SA1C225O0008 / Auto Insure Pte Ltd [608586] ENTRY DATE & TIME: 24/05/2022 17:21 (SGT)
SUBMITTED BY: NUR RUZANNA BINTE JAMALUDDIN VERSION: 1 (24/05/2022 17:21 (SGT))

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 24/05/2022 17:21 (SGT) Date of Accident 22/05/2022 13:00 (SGT) Exact Location of Accident 23 Serangoon Central, Singapore 556083 Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI K42D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **XUAN QIANQIAN** NRIC No. S8774568F Email Address ANGELAXUAN87@GMAIL.COM Mobile Phone No (Phone) +65-81886777 Alternative Phone No +65-81886777

VEHICLE PARTICULARS

Manufacturer Audi Model Q7 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 1984

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00185722100 Cover Note Number

DRIVER

Name of Driver **XUAN QIANQIAN** NRIC No. S8774568F

Date Of Birth 06/09/1987 Occupation Indoor Date Of Driving Pass 18/04/2008 Driving experience 14 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-81886777 Alt. Phone Number +65-81886777 Email Address ANGELAXUAN87@GMAIL.COM Address BLK 765 BEDOK RESERVOIR VIEW #16-267 Address complement Postcode Is the driver the policyholder? Yes 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 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER SKETCH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLC6622H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	_
Address complement	_

ostcode	_
surance Company Name	_
ature Of Damage	_
etails of property damaged in accident	_
o. 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 Formmust 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>.
- 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.
- 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)

l 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



中国太平保险 (新加坡)有限公司

Motor Private Car

MX1E.

CERTIFICATE OF INSURANCE

N SN

AN0544A Cov. Type:C

CERTIFICATE No.

DMPCSNW00185722100

Engine No.: CYR027551

Cha. No.:WAUZZZ4M8HD029004

1 Index Mark and Registration

SLK42D

Number of Vehicle

2. Name of Policy Holder

XUAN QIANQIAN

Named Drivers Ex Sect. 1 S\$750.00

Additional Ex Other than Named Drivers:

\$\$3,000,00

4. Date of Expiry of Insurance

08/09/2022

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26 * Age as at date of accident EX ON WINDSCREEN

\$\$500.00 \$\$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 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 button driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other fhan 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 doubled. One time 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 each Policy Year.

HIRE PURCHASE CO : MY AUTO CAPITAL PTE. 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: Tan Xin Yi Josephine Authorised Officer

©6389 6111

₱6222 1033

www.sg.cntaiping.com

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

Describe	Circums	tances of	the Acc	ident					14		- 1	1 0
l w	as c	slowly	drivin	ig In	the	Car	park	0	N	2X,	veli	de B
810		-,,)	1-	$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}$	71		1	0.30				
was	Stop	there	and	blocked	the	way	-, (try -	to	move	for	warol
						/		- 1		14. 1	0.1	
collide	on on	to veh	icle B	rear po	ation	at	Speed	(Odl	5	KMI	c Only	y
		7050-10050	- 0.000-0.000			_	,					
												-
									_			
	-13											

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

8.7

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

Witnessed by Reporting Centre Personnel













