SL0M228J0007 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 24/08/2022 17:36 (SGT) SUBMITTED BY: Deborah Lai VERSION: 1 (24/08/2022 17:36 (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 Actual 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.

 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 24/08/2022 17:36 (SGT) Reported by Date of Accident 24/07/2022 20:00 (SGT) Exact Location of Accident Sims Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SMS8917Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Loh Xian Yan Mike NRIC No. S9234513J Email Address mikelohxy@yahoo.com Mobile Phone No (Phone) +65-90079280 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 318i Sedan LED 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? Yes Vehicle Category Private car Transmission Auto 1499

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00184092101

DRIVER

Name of Driver Loh Siang Kiew NRIC No S1239959F Date Of Birth 03/12/1957 Occupation Indoor

Date Of Driving Pass	09/04/1976
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91819323
Alt, Phone Number	-
Email Address	mikalahyu@yahaa aam
Address	mikelohxy@yahoo.com
	Blk 63 Sims Place #10-217
Address complement	-
Postcode	380063
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
vollide Hogicadion Hamber of Other Vollide Owned by Bliver	_
Insurance Company of Other Vehicle Owned by Driver	
modification company of caron vollage cylinear by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Towns of Assistant	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	_
Translator's phone number	
•	_
Translator's email	-
Original language used in the statement	-
DETAILS OF POLICE ACTION	
DETAILS OF FOLIOL ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
	· · · ·
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	_
CIRCUMSTANCES OF ACCIDENT	
Please refer to Police Report No. T/20220801/2022.	
ricase refer to redice report No. 1/2022000 1/2022.	
ATTACHMENT(S)	
A consistent about a self-the formula de const	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHIOLETNOPENTITIE
Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	
Vehicle Model	_
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Address Blk 63 S Address Complement - Post Code 380063 Approximate Age Years Old -	+65-91819323 ims Place #10-217 Out-Reasons Unknown. 7Z
Was this injured conveyed to hospital by ambulance? Yes	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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)

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:
- (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' 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.

licyholder's Signature / Date & Time

1 9 AUG 2022

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

8 Time

1.0 AUG 2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan 19 AUG 2022

Unable to Sketch due to circum stances

of the acident wherein I passed out.

Pleas	e refer to	Police Report	No. T/20220801	/2002.
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declare the foregoing p	articulars are true in e	very respect.		
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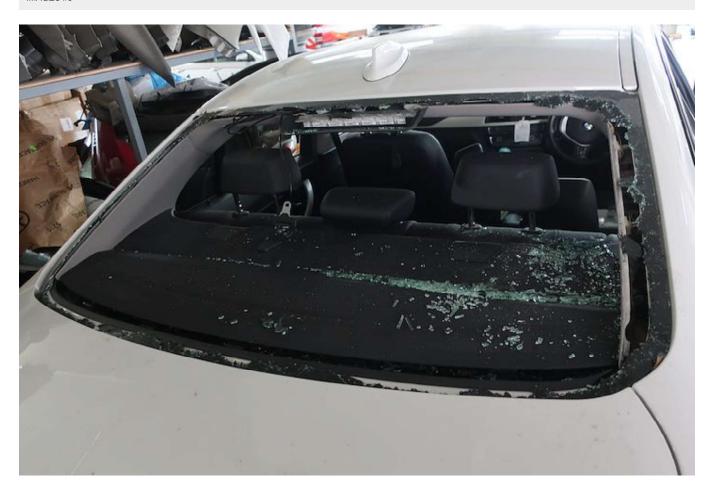
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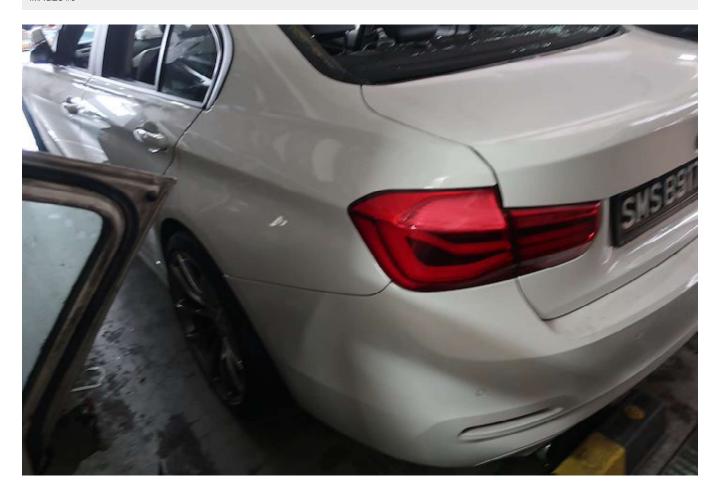




