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	24/09/2022 13:46 (SGT)
Reported by	Both
Date of Accident	23/09/2022 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TEMASEK BLVD TOWARD RAFFLES BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ68K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HOON SIOK
NRIC No	S1561670I
Email Address	DOREEN@BDIP.COM.SG
Mobile Phone No	(Phone) +65-98336886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ferrari
Model	California
Variant	-
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	4300

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00246762102

DRIVER

Name of Driver	TAN HOON SIOK
NRIC No	S1561670I
Date Of Birth	30/10/1962
Occupation	Indoor

Date Of Driving Pass	02/06/1986
Driving experience	36 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98336886
Alt. Phone Number	-
Email Address	DOREEN@BDIP.COM.SG
Address	68 BINJAI PARK SINGAPORE 589869
Address complement	-
Postcode	589869
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1	SKM1000U
Insurance Company of Other Vehicle Owned by Driver 1	Allianz Insurance Singapore Pte. Ltd.
Vehicle Registration Number of Other Vehicle Owned by Driver 2	SKQ1000Z
Insurance Company of Other Vehicle Owned by Driver 2	ERGO Insurance Pte. Ltd.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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)	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 ATTACHED STATEMENT AND SKETCH PLAN

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	SLD9489B
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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)	-

中国太平 CHINA TAIPING

中国太平保险（新加坡）有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1/B
R SN
AN0056A
Cov. Type:C

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)

Engine No.: 166231
Cha. No.:ZFFLJ65C000176912

CERTIFICATE No. DMPCSNW00246762102

1. Index Mark and Registration Number of Vehicle: SKQ68K
2. Name of Policy Holder: TAN HOON SIOK
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 10/12/2021 (00:00:00)
4. Date of Expiry of Insurance: 09/12/2022

Named Drivers Ex Sect. I	S$15,000.00
Excess Sect. I (Outside Singapore)	S$30,000.00
EX ON WINDSCREEN .	S$1,500.00

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.

TAN HOON SIOK
NG SING MIN JASMINE
NG TECK LAI
BRYAN NG SHI EN

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.

HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER

** 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: DAGLEN GI PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909 6389 6111 6222 1033 www.sg.cntaiping.com

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**.
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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. 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)**

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.

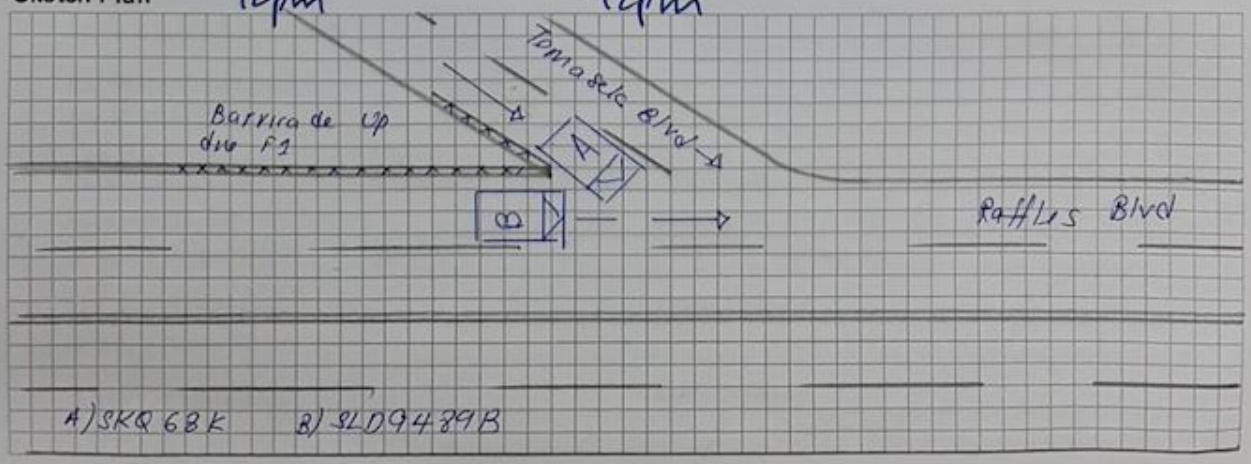
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
24/09/22 12pm	24/09/22 12pm	Kenneth Diky

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Temasek Boulevard exiting Raffles Blvd I was station at Temasek Blvd to check incoming traffic clearance but was blind spot by the plastic fencing so I inch out my car and stop to check again the traffic. When I at stop position I was hit by vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 24/9/22 12pm

