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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

19/10/2022 16:07 (SGT)

Driver

14/10/2022 15:00 (SGT)

Alexandra Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PA9151T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

AMAZING LIMO

5XXXX260K

alexbeh.pc@gmail.com (Phone) +65-96569151

VEHICLE PARTICULARS

Manufacturer

Model Variant Toyota Hiace

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

Employment

No - Claiming third party Commercial vehicle

Auto

2982

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMB1SNW00004832200

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

KHO KENG CHENG SXXXX060D 22/05/1961 Outdoor

28/07/1981 Date Of Driving Pass 41 YEARS AND 3 MONTHS Driving experience Gender (Phone) +65-96569151 Mobile Number Alt, Phone Number Email Address alexbeh.pc@gmail.com BLK 311 UBI AVENUE 1 #02-375 Address Address complement 400311 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee 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 Clear Weather Conditions Dry 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 Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number FBH459U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Motorcycle

Name of Driver
Contact Number -



Are accident photos available for attachment?

Was there any video captured by Car Camera?

Address	
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 Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facis 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 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.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

including their law yers/law Tirms),	which may be	L 3	ore, for one or hore or s	dw	19/10/2022
Policyholder's Signature / Date & Time	Driver's Sig & Time	nature (If driver is not t	he policyholder) / Date	Witnessed by Rep Personnel	porting Centre
Sketch Plan		observe	+ Ropo		
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	transcent .			-	13 FBH 459U
	-	-<-	1950 -		

1 stopped completely behind a car due to heavy traffic suddenly I felt an impact from my rear so I alish tech and sow motor cycle, FBH 459 U There collided onto my rear portion of my readical.
Declaration

IWe declare the foregoing particulars are true in every respect.

ON,

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 14 10 2012 Accident Time: 1500 (24-HR-Format)
Accident Place	: ALexandra Rd
Vehicle. No. (Car Plate No.)	: PA 9151T Make/Model: TO 707A HIACE
Insurace Company	: CHNA TAIPING Policy No: DMOISNW00004832200
Owner or Company Name /IC No.	: Amazing LIMU 53407760K.
Owner or Company Contact No.	: Owner's Hp 9656 915 Company Tel
DRIVER'S Name / IC No.	KHO KENG CHENG S14820601)
DRIVER'S Date Of Birth	: 22051961 DRIVER'S License Pass Date 02 04 2003
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER*S Address	APT BLK 311 Ub 1 AVE 1 #02-375 400311
DRIVER'S Contact No./ Ali No.	:1) 96569151 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR)e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river): 01
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, PIs state):	s being used at the time of accident: Private use \ Work purpose
Other l	Party Driver's Particular (if any)
Vehicle No: FBH 4591	Vehicle, No:
Vehicle Make Model:	Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Bus

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapset T Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Trird-Party Risks) Rules, 1959 (Malaysia)

MZ601

N. SN

AN0720A Cov. Type:F

CERTIFICATE No.

DMB1SNW00004832200

Engine No : 1KD1982432

Index Mark and Registration

PA9151T

Cha, No.:JTFST22P000007740

Number of Vehicle

2 Name of Policy Hollows

AMAZING LIMO

21/03/2022 (00:00:00)

Excess Sect. II

\$\$3,000.00

Date of Expiry of Innurance

20/03/2023

Persons or Classes of Persons entitled to drive?

Any persons or Classes of Persons inclined to dime?

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.

ii Limbhors as to use f

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks unit Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malays a), 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 ACCORD MOTOR 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

Q 6389 6111

C6222 1033

@www.sg.cntaiping.com