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 09/09/2022 18:27 (SGT) Reported by Date of Accident 08/09/2022 10:45 (SGT) Exact Location of Accident Simei Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP683R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KATARINA LINA PRIBADI NRIC No S7674275H Email Address ADMIN1@AMMPL.COM.SG Mobile Phone No (Phone) +65-91156316 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00002032201

DRIVER

Name of Driver SOH SIEW TIN NRIC No S1421737A Date Of Birth 09/08/1960 Occupation Indoor

Date Of Driving Pass 20/08/2014 Driving experience 8 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-91156316 Alt. Phone Number Email Address ADMIN1@AMMPL.COM.SG Address 140 KEW DRIVE Address complement Postcode 468005 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Friend 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? Nο 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SOH SEE ENG Gender Female **DETAILS OF POLICE 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20220908/7026. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME4524Z
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SJP3861J -
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

Name of injured person Gender	SOH SIEW TIN
	-
	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	SOH SEE ENG
Gender	=
Phone No	_
Address	_
Address Complement	_
Post Code	=
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	_
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	_
Trae time injured controjed to neophar by ambalance.	=



中国太平保险(新加坡)有限公司

Motor Private Car

MORTE

R EN

CERTIFICATE OF INSURANCE

ANGG99A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00002032201

Engine No.: 27491030025838 Che No. WDD2040312A796525

1. Index Mark and Registration Number of Vehicle

SMPS83R

AUTOSAFE

2. Name of Policy Hudde

KATARINA LINA PRIBADI

Named Onvers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 S\$3,000.00

4. Dop of Expry of museums 01/01/2023

Ex Sect. 1 - Age >= 26 S\$500.00 * Age as at date of accident

EX ON WINDSCREEN \$3100.00

in at Corners of Persons entitled to struct

(a) The Policyholder.
(b) Any other person who is driving as the Policyholdens order or with the permission.

Provided that the person driving is permitted in accordance with the teersing or other laws or regulations to drive the Motor Vehicle or has been so permitted and in not dequalitied by order of a Court off Law or by reason of any enactment or regulation in that behalf from criving the Motor Vehicle.

Use for social, domestic and pleasure purposes and for the Policyholder's businests.
The policy does not excer use for this or revier's fution driving test racing pace-making, reliability that, speed-testing, the parriage of goods other than samples in commercion with the place of business or size for any purpose in commercion with the Ameri Trade.
Excers whichever is applicately for fusers occurring outlide Biogapore (Constructive, Total Loas/Thatf) will be doubted. One fine Walver of Excers whichever is applicately for fusers occurring outlide Biogapore (Constructive, Total Loas/Thatf) will be doubted. One fine Walver of Excers the first S\$1,000 will apply to the insured and Named Drivers in the event of Own Damage Craim at our Authorised Workshops for each Policy Yisar.

HIRE PURCHASE CO., HL BANK

2 PORTAGE CO. THE BRING 13 Instrument Incoming impossibles by Section 8 of the March Venicina (Thurs Planty Braks and Companishan) Act (Chapter 180) and Section 95 of the Ricket Transport Act 1997 (AWA) are not to be exhabit under three transport.

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

THE CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Issued By:

Tan Mingle Authorised Officer

China Tarong Histatonice (Singapore) Pte. 136. (Co. Reg. No. 200208384E)

★ 3 Anson Road #16-00 Springles(Tower Singapore 0.79909

\$6389.6111

Describe Circumstanose of the Absident

HEARE	REFER	TO	POLICE	REPORT.	
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SKETCH FLAN

IMPORTANT NOTICE

- 1. Assess report correctly the details of the socident to speed up the diginal process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3 information provided must be as truthful and accurate as possible. Any will manage as retion or with clong of male le l'acta nay allow insurance companies lo repudiate policy liability.
- A. The leave 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 satisfied by the General haurence Association.
- of Singapore (GIA) for archiving and that objects of this report will for a fee be made evaluable, both application by interested barries.
- 7. By the longement of this report to the insure is lyby hereby consent to the archiving of this report at the centre and to copies of the report bend made evallable aforesed.
- E. Consent under the Personal Date Protection Act (PDFA).
- Jungerstand, acknowledge legree and consent that
- is: My mourement, a priently and the General Madistrice Association of Engagone in GIA virial, a experiment to other user discrete environments or processing presents of a second content of the processing processes by my matter received with the Personal Information is an observed and matter such Personal Information to all insurements and process and matter such Personal Information to all insurements who have never discrete involved in this accident shall be collectively referred to as the insurement the house such as the insurement the house of the Manuary Auchority of Singapore and any relevant powering in each as the police. For the purpose as of
- III processing handing and or dealing with my claims including the sentenent of the claims and any necessary investigations relating to the claims.
- (ii) nuestigating the account sudformy of its.
- ifficerrying out and or dealing with my instructions or responding to any enduries by the
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- only Personal unit meson may can be displaced by any of the Heulers and or GIA to their mission, service or oversit the game monthing their taxy prefer informers a Michigan business of Singapore for preprinting the shore Ruidcess.

