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 16/06/2022 16:02 (SGT) Date of Accident 15/06/2022 21:45 (SGT) Exact Location of Accident Singapore Additional Location Information 15 LEONIE HILL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP4721M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM PENG HUAT NRIC No. S0032427B Email Address HUATHUAT592@GMAIL.COM Mobile Phone No (Phone) +65-91170519 Alternative Phone No +65-91170519

VEHICLE PARTICULARS

Manufacturer Toyota Model Noah Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private hire Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00007942100 Cover Note Number DMHCSNW00007942100

DRIVER

Name of Driver LIM PENG HUAT NRIC No. S0032427B

Date Of Birth 17/12/1952 Occupation Outdoor Date Of Driving Pass 13/12/1976 Driving experience 45 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91170519 Alt. Phone Number +65-91170519 Email Address HUATHUAT592@GMAIL.COM Address **BLOCK 413A FERNVALE LINK** Address complement #22-05 Postcode 791413 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 Collision - Head to Rear 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? 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 TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW51P Vehicle Manufacturer Toyota Vehicle Model Alphard Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver KOH BOON HAI, DENNIS NRIC No S8124752H Contact Number (Phone) +65-86500008

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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>.
- 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.
- 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)

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 & Time 16-06-7072 @ 17-15

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time 16-06-7072 @ 17-15

A=GMP 4+71 M B=GMP 51-P1

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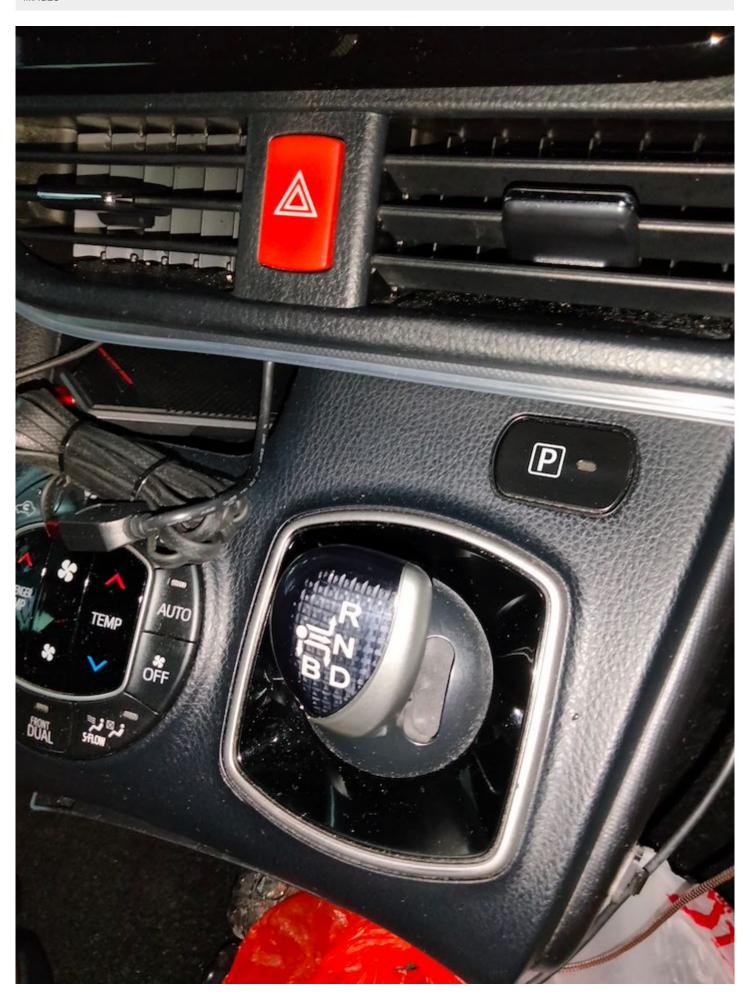
Declaration

