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Confirmed by 1 (Dates	Time)	
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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

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 26/01/2023 15:33 (SGT) Reported by Driver Date of Accident 26/01/2023 07:00 (SGT) **Exact Location of Accident** CTE, Singapore Additional Location Information BEFORE BRADDELL EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GX8702X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No TET ALLIANCE ASIA PTE, LTD. 2XXXXX192M

kwchow@tetalliance.com (Phone) +65-63680012

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

Nissan P/UP D/CAB

Employment

No - Reporting only Commercial vehicle Manual 2664

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00113182204

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHOW KIAN WAH(ZHOU JIANHUA) SXXXX212I 29/08/1973 Outdoor



Accident report SN09231Q000F

Date Of Driving Pass	09/10/2002	
Driving experience		
Gender		
Mobile Number	Maio	
Alt. Phone Number	(Phone) +65-98228063	
Email Addross	No. 18	
Email Address Address	kwchow@tetalliance.com	
	PLV 262 VICLUIA OTREET CO. W. C.	
Address complement	-	
Postcode	760262	
Is the driver the policyholder?	700202	
If No, Relationship of the Driver with the Insured		
Vehicle Paristantian National States	No	
Vehicle Registration Number of Other Vehicle Owned by Drive	er	
Insurance Company of Other Vehicle Owned by Driver	-	
January Street		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident		
Weather Conditions	10 1 10 1	
Weather Conditions Road Surface	Raining	
Road Surface	Wet	
OTHER INFORMATION		
OTTEN INFORMATION		
Was any foreign vehicle !		
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?	110	
Was any other vehicle or property damaged?		
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		
Gender	SISTER	
Gender	Female	
DETAILS OF POLICE ACTION		
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	The state of the s	
Mac notice of intend 1 D	No	
If yes, against whom?	:a	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
THE CONTRACTOR OF THE PROPERTY		
ATTACHMENT(S)		
Are accident photos available for attachment?		
Was there any video captured by Car Camera?	Yes	
- July Sapurou by Car Carriera?	No	
DETAILS OF A		
DETAILS OF OTHE	R VEHICLE PROPERTY 1	
Vehicle Registration Number		
	SLU7065P	
The state of the s	Mitsubishi	
Vehicle Model	e concerned the Maria Maria.	
Vehicle Variant		

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 Form must be completed by the Policyholder and/or the Actual Driver.
- 3. 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 Traffic Police Department for investigation.
- 6. 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 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 (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.

TET Alliance Asia Pte Ltd No. 32 Pandan Road Singapore 609279

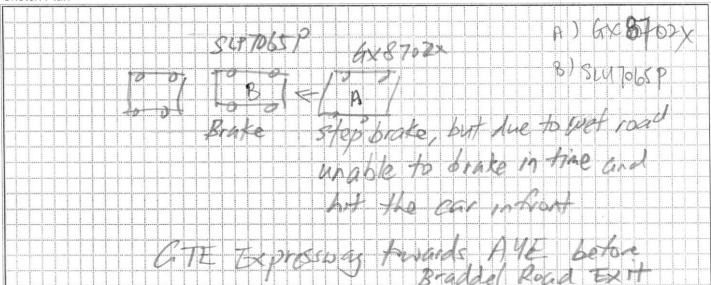
Tel: 6368 0012 Fax: 6368 5652

M 26/1/23 15/8h.

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



vJun2022

Travelling to words AYE at CTE Expressively before Braddel Road exit. Hetrichie the Vehicle plat 10. Ship 7065 P step Brake, I skeped brake but due wet road wable to brake in time and hit the There is no one injure.	
There Is no one jojune.	to can
Anglacetionia Pte Ltd We declared the dard going particulars are true in every respect.	

Singapore 609279

Tel: 6368 0012 Fax: 6368 5652

Email: info@tetalliance.com

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)

ACCIDENT'STATEMENT.

1 00 VINNAM:	
ACCIDENT DATE: (26 1.01 1323) (DD/MM/YYY), TIME: (07. 00) (HR:MM).	
LOCATION: CTE Expressively before Bradle ERP	
1. DETAILS OF VEHICLE GX84702X	
BINSURANCE COMPANY: Chipa Cal Plate	
CIPOLICY HUMBER: DMCUSN WOOLS 1872 FIRE &THEFT)	
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PART / THIRD	
6) MAKE & MODEL! NEW / VAN / LORRY / MOTORCYCLE. OTHERS). F) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE)	
F)TYPE: (SALOON / COUPE / MPY / VAIN / COMMERCIAL / MOTORCYCLE)	
g) VEHICLE CATEGORITHMATA	
IF NO. PLEASE STATE (TAIK) FAMI	
2. INSURED / POLICY HOLDER	2
ANAME! CONTACT!	
binric/fin/Passport: 3/3/01/2/	
C)ADDRESS: 32 Pandan Road \$6092.79	
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER	
the of presences DRIVER ("In Male Female) 3	
SINAMO: CONTACT! TO CONTACT!	
(Including driver.) bINRIC/FIN/PASSPORTI 57330121 CONTACTION 5760262	
(_) c ADDRESS: K)K 26 C 3/SM2	
'd) DATE OF BIRTH: (2) OF 1473 (DD/MM/YYYY)	
1000 IBATION! INDUOUS OVID Y STILL SON	
FIDATE OF DRIVING PAISS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES YES) WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED!	
4. WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED! IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! RELATIONSHIP OF THE DRIVER WITH INSURED!	
LIBOAD SIIRIACE: IDNI / IIVI / IIVI	
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POUCE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	
A THIRD PARTY VEHICLE OLI TOGE D MODEL! THE TIME OF THE PARTY VEHICLE	
W No of passinger a) VEHICLE NUMBER: 2000	
(Including driver) B) DRIVER'S MAME	
9. THIRD, PARTY VEHICLE MODEL!	
d) VEHICLE NUMBER!	
Who of passanger, of DRIVER'S NAME: CONTACT!	
(Induding direver) [] NRIC/FIN/PASSPORT!	
12001 Compated total	
email. = -EKW 12001	
VIDAD	
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中国太平保险 (新加坡) 有限公司

Motor Commercial

MZ300/C

SN

AN0570A

Cov. Type:T

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)

CERTIFICATE No.

DMCVSNW00113182204

Engine No.: TD27742597

Index Mark and Registration

GX8702X

Cha. No.: JN1CHGD22Z0073661

Number of Vehicle

Name of Policy Holder

TET ALLIANCE ASIA PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

14/10/2022 (00:00:00)

Date of Expiry of Insurance

13/10/2023

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

6. Limitations as to use:*

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: M PRO CONSULTANCY Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ♠ 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

www.sg.cntaiping.com