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.

- 4. The issue and acceptance of this is form by instrained 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 18/05/2022 16:42 (SGT) Date of Accident 18/05/2022 07:25 (SGT) Exact Location of Accident Bartley Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD5973X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEW YUN CLINTON NRIC No. S7727234H Email Address clintonyew@gmail.com Mobile Phone No (Phone) +65-84888802 Alternative Phone No +65-97978978

VEHICLE PARTICULARS

Manufacturer Honda Model Stepwagon 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? No - Reporting only Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00117782104 Cover Note Number

DRIVER

Name of Driver Wong Jia Wen Priscilla NRIC No. S8036243I

Date Of Birth 20/11/1980 Occupation Indoor Date Of Driving Pass 04/12/1999 Driving experience 22 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-97978978 Alt. Phone Number Email Address priswongjw@gmail.com Address 51 Compassvale Bow #14-02 Address complement Postcode 544984 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 Side Swipe 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 Yew Xu Asher Gender Male PASSENGER 2 Name Yew Xun Asaph Gender Male PASSENGER 3 Name Yew Xin Karis Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan. 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 The video is with the owner. Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2607L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Liaw Eng Hoe
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

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- 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.
- 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.
- 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' 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' 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.

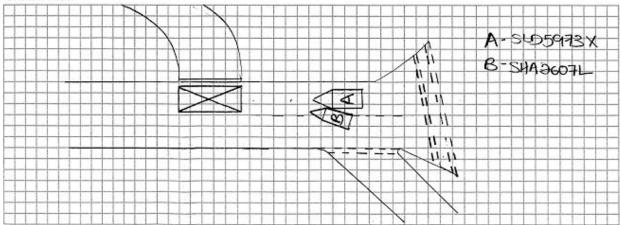
Policyholder's Signature / Date & Time

I 8 | 5 | 20 2 2 10 : 20 am

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

Witnessed by Reporting Centre Personnel Angie Soh

Sketch Plan

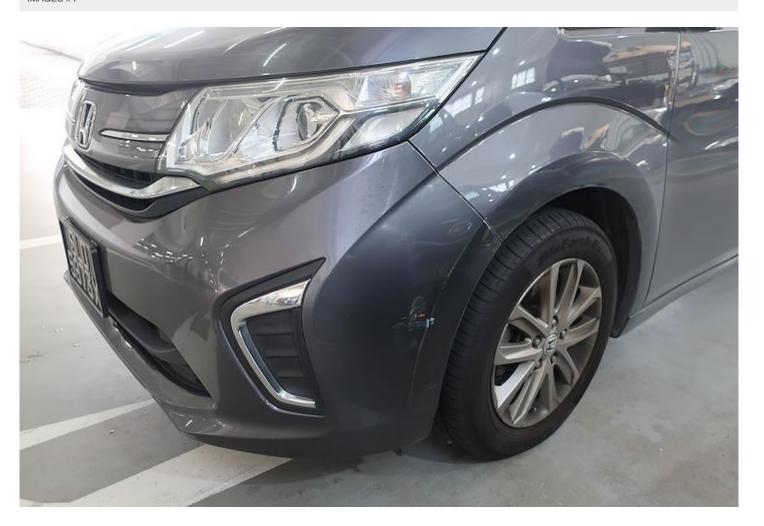


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IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDU	м
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:	21
	Original Report No: SLD3 225 TOVO 2	Vehicle Registration No: SLD5973X
	Name (as shown in NRIC): Yew Yun Clinton	NRIC/FIN/Passport No: 57727234H
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as app	ropriate
	Address: 57 Compassivale Bow #14-0.	2 Singapore (5*44984)
	Contact (Tel):	Mobile No.: 97978578
	Email Address: Prisworgjw@guail.com	
	Contact (Tel): Email Address: Priswong weguail com Date of Accident: 18/05/2022 Place of Accident: Bartley Rd Insurance Company: China TaiPing	Time of Accident: 07:25
	Place of Accident: Bartley Rd	
	Insurance Company: China TaiPing	
	I have made a report on the above-mentioned accident at make the following amendments:	nd would like to include additional information or
	- CONTROL OF CONTROL O	for third party claims
	& Person Di	from third party claims
	To Reporting Oxig.	
	2	
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	U88 3.	
	Policyholder / Driver's Signature	Reporting Centre Personnel's Signature
	Date: 2 5 MAY 2022	Name: Angie Soh
		Date: 2 5 MAY 2022

GIABMC Addendum Form



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

CERTIFICATE OF INSURANCE

AN0411A

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malayalia) Motor Vehicles (Third-Party Risks) Rules, 1969 (Ma

Cov. Type:C

CERTIFICATE No.

DMPCSNW00117782104

Engine No.: L15B3596710 Cha. No.:RP11009216

1. Index Mark and Registration Number of Vehicle

SLD5973X

AUTOSAFE

2. Name of Policy Holder

YEW YUN CLINTON

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment
 (00:00:00)

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

\$\$3,000.00

22/05/2022

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

\$\$500,00

* Age as at date of accident EX ON WINDSCREEN.

\$\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

4. Date of Expiry of Insurance

(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.

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward fullion 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)

will be doubted.

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.: MAYBANK AS HP OWNER

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: ALLEGIANCE PTE LTD Authorised Officer

Authorised Signatory

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

Q6389 6111

₱6222 1033

⊕www.sg.cntaiping.com