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SINGAPORE ACCIDENT STATEMENT

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
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

28/03/2022 17:34 (SGT) 25/03/2022 21:11 (SGT) Tiong Bahru Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGX3378G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No CHIEW MENG HUI SXXXX701F mingsect@gmail.com (Phone) +65-97689628 +65-97689628

VEHICLE PARTICULARS

Manufacturer Model Variant

Ford Focus

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Private use

No - Reporting only Private car Auto 2521

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

China Taiping Insurance (Singapore) Pte. Ltd. ThirdParty

DMOPCSNW00159522100

DRIVER

Name of Driver NRIC No

CHIEW MENG HUI SXXXX701F



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	14/11/1977 Indoor 13/03/2003 19 YEARS Male (Phone) +65-97689628 +65-97689628 mingsect@gmail.com BLK 77A REDHILL ROAD - 151077 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 4 No	
PASSENGER 1		
Name Gender	WIFE Female	
PASSENGER 2		
Name Gender	SON Male	
PASSENGER 3	SON	
Name Gender	Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes Yes	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9755R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	2. -
Vehicle Category	Taxi
Name of Driver	
Contact Number	-
Address	ir.
Address complement	-
Postcode	÷.
Insurance Company Name	= .
Nature Of Damage	8
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 <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>.
- 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. 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 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 & Time

Sketch Plan

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

& Time

Twels BALLY ROAC

Witnessed by Reporting Centre

Personnel

Describe Circumstances of the Accident	
I was driving on the right side before to	he zipper tone mery
and after the lane merge my right side	mirror was hit by
5 trys cob taxi shb 9755R.	<i></i>
taxi diter claim had squeen	in and cased
the accident. I did not had	+ ayu and
to lim to regist. I also	Share the
video with him after exalyu	conted.

Declaration

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

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (25, 05, 70) (DD/MM/YYY)	TIME: () I WHEMAN
LOCATION: TLONG BINARU ROAM	1
DETAILS OF VEHICLE GIVEHICLE NUMBER: SGX 3378 (DINSURANCE COMPANY: CHIMA TO CIPOLICY NUMBER:	A PINC
d)POLICY TYPE: (COMPREHENSIVE / THIRD PART	Y / THIRD PARTY FIRE &THEFT)
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY)	///OTOPONOLE (OT)
9) VEHICLE CATEGORY: [PRIVATE / COMMERCIA! h) PURPOSE OF USING AT ACCIDENT TIME:	L/MOTORCYCLE)
" I) ARE YOU CLAIMING UNDER YOUR OWN INSURA	ANCE (YES/NO)
2. INSURED / POLICY HOLDER A)NAME: CHEEN MANY CLAIM / REP.	ORTING ONLY) (MALE / FEMALE)
DINRIC/FIN/PASSPORT: ST133701C CIADDRESS: BIC TO 14 CHOHILL: ROS	CONTACT: 9768 7628
£ 24-14	. (. 151077)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLE	DER .
Cludding driver) DINERCHINEASSPORT	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
*d)DATE OF BIRTH: (M/YYYY) ; ,
FIDATE OF DRIVING PASC	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED	'S COMPANY? (YES /(NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH I	INSURED:
b) ROAD SURFACE: (DRY / WET / OTHERS	12123
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES I/NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	•
the of passenger of VEHICLE NUMBER: SHB 9755 R. Chicluding driver) b) DRIVER'S NAME:	MODEL: TOVI
() NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD, PARTY VEHICLE	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	MODEL: "
In du lie de la	•
(NRIC/FIN/PASSPORT:	CONTACT::-

email.= VIDRO

CERTIFICATE OF INSURANCE
Motor 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)

MX1

SN

AN0685A

Cov. Type:T

CERTIFICATE No.

DMPCSNW00159522100

Engine No.: 6A88403

Cha. No.:WF05XXGCD56A88403

Index Mark and Registration

SGX3378G

Number of Vehicle

Name of Policy Holder

CHIEW MENG HUI

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

21/08/2021 (00:00:00)

Date of Expiry of Insurance

20/08/2022

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.

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. L.

Issued

EMENT PTE LTD Officer

Authorised Signatory

aiping la d. (Co. Reg. No. 200208384E) son Road #16-00 Springleaf Tower Singapore 079909

C 6389 6111

66222 1033

www.sa.cntaining

^{*} 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.