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.

- 4. The issue and acceptance of this is form by instrained 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 12/12/2022 13:04 (SGT) Reported by Date of Accident 09/12/2022 19:10 (SGT) Exact Location of Accident Sentosa Gateway, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Renault

Vehicle Registration Number **SMN625U**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TNG TECK KIAT NRIC No S1385894B Email Address tngwilliamtk@gmail.com Mobile Phone No (Phone) +65-90278121 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Scenic Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00008952200

DRIVER

Name of Driver TNG TECK KIAT NRIC No S1385894B Date Of Birth 15/09/1959 Occupation Outdoor

Date Of Driving Pass 30/03/1979 Driving experience 43 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90278121 Alt. Phone Number Email Address tngwilliamtk@gmail.com Address Blk 95 Whampoa Drive #11-240 Address complement Postcode 320095 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Side Swipe 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? 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Unknown Gender Female PASSENGER 2 Name Unknown Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Potong Pasir Neighbourhood Police Post Police Station Phone No (Phone) +65-18002829999 Alt. Police Station Phone No (Fax) +65-62815964 Police Station Address Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the police report. ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM9297R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RACHEL LIM SZE HUEY
NRIC No	S7723609J
Contact Number	(Phone) +65-84041538
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 Phone No	Tng Teck Kiat Male (Phone) +65-90278121
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SMN625U
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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.

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.
- 7. By the ladgement 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.

Policyholders 12-12-22

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

Witnessed by Reporting Centre Personne

(Name as in NRIC/ID card) SOH JIT HOON

Sketch Plan KENE A: 8MN 625U 8LM9297R SENTOSA SAT TIMES

Accident report SL0M22CC0005

escribe Circumstance of the Accident
Refer to police report attached.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyfroders signature Date & Time

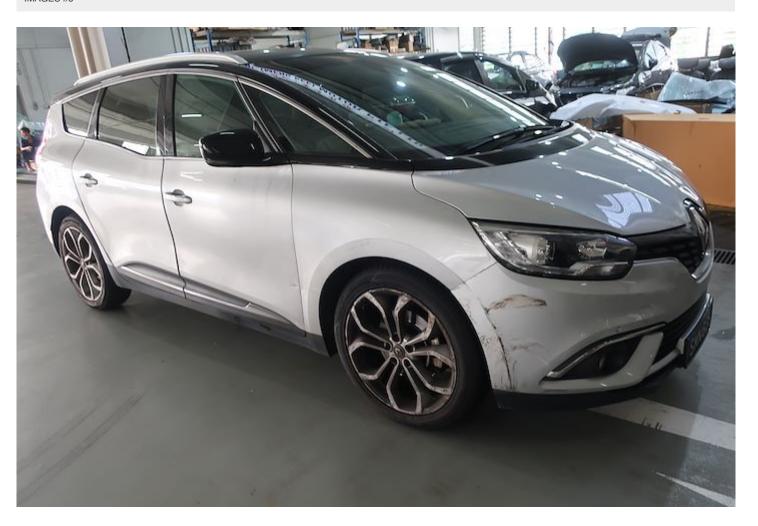
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) SoH JiT Hook

2





















Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142

1 of 3 Report No. T/20221210/2098

Tel No: 1800-2829999

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 10/12/2	me Report I 022 20:11	Made:	Vide Report No.:	Station Diary No.:	
Informa	int's Partic	ulars	THE CAN DESCRIPTION OF THE PARTY OF THE PART		
	f Informant: CK KIAT		Address: APT BLK 95 WHAMPOA DRIVE #11-240 SINGAPORE :		
	/ ID No.: O / S13858	94B	Contact No.:		
Nationality: SINGAPORE CITIZEN		ŒN.	Home/Office: Mobile: 90278121 Email:		
Sex: Male	Age: 63	Date of Birth: 15/09/1959	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/12/2022 19:10	Type of Location Merging Lane
SENTOSA GA	ATEWAY		11	
Weather: Road Surface: Clear Dry			Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume:
Type of Collisi Between Movi		wipe - Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	0	11 75 900
SLM9297R	Car		Model	OUIOI	Condition	No of Passenger
	1				Slightly Damaged	1
SMN625U	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	Silver	Slightly Damaged	2

Details of V	ehicle Insurance	Company of the second s	A A STORE OF STORE	E
Vehicle No.	Insurance Company	Insurance No	Effective	Tell 60
		Thiodiance NO	_ ⊏nective	Expiry Date



2 of 3

Report No. T/20221210/2098

Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142

Tel No: 1800-2829999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
SMN625U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000089 52200	24/07/2022	23/07/2023

Any Pedestrian In	volved: No	Lise of Pede	estrian (Crossi	ng: NA
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Driver	TNG TECK KIAT		ID No.		S1385894B
Name	ING TECK KIAT				
Related Vehicle	SMN625U (Car)		Contact No.		90278121
Related vehicle	SWITTEZES (SEE)				Oleses MIII
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	-	Class of Driving Licence & Expiry Da		Class: NIL Date of Expiry: NIL
	10/12/2022	Date Disch	the first of the last of the l		2/2022
Date Treatment	tod Medical Leave 05	Degree of		NIL	
No. of Days gran	ted Medical Leave 05				
Name	RACHEL LIM SZE HUEY		ID No.		S7723609J
			Conta	et No	84041538
Related Vehicle	NIL		Contact No.		
			Class	of	Class: NIL
Hospital/Clinic	NIL		Driving Licent Expiry	e &	Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
			ree of Injury NIL		

On the 09/12/2022 at around 1910hrs, I was driving Grab on vehicle (SMN625U) along Sentosa Gateway. I remember at the toll gate; I had taken the toll gate at the 3rd or 4th gate. After passing the toll gate, the lanes emerging out would was a merging lane. As I came out from the toll, a car (SLM9297R) behind me on the right-hand side, suddenly accelerated and tried to overtake me while merging and swiped my right side. I then, along with the vehicle that swiped me, went to the side and we went to exchange particulars and check for the damages. My vehicle had scratches on the side bumper and on the driver door as well as the tyre rim. I suggested a private settlement between myself and the driver however the other driver informed to just lodge a police report. I then went to the doctor to get myself checked and the doctor gave me 5 days MC. I have an in-car camera however it was not recording due to spoilage of the SD card.





Report No. T/20221210/2098

3 of 3

Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E / SGT 3 MUHAMMAD DANIAL BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2022 20:11
Officer In Charge Of Case: TP / GIA / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

CERTIFICATE OF INSURANCE

N SN ANO444A

Moior Vehicles (Third-Party Risks and Compensation) Act (Chapter 14 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1900 Road Transport Act, 1907 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMHCSNW00008952200

Engine No.: K9KF649D059897 Cha. No.:VF1RFA00262704546

1. Index Merk and Registration

SMN625U

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

TNG TECK KIAT

Excess Sect 1.

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment.
 (00:00:00)

24/07/2022

Excess Sect. 1 (Outside Singapore)

\$\$1,250.00 \$\$2,500.00

Excess Sect. II

S\$1,250.00 \$\$2,500.00

4. Date of Expiry of Insurance

23/07/2023

Excess Sect.II (Outside Singapore).

\$\$100.00

EX ON WINDSCREEN .

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 Vehicles.

TNG TECK KIAT

6. Limitations as to use:*

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 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 whitst 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

Issued By: META 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