Driver's Signature (If driver is not the policyholder) / Date & Time 24/09/22 12pm

Kenneth

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

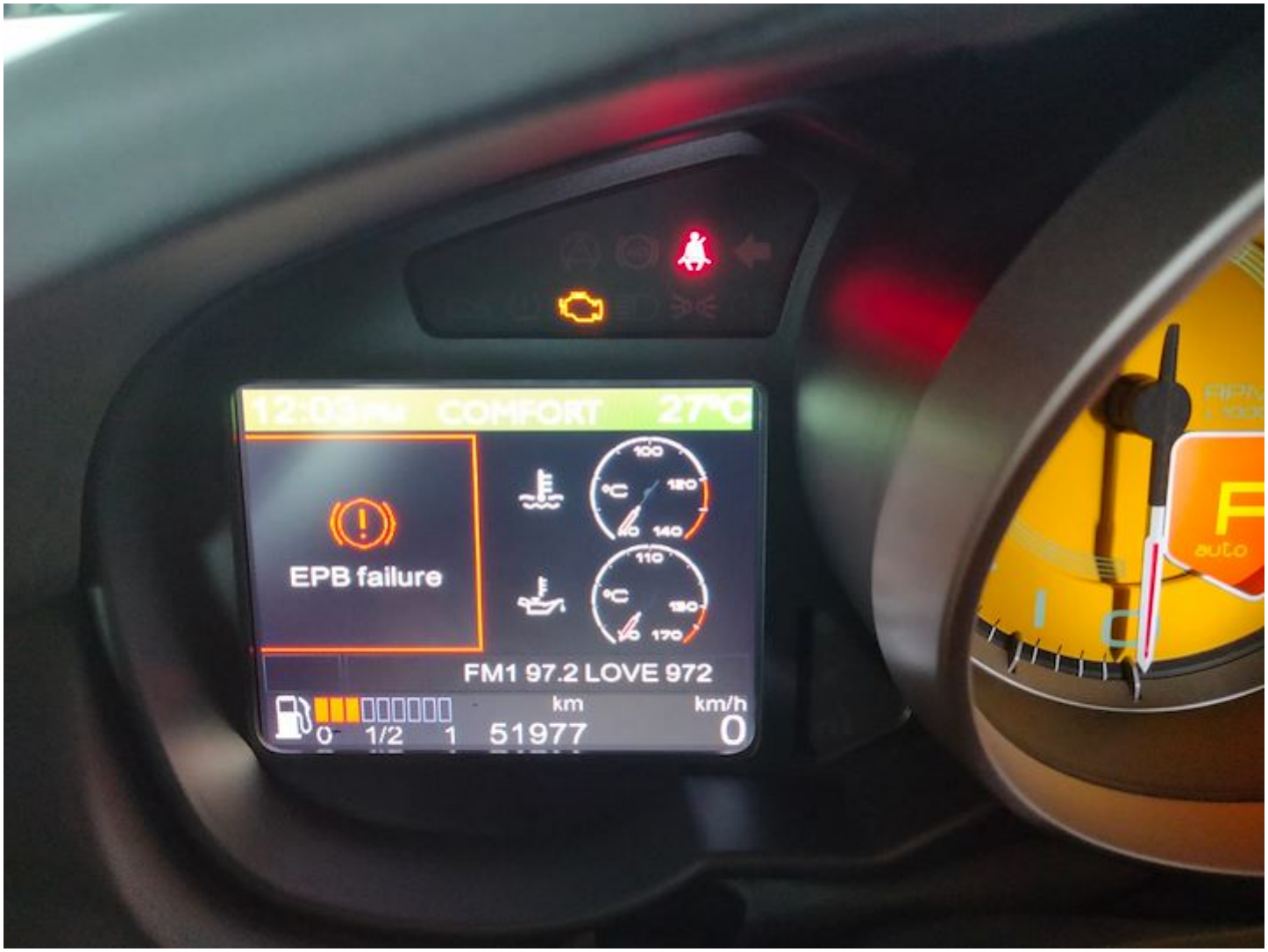
IMAGES #7

IMAGES #8

IMAGES #9

Ferrari
e3·2001/116·0285·
* ZFFLJ65C000176912 *
2200 kg
2200 kg
1 930 kg
2 1290 kg
MADE IN
ITALY
TYPE F 149 BDEL
2554989