State notices a Signature - Date 6

Dispersional Estimates and the policy holds in Carle 5. There

Withdesed by Recording Centrel Revecances

Skatch Flan

77/16

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A:SMP G83 R 8:SME 4524 Z C: STP 3861 J

SIME! AVENUE











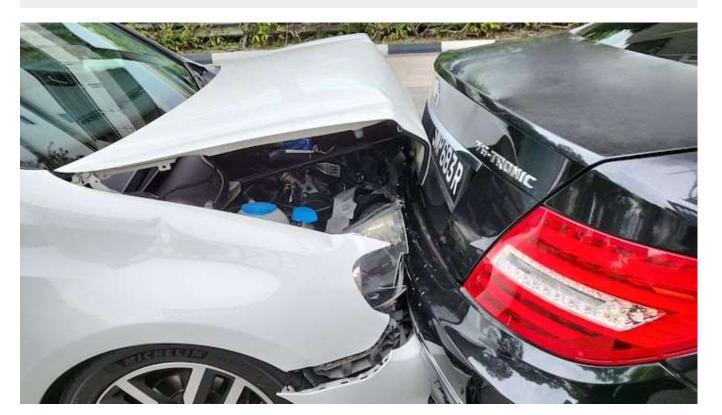


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20220908/7026

CONTINUATION OF REPORT

Details of V	ehicle Insurance			BE KNOW TO	No of Particular
Vehicle No.	Insurance Company	Insurance	e No	Effective	Expiry Date
SMP683R	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD,				
Details of P	erson Involved	Toolers 1	E COL	The State of the S	
Any Pedestr	an Involved: No				
No. of Pedes	strians Injured: NIL	Use of Peo	estrian C	rossing: NA	
Passenger		REHER	Die Control		
Name	SOH SEE ENG		ID No.	S1277033	В

Related Vehicle	SMP683R (Car)		Cont	act No.	94891592
Hospital/Clinic	NIL	se A	Class Drivin Licer Expir	ng ice &	Class: 3A Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	ted Medical Leave NIL	Degree	of	Sligh	t,
Driver					Service Dispersion
Name	SOH SIEW TIN		ID N	о.	S1421737A
Related Vehicle	SMP683R (Car)		Cont	act No.	91156316
Hospital/Clinic	NIL		Class Drivi Licer Expir	ng nce &	Class: 3A Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	ted Medical Leave NIL	Degree	of	NIL	

Brief Details.

I was driving along Simei Avenue toward Tampines heading to CGH. Suddenly while moving with speed of 50km/hr, a huge impact from the rear side of my vehicle (SMP683R) causing my car to collised with the vehicle (SJP3861J) in front. All three car stopped with drivers alighted and exchanged details. After that, all of us left the scene. I and my passenger in my car was feeling sore on our neck and back, so we going to consult doctor.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220908/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass, No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2022 14:15
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220908/7026

REPORT OF A TRAFFIC ACCIDENT

Report N 2 14:15	/lade:	Vide Report No.:	Station Diary No.
's Partic	ulars		
nformant; V TIN		Address: 140 KEW DRIVE SINGAPOR	E 468005
ID No.: / S14217	37A	Contact No.: Home/Office:	Mobile: 91156316
/: RE CITIZ	EN	Email: admin1@ammpl.com.sg	
Age: 62	Date of Birth: 09/08/1960	Type of Informant: Driver	
	- <u>h</u> :	Language: English	Institution / School Name:
n:		Driving Licence Information: Class: 3A	Date of Expiry:
	2 14:15 I's Partice Informant: V TIN ID No.: / S14217: /: PRE CITIZ Age: 62	r's Particulars Informant; V TIN ID No.: / S1421737A /: IRE CITIZEN Age: Date of Birth: 62 09/08/1960	2 14:15 Particulars Informant: V TIN ID No.: V S1421737A PRE CITIZEN Age: Age: Date of Birth: G2 D9/08/1960 Driver Language: English Driving Licence Information:

Type of Accident:	Injury Others	Drink D	ate/Time of ccident: 8/09/2022 10:45	Type of Location Straight Road
Location: SIMELAVEN	JE			
Weather:		Road Surface:	Ro	oad Speed Limit:
Clear		Dry		
		Dry Traffic Control: Traffic Light - Working	1000	affic Volume: oderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP3861J	Car	HONDA	Stream	White		0
SME4524Z	Car	VOLKSWAGO N	Golf	White	Slightly Damaged	0
SMP683R	Car	MERCEDES BENZ	C180	Black	Slightly Damaged	1