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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.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

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.

3. Any raise reporting may be referred to the Folice 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

29/11/2022 12:02 (SGT) Both

29/11/2022 09:30 (SGT) Singapore

CHOA CHU KANG WAY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGH9486Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

KO SONG POH SXXXX0061

kosongpoh@yahoo.com.sg (Phone) +65-99999999

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

Private hire

Honda

Shuttle

No - Claiming third party

Private hire Auto

1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00012492100

DRIVER

Occupation

Name of Driver NRIC No Date Of Birth

KO SONG POH SXXXX006I 23/01/1973 Outdoor

Accident report SN0922BT0003

Date Of Driving Pass 02/10/1993 Driving experience 29 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-99999999 Alt. Phone Number **Email Address** kosongpoh@yahoo.com.sg Address BLK 145 PETIR ROAD #04-204 Address complement Postcode 670145 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 Type of Accident Collision - Head to Rear 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) 2 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 **PASSENGER** Gender Male 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 ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident VIDEO WITH WORKSHOP DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SGF4937G Vehicle Manufacturer

Vehicle Model

Vehicle Variant	
Vehicle Colour	-
Vehicle Category	- Private car
Name of Driver	Private car
Contact Number	(Phone) + 65 06247070
Address	(Phone) +65-96317973
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
Tie. of Fassenger (including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and 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 Police for investigation.
- 6. The report will be forwarded by the insurers of the GA 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)

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.

Policyholder's Signature / Date &

Sketch Plan

Time

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

Choa Chu kang way

29/11/2022 Witnessed by Reporting Centre

1. CLH GUSG Y

B- SGF 49376

Block 552

Describe Circumstances of the Accident	
I was driving along thea the Kang way as I saw slowing down and going to a stop I follow suit - As stop for quite some time Vehicle B hit onto the ring vehicle.	that the vehicle
Slowing down and going to a stop I fallow suit - its	I have successfully
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my vehicle.	202110101
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	and the description of the companies of the contract of the co

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACC	DENT DATE: 29 / 11 / 2022 100	/MM/YYYY), TIME: 09	30 (HH:MM)
LOCA	MION: Choa Chu kang Wi	ay	
	DETAILS OF VEHICLE	9486 Y	
	DINSURANCE COMPANY: Ch		
		W00012492100	
	DIPOLICY TYPE: (COMPREHENSIVE)	THIRD PARTY / THIRD PART	Y FIRE &THEFT)
		Control of the contro	
	fJTYPE: (SALOON / COUPE / MPV /V	AN / LORRY / MOTORCYCL	E/OIHERS)
	g) VEHICLE CATEGORY: (PRIVATE / Ch) PURPOSE OF USING AT ACCIDENT	TIME Private HIV	2
	i) ARE YOU CLAIMING UNDER YOUR	1 2 1 V 1 lat 1	A COLUMN TO THE PARTY OF THE PA
	IF NO, PLEASE STATE (THIRD PARTY		
2	INSURED / POLICY HOLDER	ELVIN / RELOKTING ONE	
£.	AINAME: AS below	V (MAA):	E / FEMALE)
	b)NRIC/FIN/PASSPORT:	The second secon	-/ I GIVIALLI
	c)ADDRESS:	The second secon	A 1000 000 000 000 000 000 000 000 000 0
		THE PERSON NAME OF THE PERSON NAMED AND ADDRESS OF THE PERSON	
N	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
* No of passong 3.	DRIVER VOLUME COLLE	VIICAILEM)	
(Including driver)	a) NAME: FU JUNG POFT	V SONGTO) IMPLE	FEMALE)
(2)	0)/11/10/11/11/10/03/10/11	12006 CONTACT:	1812 0789
	CIADORESS: BIK 145 P.	etir Read #04-20	4/5(670145)
1 male	*d)DATE OF BIRTH: (23/ 1 / 19	22 105/11/10/00	engalify (the land the land to language the construction and the second construction and the land to land the land the land to land the land the land the land to land the land t
1 11011	e)OCCUPATION: (INDOOR / OUT		
	f)YEARS OF DRIVING EXPRERIENCE:_		
4.	WAS DRIVER AN EMPLOYEE OF TH	/	(YES / NG)
	IF NO, RELATIONSHIP OF THE DR		
5.	a) WEATHER CONDITION: (CLEGR / R		
	BIROAD SURFACE: (DEX / WET / OTH		
6.	WAS ANYBODY INJURED (YES / NO)		The state of the s
	a) REPORTED TO POLICE (YES / NO)		
	IF YES, PLEASE STATE WHICH POLIC	E STATION:	Secure de actualisment representation and security of the security of the security of
8.	THIRD PARTY VEHICLE	221-	
time of hermanian	of VEHICLE NUMBER: SGF 49	13+4 MODEL	
(hiduding cliner)	b) DRIVER'S NAME:	The second secon	121 2612
	c) NRIC/FIN/PASSPORT:	CONTACT:	1631 7973
9. 4.	THIRD PARTY VEHICLE	4 (Jan 1977) Pro 1	
to the pastanger	d) VEHICLE NUMBER:	MODEL:	
(Indudica driver)	DRIVER'S NAME: NRIC/FIN/PASSPORT:	AND THE RESERVE TO THE RESERVE	The spine of the state of the s
C 5	1) NRIC/HN/PASSPORT	CONTACT	The distribution of a contract of the contract
The state of the s			non-inducation and induced in the control of the co
	Cmail = 120S	iong poh @yahoo.c	om.sg
	fax s		

VIDEO = Yes.

MZ406L/B

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)

AN0679A

Cov. Type:C

SN

CERTIFICATE	No.
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DMHCSNW00012492100

Engine No.: LEB7104460 Cha. No.:GP72003415

1. Index Mark and Registration

SGH9486Y

Number of Vehicle

AUTOSAFE =======

2. Name of Policy Holder

KO SONG POH

Effective date of the Commencement of

20/10/2021

Excess Sect I.

S\$1,250.00

Insurance for the purposes of the Regulations, Ordinance or Enactment

(00:00:00)

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II

S\$1,250.00

4. Date of Expiry of Insurance 20/02/2023

Excess Sect.II (Outside Singapore).

S\$2,500.00

EX ON WINDSCREEN .

S\$100.00

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

KO SONG POH

- 6. Limitations as to use:*
- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.

* 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: Ho Li Hwa Irene **Authorised Officer**

Authorised Signatory