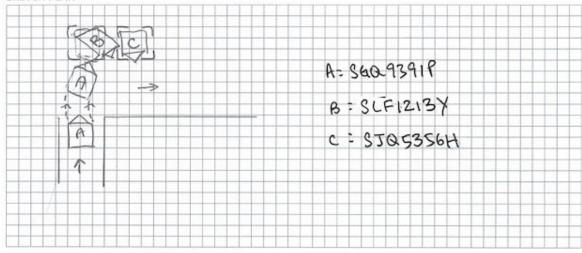
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLA	



At	the MSCP of BIK 801 Keat Hong Close, I was going
do	on the slope of the carpark, I wanted to
	low down and brake but stepped on the
a	ccelerator instead causing my vehicle to hit onto
V	ethicle B (SLF1213Y) and retrict B hitting onto
V	ehille c (SJQ535bH?
LABATION	

I/We declare the foregoing particulars are true in every respect

Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

国本中 NA TAIPING 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1W

N SN

BR0007A

Cov. Type:F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPGSNW00020542100

Engine No.: 1ZZ2825032 Cha. No.:ZNE100351650

Index Mark and Registration
 Number of Vehicle

SGQ9391P

no

2. Name of Policy Holder

CHUA BEE KIANG

 Effective date of the Commencement of Insurance for the purposes of the Regulations

26/01/2021

4. Date of Expiry of Insurance

25/01/2022

5. Persons or Classes of Persons entities 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 Vehicle.

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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. Waiver of Excess for the first \$\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops (For Private Car/Parallel Imported Models Only).

* 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: ANIKA INSURANCE BROKERS &

Authorised Officer

- KIDIK X.

Authorised Signatory

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909

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