IMAGES #11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EPB failure
FM1 97.2 LOVE 972
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0 1/2 1 51977
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20
22
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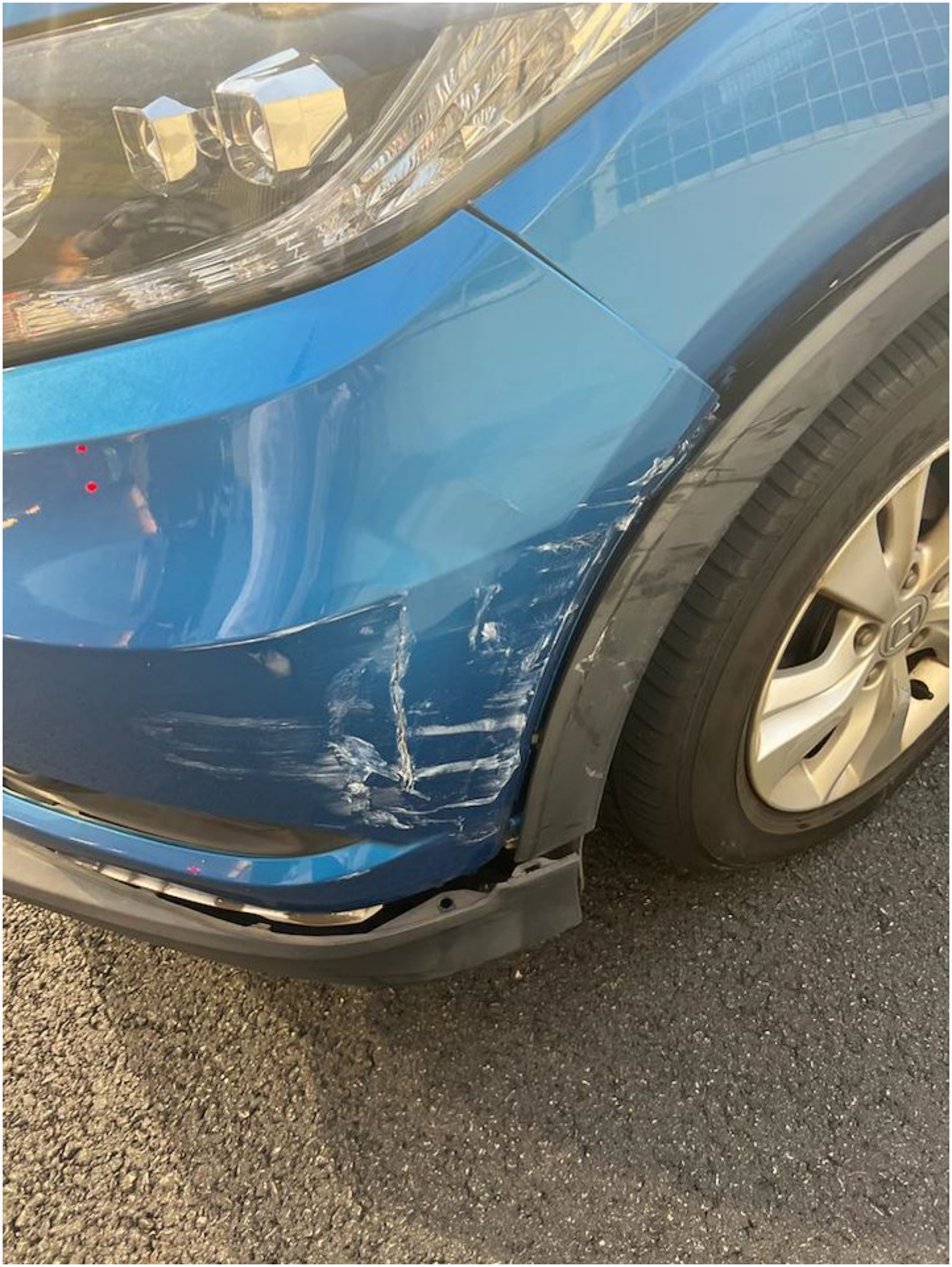
AUTO

