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 12/01/2023 14:56 (SGT) Reported by Both Date of Accident 12/01/2023 11:25 (SGT) Exact Location of Accident 421 Tagore Industrial Ave, Singapore 787805 Additional Location Information MAIN RD SIDE RD OF TAGORE INDUSTRIAL AVE & TAGORE LANE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

1600

Vehicle Registration Number SMK3858K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AN HUA HOLDINGS PTE. LTD. Company Reg No 201214184N **Email Address** anhua20120607@gmail.com Mobile Phone No (Phone) +65-85114322 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cla180 Variant **CLA180 AMG LINE AUTO** 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? Yes Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Policy Number / Cover Note Number V0111618

DRIVER

CC

Name of Driver **CHEN JIEFENG** NRIC No S9280854H Date Of Birth 24/12/1992

Occupation Indoor Date Of Driving Pass 24/09/2020 Driving experience 2 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-85225599 Alt. Phone Number Email Address anhua20120607@gmail.com Address 495 YIO CHU KANG ROAD Address complement #08-04 Postcode 787080 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child 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 Collision - Major/Minor Rd Weather Conditions Clear Road Surface 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? Yes Number of Passengers (Including Driver) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO MY STATEMENTS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMU5119U Vehicle Manufacturer Opel Vehicle Model

Private hire

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	-	
Address	-	
Address complement	 <u>-</u>	
Postcode	-	
Insurance Company Name	 <u>-</u>	
Nature Of Damage	 <u>-</u>	
Details of property damaged in accident	-	
No. Of Passenger (Including Driver)		

STATE OF STATE OF STATE

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 Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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 eforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

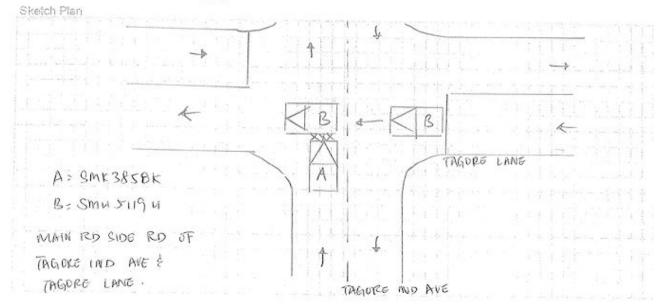
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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' 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:
- (9) investigating the services continuely green,
- (fit) carrying out and/or denting with any 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

av (1975). Which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time.

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

Witnessed by Reponing Centre Personnel



Page 4

scribe	Circumsta	ance of the A	ccident						
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٨	veh	rs c	ming	out	from	scale	vord of	Tagor	z Inue
w:H	lionf	Stop	and	hit	owto	ny	vehicle	front	portion.
							2011		
									1

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022



CERTIFICATE OF INSURANCE

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation:

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (of Malaysia)

The Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)

Road Transport (Amendment) Act 2019 (of Malaysia)

Policy Number

V0111618

Policyholder

AN HUA HOLDINGS PTE LTD

Period of Insurance

08/04/2022 (0000HRS) to 07/04/2023

Product Name

Drive And Save Plus

Type of Cover

Comprehensive Any Workshop

Vehicle Registration Number

SMK3858K

Vehicle Make & Model

MERCEDES-BENZ - CLA 180 AMG

Engine Number

27091031607653

Chassis Number

WDD1173422N650087

Hire Purchase

Not Applicable

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Policyholder's order or with their 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the

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 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Authorised Signature

Great Eastern General Incurance Limited (A wholly-owned subsidiary of Great Eastern Holdings Limited) | 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659 | Company Registration No: 1920 00003W | T: +65 6248 2888 | F: +65 6535 2836 | greateasterngeneral.com

Form MX4