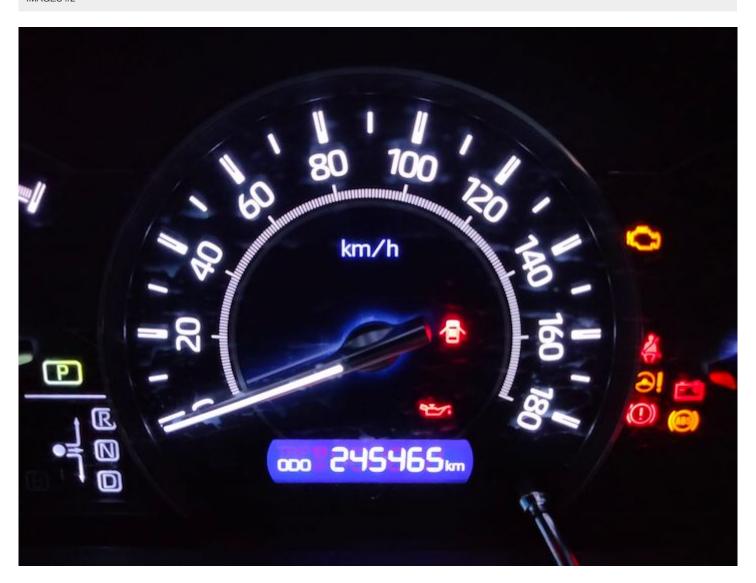
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

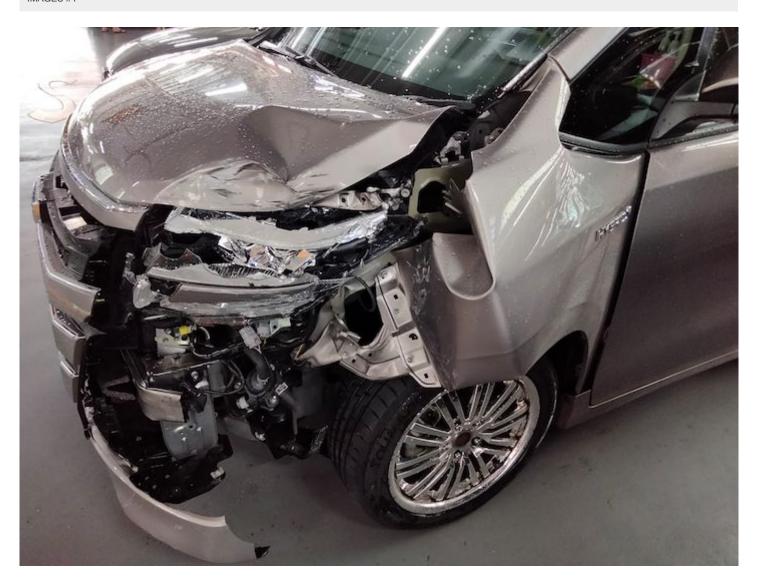
Driver's Signature (If driver is not the policyholder) / Date & Time

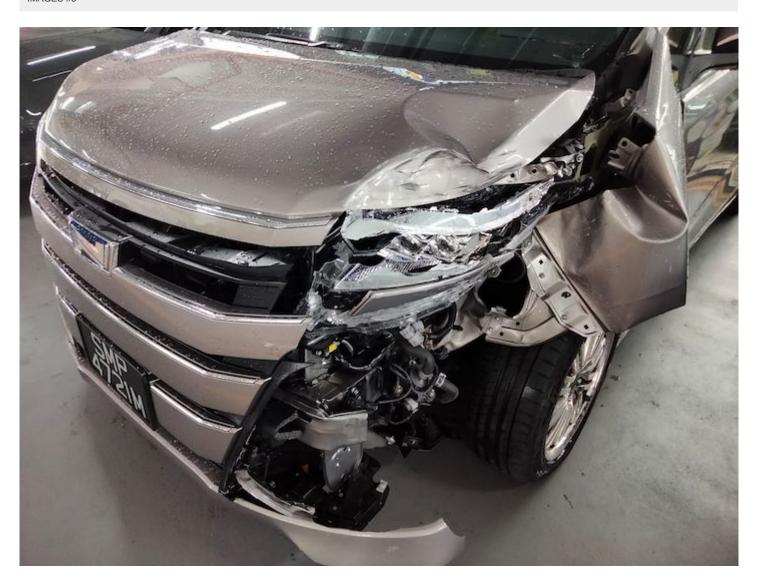
Witnessed by Reporting Centre 1
Personnel Lynn Y47

