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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

VERSION: 1 (26/08/2022 18:05 (SGT))

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 26/08/2022 18:05 (SGT) Reported by Both Date of Accident 26/08/2022 14:24 (SGT) **Exact Location of Accident** Bendemeer Rd, Singapore Additional Location Information TTURNING INTO GEYLANG BAHRU Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMH6916Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No

Email Address Mobile Phone No.

Alternative Phone No.

No

LEE WEI CHUEN

SXXXX530A

ariessuly@yahoo.com.sg (Phone) +65-96822619

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota Corolla

Private use

No - Claiming third party

Private car

Auto

1598

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00080262200

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

LEE WEI CHUEN SXXXX530A 14/04/1984 Indoor



Date Of Driving Pass 29/09/2010 11 YEARS AND 11 MONTHS Driving experience Gender Male (Phone) +65-96822619 Mobile Number Alt. Phone Number ariessuly@yahoo.com.sg Email Address BLK 117 BEDOK NORTH ROAD #05-227 Address Address complement 460117 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 Collision - Head to Rear Type of Accident AFTER RAIN Weather Conditions Wet Road Surface 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? 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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

GBC9665H

Commercial

Commercial vehicle

NIO CHOR HUAT

SXXXX759H



Contact Number	
Address	;
Address complement	100
Postcode	
Insurance Company Name	
Nature Of Damage	9
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 Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>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.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- 6. 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.
- 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)

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 c aims.

(collectively the "Purposes")

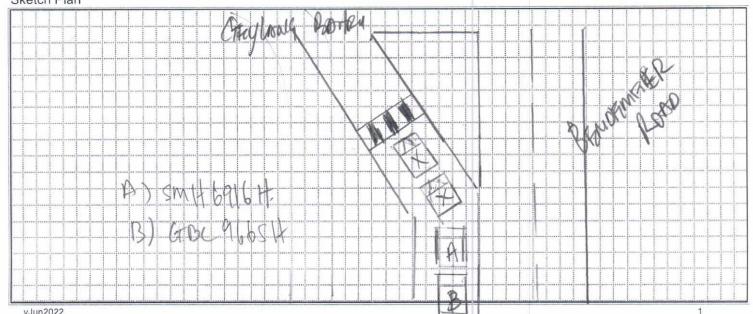
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident DESCRIBE CIRCUMSTANCE OF THE ACCIDENT ABOUT 14:04 I WAS AT BENDEMERR
ROBO & WONTHO TO THEN LEFT NOTO GREYCONG BOHRY
TERONT OF WAS 3 CAR STOPPING AT THE ZEBRA CROSSING
I ASSO STOP LASE THAN A FEW SHOWN I FELT A BUMP
of SAW A COSTY GBC 9665H BMEG ON 20 7HK RADR OF
my CAR SMH 6916H RAAR BRITON.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
Actual Driver's Signature (if driver is not the policyholder)

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

	74	AGCIDENT STATEME	NT: 14.24:	* .
Accii	DENT DATE: (26. 1.8	3. 12022) (DD/MM/YYYY),	TIME: (\$ 2 . 24)(H	H:MM •
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y , y	c)ADDRESS:		CONTACT	
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(Including driver)	GINAME: b)NRIC/FIN/PASSPO	B. ABDIM	(MALE / FEMA	LE
(_)	c)ADDRESS:		·	
	e)OCCUPATION: (I)	J J J (DD/M.	· ;	7
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6,	WAS ANYBODY INJU	IRED (YES / NO)		
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٠.,	٠.,٧	email = Ariessuly	a) Yahoo.com	a S 01
(*)	•	VIDAO		3



中国太平保险(新加坡)有限公司

Motor Private Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1F

SN

AN0450A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00080262200

Engine No.: 1ZRY295679 Cha. No.:MR053REH104551555

1. Index Mark and Registration

SMH6916Y

AUTOSAFE

Number of Vehicle

Name of Policy Holder

LEE WEI CHUEN

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

16/04/2022

Named Drivers Ex Sect. I

\$\$500.00

(00:00:00)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

15/04/2023

Ex Sect. I - Age <= 25

Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$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.

(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 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 Waiver of Excess for the first S\$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.: TOKYO CENTURY LEASING (S) 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: INXPIRE N SOLUTIONS

Authorised Officer

Authorised Signatory

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