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 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to reputing 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 28/07/2022 10:40 (SGT) Reported by Date of Accident 27/07/2022 08:35 (SGT) Exact Location of Accident Singapore COLLYER QUAY AFTER CROSS JUNCTION OF CHURCH Additional Location Information STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW3485M

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner **ZHOU MING** NRIC No S7382757D Email Address ZHOUMINGMBOX@HOTMAIL.COM Mobile Phone No (Phone) +65-91783873 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Passat Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00196642100

DRIVER

Name of Driver **ZHOU MING** NRIC No S7382757D Date Of Birth 17/07/1973

Occupation Indoor Date Of Driving Pass 22/04/2004 Driving experience 18 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91783873 Alt. Phone Number Email Address ZHOUMINGMBOX@HOTMAIL.COM Address **BLK 106A DEPOT ROAD** Address complement #12-569 Postcode 101106 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 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) 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 Was the accident reported to the police? No 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMU4180Y Vehicle Manufacturer Nissan

Vehicle Manuacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle Category Private car
Name of Driver LEE ZONG JIN

| Contact Number | (Phone) +65-97208084 |
|---|----------------------|
| Address | <u>-</u> |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | _ |
| 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

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 & Driver's Signature (If driver is not the policyholder) / Date Reporting Shifts 3

Sketch Plan

CHURCH

STREET

A: SKW3485 M

B - SMU 4/80 Y

Describe Circumstances of the Accident

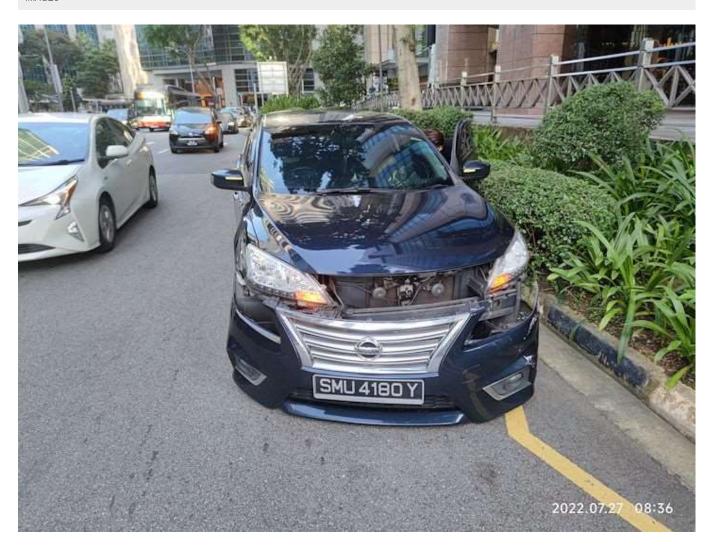
Refer to attached Accident Description

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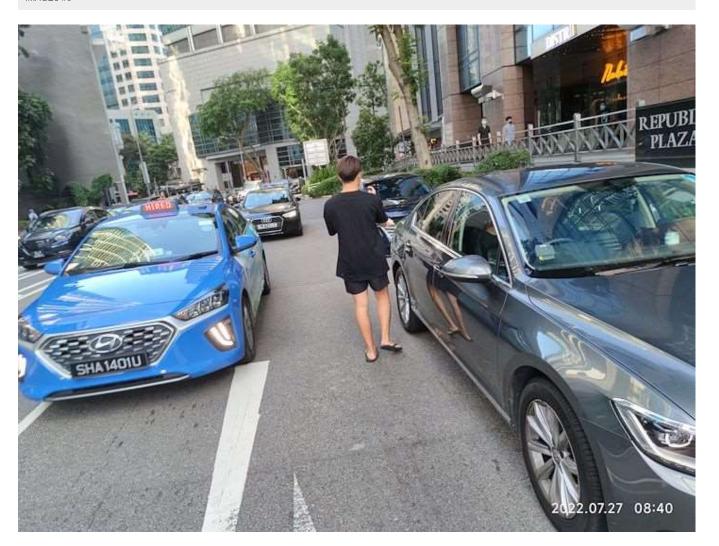
Accident Description