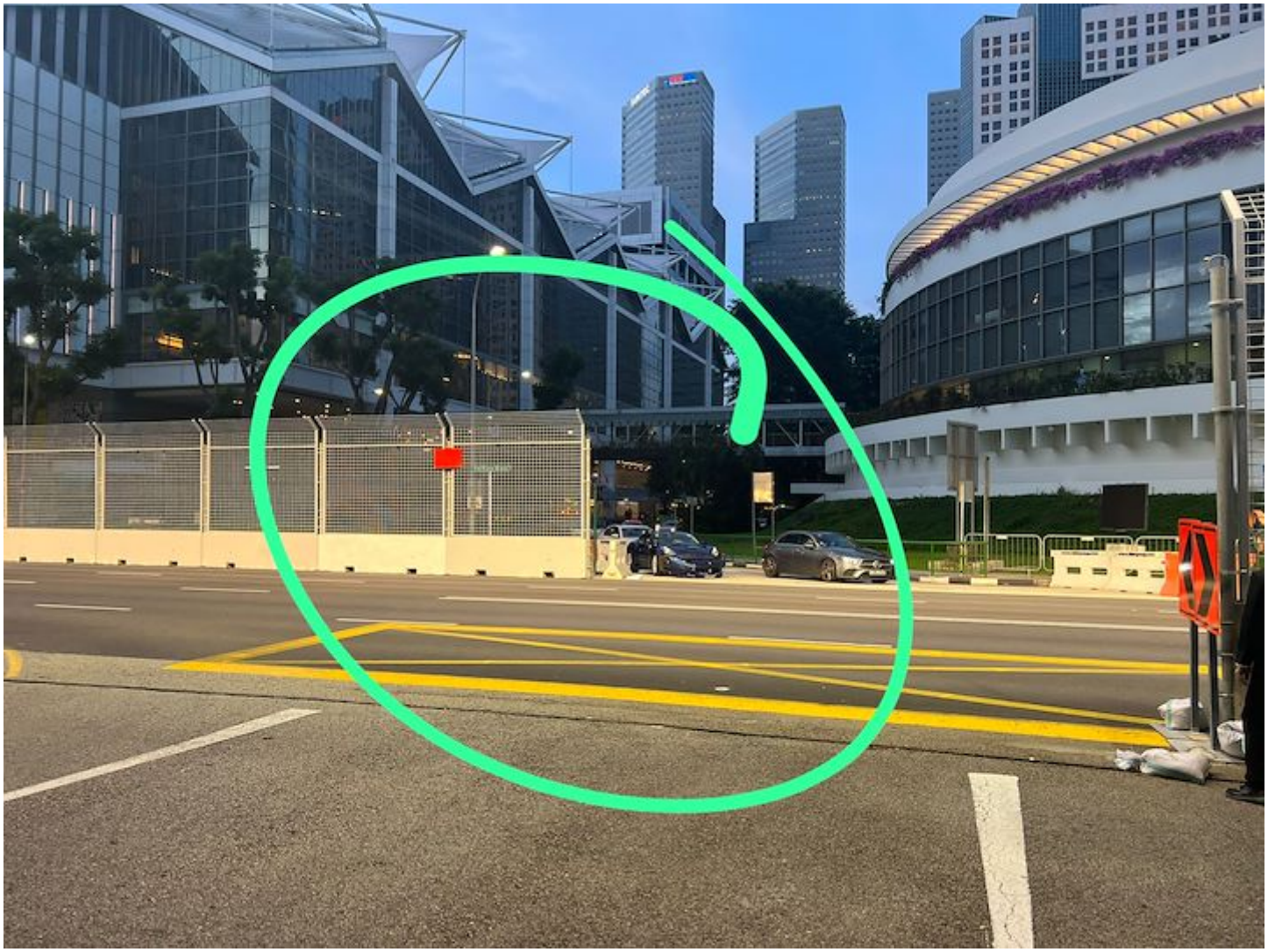
Coffee Blvd
SK068K

IMAGES #14



IMAGES #15

IMAGES #16



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SD08229O0003 Vehicle Registration No : PKQ 68K

Name(as shown in NRIC): Tan Hoon Siok

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

NRIC/Passport No : S1561670I

Address : 68 Binjai Park Singapore 589869

Contact (Tel) : (H/P) : 98336886

(Email) : doreen@chyejoo.com.sg

Date of Accident : 23/09/2011 Time of Accident : 6:15pm

Place of Accident : Temasek Blvd towards Raffles Blvd

Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend that I own another vehicle other than PKQ68K
I also wish to amend my email add to : doreen@bdip.com.sg

Signature of Vehicle Owner / Driver
Date: 26th Oct 2022

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm