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 17/11/2022 18:28 (SGT) Reported by Date of Accident 16/11/2022 16:00 (SGT) Exact Location of Accident 29 Kian Teck Dr, Singapore 628846 Additional Location Information 29 KIAN TECK DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SJE69H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH TONG LIANG NRIC No S7907587F Email Address IVANKOH79@HOTMAIL.COM Mobile Phone No (Phone) +65-97637388 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C200 MERCEDES BENZ C200 COUPE 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 - Claiming third party Vehicle Category Private car Transmission Auto 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00074642203

DRIVER

Name of Driver KOH TONG LIANG NRIC No S7907587F Date Of Birth 14/03/1979 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/09/1998 24 YEARS AND 2 MONTHS Male (Phone) +65-97637388 - IVANKOH79@HOTMAIL.COM 1037 SERANGOON ROAD #04-07 - 328170 Yes - No
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
TECK DRIVE. AT ABOUT 1600HRS, ONE OF MY STAFF CAME INTO MY OFF	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBC6765Y

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAN CHYE WAT
Contact Number	-
Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

WITNESS DETAILS

WITNESS 1

Name	 ALI
Phone	 _
Fmail	_

SKETCH PLAN

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.
- 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.

 Any false reporting may be referred to the Traffic Police Department for Investigation.
- 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.
- 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 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.

" lectively 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.

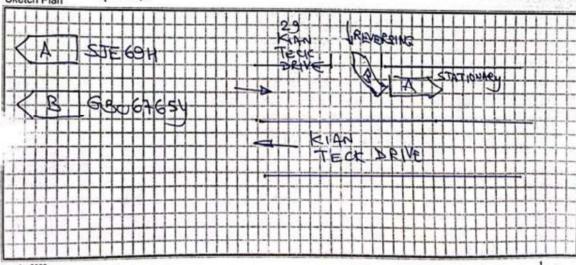
Policyholdens signature / Date & Time

1700 HG

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



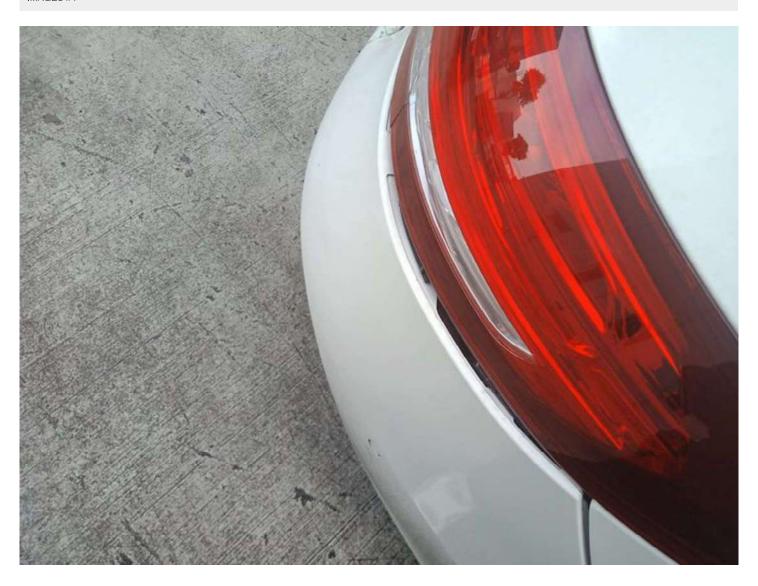
CS Scanned with CamScanner

escribe Circ	cumstance of the Accident	
On	16/11/2022 AT ABOUT 1300HRS, I PAR	KED
My	VEDICLE (REGN NO: SJE 69H) IN FRONT	98
My	WAREHOUSE AT 29 KIAN TECK DRIVE.	
TA	ABOUT 1600 HRS, ONE OF MY STAPP	
CAN	WE INTO MY OFFRE TO INFORM ME TY	TA
AL	LORRY (REGNNO! BBC G765Y) HAD COL	nyeo
INTO	THE REAR RIGHT PORTION OF MY S	AMOITAT
REAL	IICLE (SJEGOH) WHILE REVERSING HIS	LORR
OUT	OF My PREMISES. AS A RESULT OF TH	E
Ac	CIDENT, THE REAR BUMPER AND RIGHT	TAILLAN
41	SA WERE BANAGED WHILST THE REAR	
	EARL GBCGTGSY WAS DAMAGED. FOR	
	ONE WAS TYPRED.	July >
	Secretary Control of the Control of	
	2 / Walter Street Landson	
Declarati	tion are the foregoing particulars are true in every respect.	Marie Francis
	My respect.	HOINEEA
	10	- (E)
Policyholde	der's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed & Reportin	g Centre Person
	17/11/22 (Name as in NRIC/ID)	card)

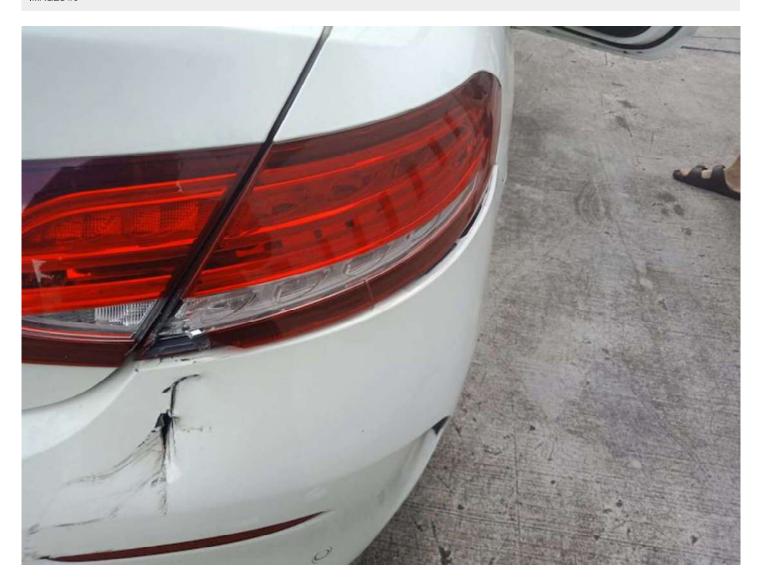






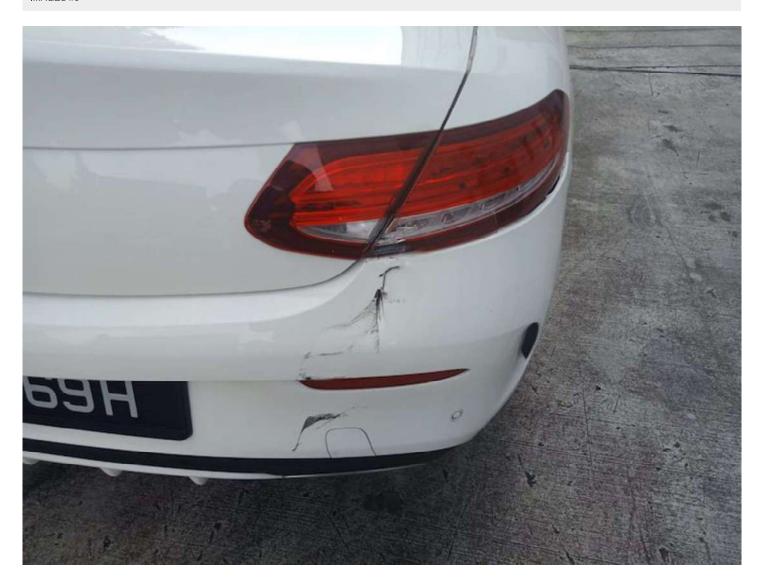
























中国太平保险(新加坡)有限公司

Motor Private Car

MX1E

CERTIFICATE OF INSURANCE

AN0609A

chicles (Third-Party Risks and Compensation) Act (Chapter r Verlides (Third-Party Risks and Compensation) Rules, 104 Road Transport Act, 1997 (Mallaysia) fotor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

Engine No.: 27492031211696

CERTIFICATE No.

DMPCSNW00074642203

Cha. No.:WDD2053422F642523

1. Index Mark and Registration Number of Vehicle

SJEAGH

2. Name of Policy Holder

KOH TONG LIANG

Named Drivers Ex Sect. I

\$\$750.00

Effective date of the Commencemer Insurance for the purposes of the Ri Ordinance or Enactment

23/04/2022 (00:00:00)

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

Ex Sect. 1 - Age >= 26

5\$3,000,00 \$\$500.00

22/04/2023

· Age as at date of accident EX ON WINDSCREEN .

5\$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/Then) will be doubled. One time Walver of Excess for the first \$\$1,000 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 1997 (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: CHARTER INSURANCE AGENCY PTE LTD **Authorised Officer**

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com

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