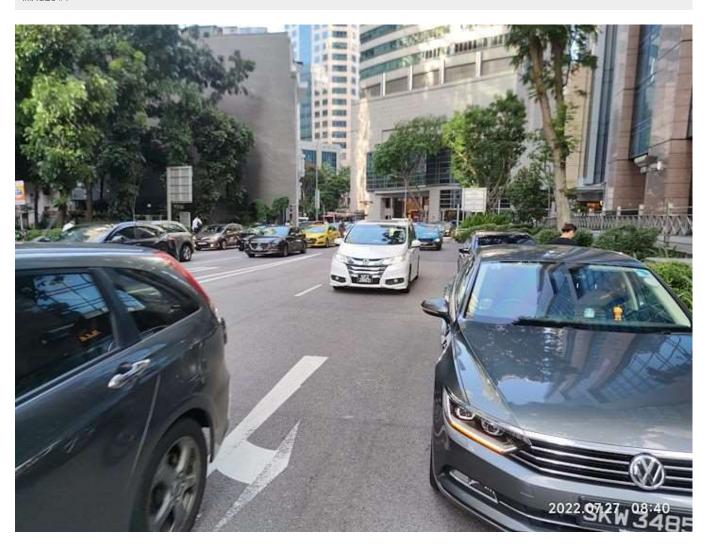
On 27 July 2022, around 08:35am, I was driving along Cecil street towards Collyer Quay direction in the second lane from left (first lane is bus lane). When I was passing through the traffic light at the cross with Church street, and continued to drive along the second lane from left side of Cecil street to the second lane from left side of Collyer Quay, a car was directly cutting from the fourth lane of Cecil street to the second lane. I honked once and it stopped before cutting into the second lane from left of Collyer Quay. I continued driving to the second lane from left side of Collyer Quay, but slightly to the left to avoid that car protruding from the right side. As such, when I was driving into the Collyer Quay, my car was about on the lane dividing line between the first lane and the second lane from left side of Collyer Quay. I honked another time to alert the cars stopped in the right row that my car was approaching from behind. I continued to drive forward until I heard a sound of collision from the rear side of my car. After that I managed to park my car to the left side of Collyer Quay, beside the Republic plaza, then I realized that a car SMU4180Y suddenly turning out from the row of parked cars at the right side and hit the right side back of my car.

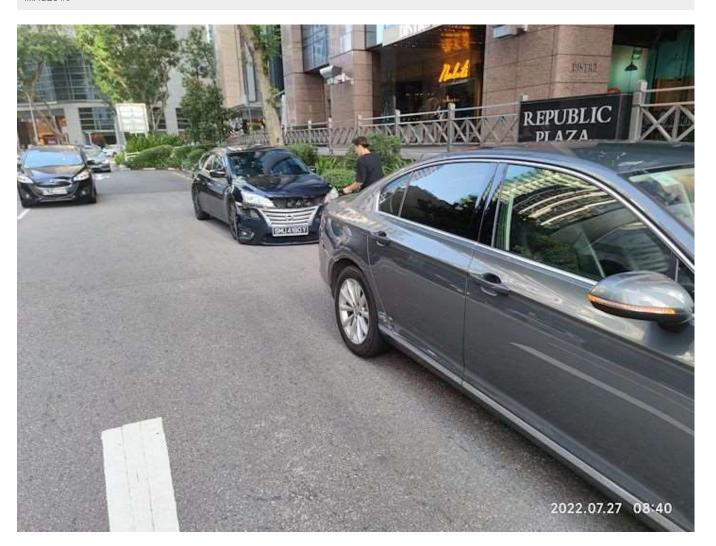
P.S. there are four lanes in Cecil street before the cross with Church street, but 5 lanes in Collyer Quay, and a big right bend from Cecil street to Collyer Quay. The eye sight of the driver in the cars stopped near the tangent portion will be blocked by the cars behind and can't clearly see the approaching car from right behind directly.



















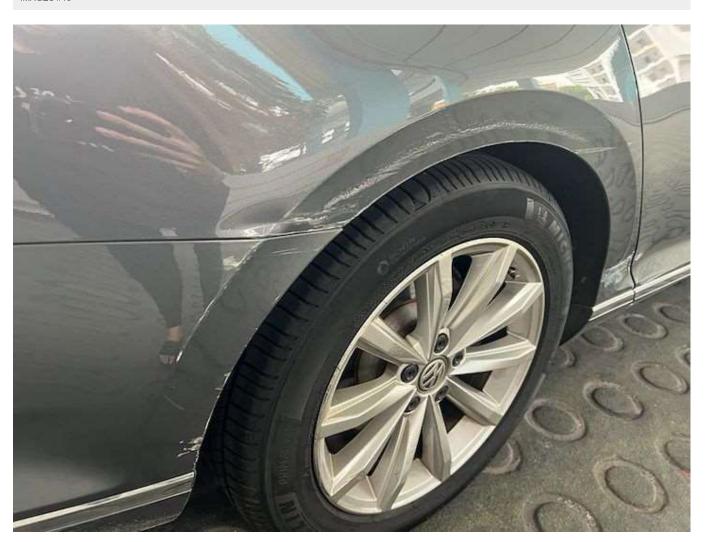


















中国太平保险(新加坡)有限公司

Motor Private Car

MX1E

N

CERTIFICATE OF INSURANCE olor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Ruses, 1960 Road Transport Act, 1887 (Melaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Melaysia)

AN0482A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00196642100

Engine No.: CJ\$122195

Cha. No.:WVWZZZ3CZGE059735

1. Index Mark and Registration Number of Vehicle

AUTOSAFE

2. Name of Policy Holder.

ZHOU MING 27/10/2021

28/10/2022

SKW3485M

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers;

\$\$750.00

Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00)

Ex Sect. 1 - Age <= 25

\$\$3,000.00 \$5500.00

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

EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive"

4. Date of Expiry of Insurance

(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 faws 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 Vahicle.

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 him or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with may 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 \$\$1.00 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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 Moses Chia Wen Jye Authorised Officer

Authorised Signatory

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

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

Q63896111

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www.sg.cntaiping.com