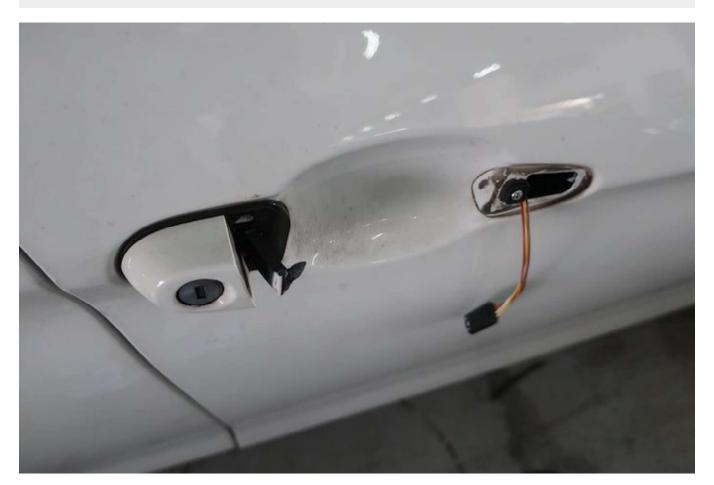
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20220801/2022

REPORT	OF A TRAFFI	CACCIDENT				
Date/Time Report Made: 01/08/2022 11:10			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		PRINTED TO THE STATE OF THE STA		
Name of Informant: LOH SIANG KIEW			Address: APT BLK 63 SIMS PLACE #10-217 GREENTOPS @ SIMS PLACE SINGAPORE 380063			
ID Type / ID No.: NRIC NO / S1239959F		59F	Contact No.: Home/Office: Mobile: 91819323			
Nationality: SINGAPORE CITIZEN		ΈΝ	Email:			
Sex: Male			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Informatio	on: Date of Expiry		

Type of Accident:	Non-Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 24/07/2022 20:00	Type of Location T-Junction
Location: SIMS AVENU Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
		Traffic Control:		Traffic Volume:
Traffic Flow: Two Way		Traffic Light - Wo	orking	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMS8917Z	Car	BMW	318I SEDAN	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20220801/2022

CONTINUATION OF REPORT

Name	LOH SIANG KIEW		ID No		S1239959F	
Related Vehicle	SMS8917Z (Car)			Conta	ct No.	91819323
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2022 Date Disc			charge	30/07	7/2022
No. of Days gran	ays granted Medical Leave 32		Degree o	f Injury	NIL	

Brief Details.

ON THE STATED DATE AND TIME OF THE ACCIDENT, I WAS DRIVING A CAR PLATE NUMBER \$M\$8917Z. I WAS DRIVING ALONG SIMS AVE, AND NEAR A T-JUNCTION THE TRAFFIC LIGHT TURN RED AND I WAS SLOWING DOWN SUDDENLY I CANNOT CONTROL MY BODY AND WAS SHIVERING. I COLLIDED INTO A VAN INFRONT OF ME, AND I PASSED OUT AND COULD NOT REMEMBER WHAT HAPPEN AFTERWARDS OR THE PLATE NUMBER OF THE VAN I COLLIDED INTO. I WOKE UP IN THE HOSPITAL. THATS ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220801/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:	Signature Of Informant:		
SCCPL ABU HURAIRAH BIN ABDUL TALIB	MW.		
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2022 11:10		
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:		
NP168			



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

Vehicles (Third-Party Risks and Compensation) Act (Chapte stor Vehicles (Third-Party Risks and Compensation) Rules, 11 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0421A Cov. Type:C

CERTIFICATE No.

DMPCSNW00184092101

Engine No.: F4411264B38B15A Cha. No.:WBA8E36040NT39342

 Index Mark and Registration Number of Vehicle

SMS8917Z

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

LOH XIAN YAN MIKE

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

(00:00:00)

Additional Ex Other than Named Drivers:

Named Drivers Ex Sect. I \$\$500.00

Ex Sect. 1 - Age <= 25

\$\$3,000.00

Ex Sect. 1 - Age >= 26 * Age as at date of accident

\$\$500.00

EX ON WINDSCREEN.

\$\$100.00

5. 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 enautment 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/Theft) will be doubled. One time Walver 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. : ABS FINANCIAL PTE LTD AS HP OWNER

* Limitations rendered insperative 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

Issued By: VITESSE SOLUTIONS Authorised Officer

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

₹ 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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www.sg.cntaiping.com