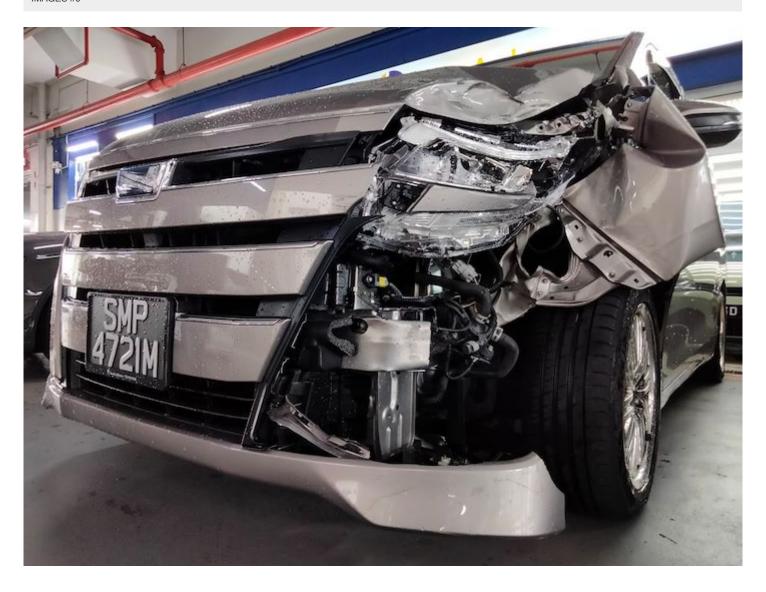






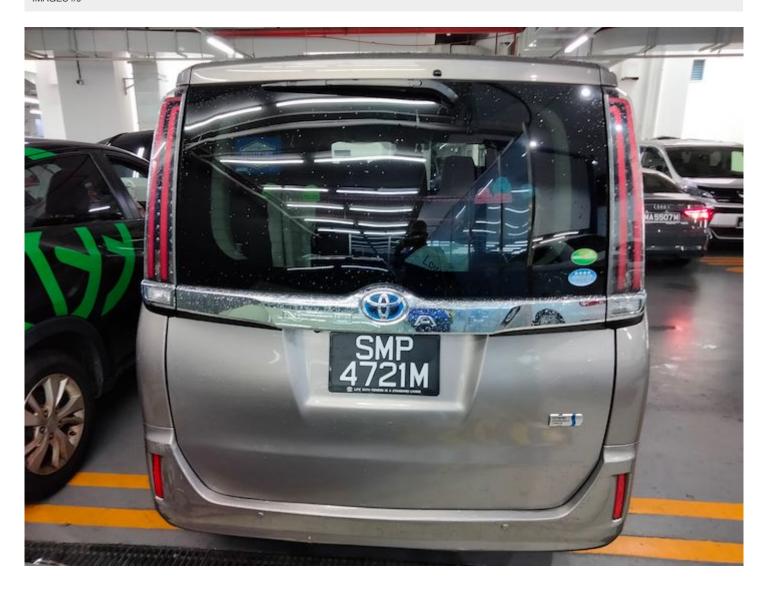








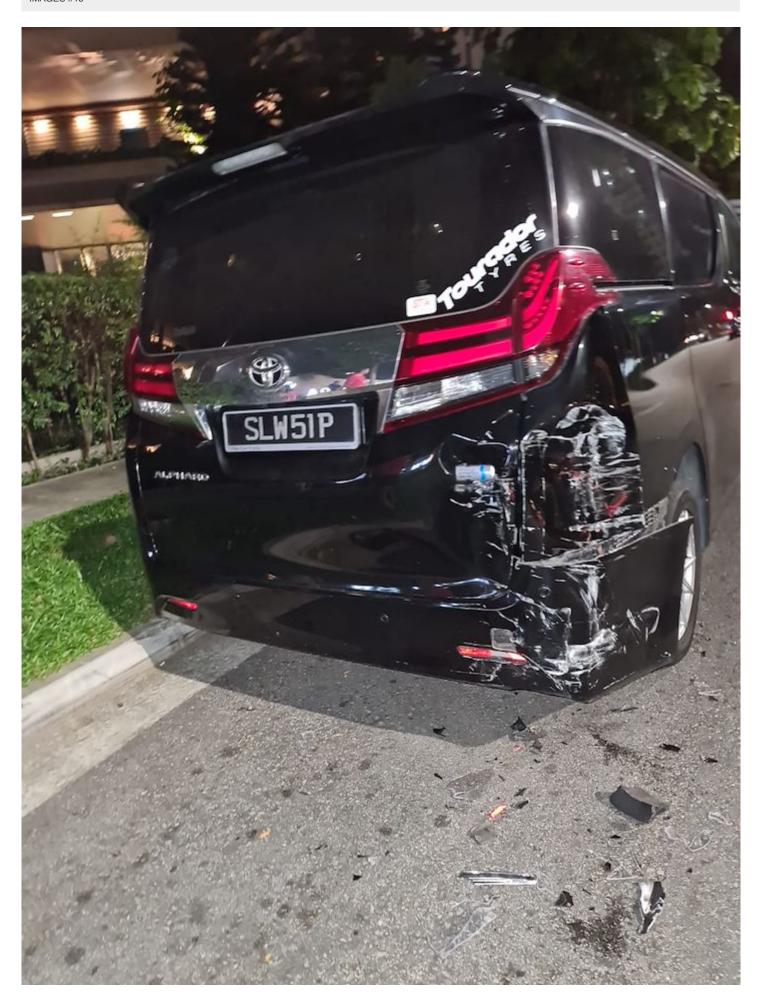


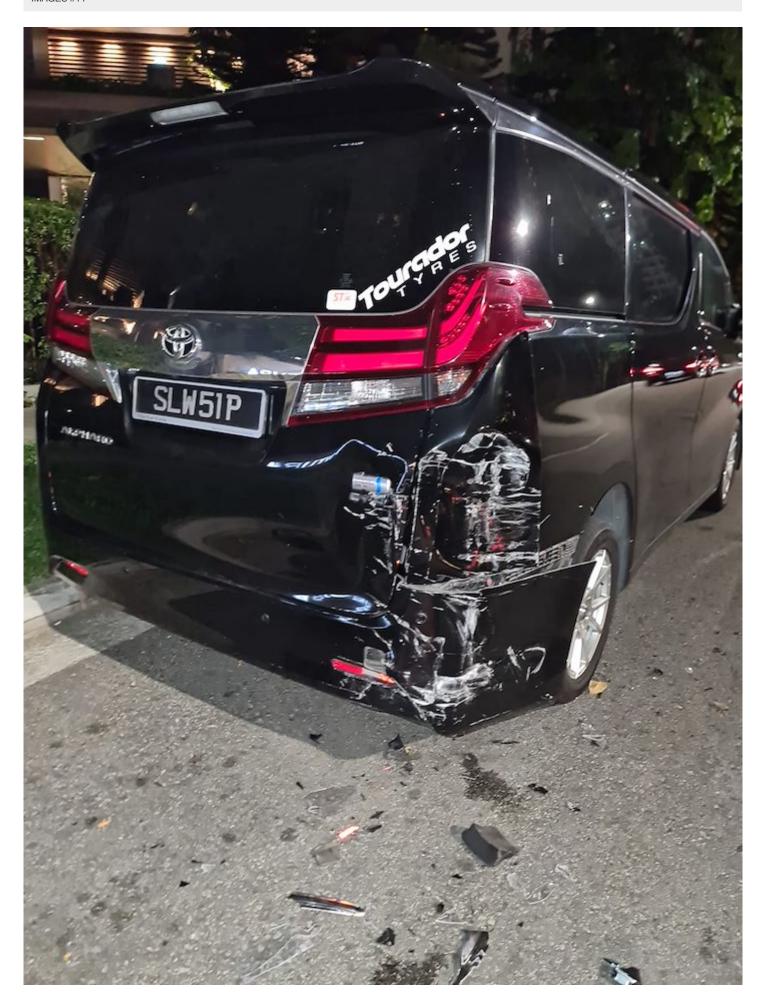


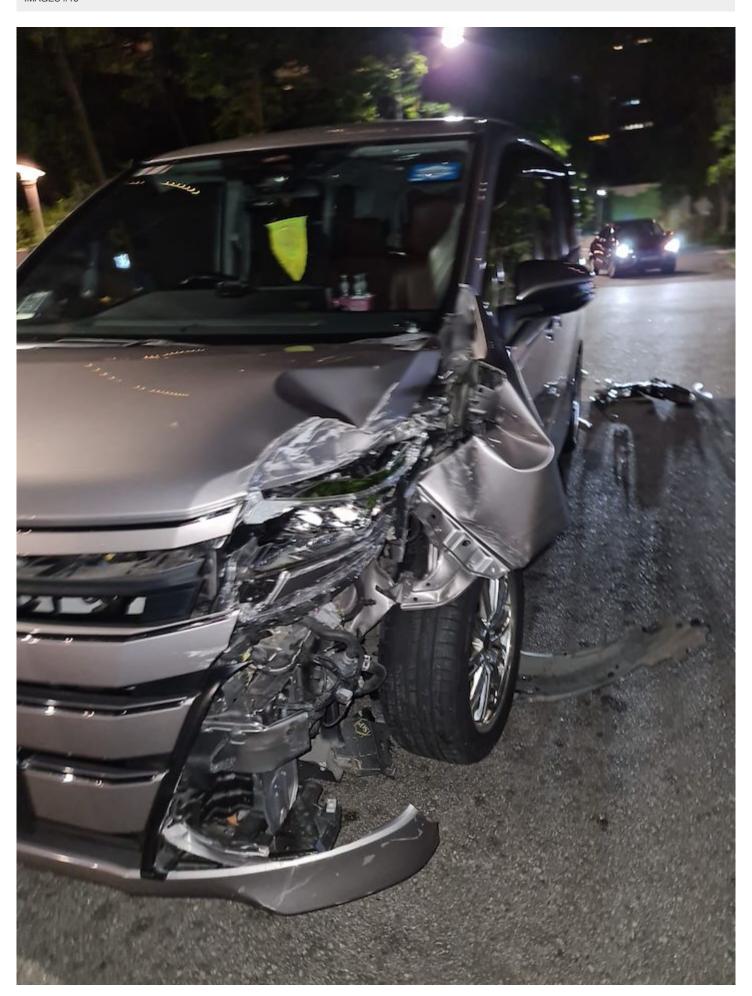




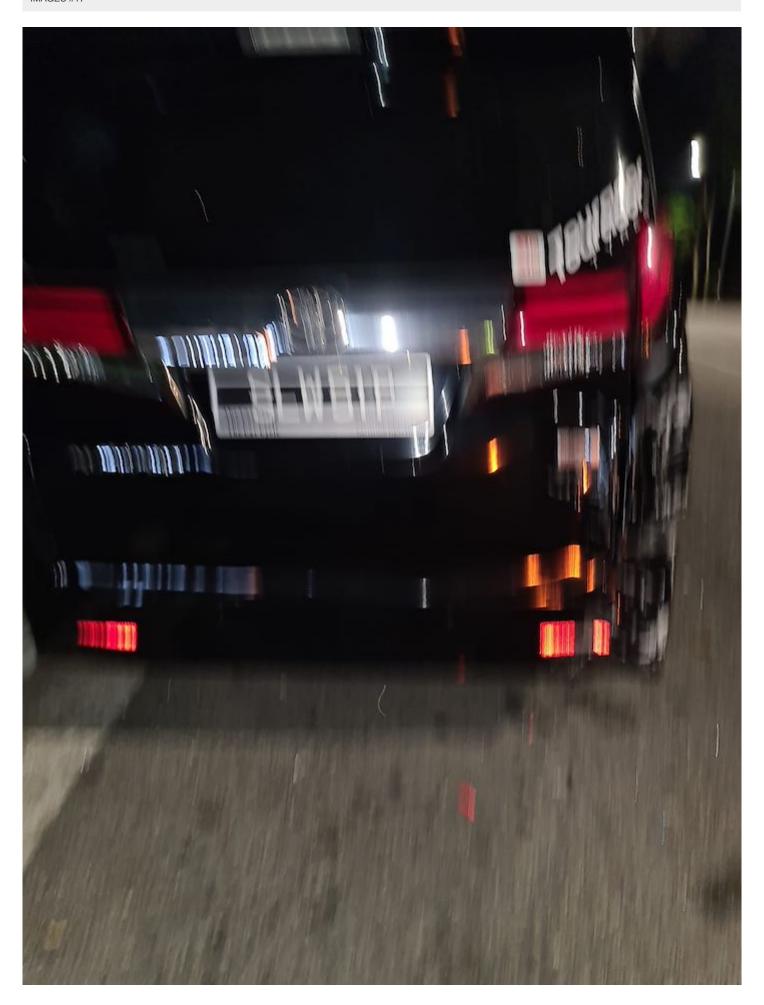


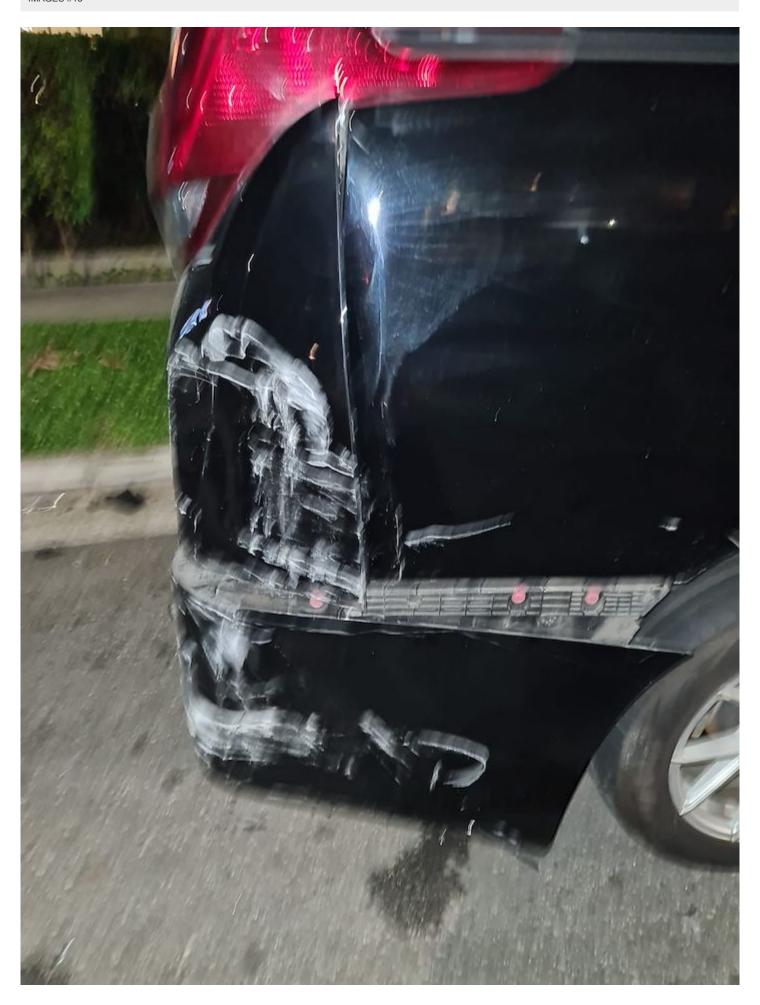
















中国太平保险 (新加坡)有限公司

Motor Hire Car

MZ406L/8

N SN

CERTIFICATE OF INSURANCE

ANDS79A

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) ser Vehicles (Third-Party Risks and Compensation) Rules, 1960 Rood Transport Act, 1967 (Malinysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMHCSNW00007942100

Engine No.: 2ZR0D99170 Cha. No: ZWR800395723

1. Index Mark and Registration

SMP4721M

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

LIM PENG HUAT

\$\$1,250.00

(00:00:00)

Excess Sect, I (Outside Singapore)

\$\$2,500.00

Excess Sect. II Excess Sect.II (Outside Singapore). \$\$1,250.00 \$\$2,500.00

4. Date of Expiry of Insurance

25/09/2022

EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive

As per Named Driver(s) stated below.

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.

LIM PENG HUAT

6. Limitations as to use:*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover
(1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whitst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: INDEX CREDIT PTE LTD

E-contribute Contribute Contribut

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.

Authorised Signatory

Issued By: ABWIN PTE LTD Authorised Officer

Q6389 6111

⊕6222 1033

www.sg.cntaiping.com

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