SD08231Q0004 / Ding Auto Pte Ltd ENTRY DATE & TIME: 26/01/2023 16:21 (SGT) SUBMITTED BY: Nora/Rena VERSION: 1 (26/01/2023 16:21 (SGT))

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 26/01/2023 16:21 (SGT) Reported by Date of Accident 21/01/2023 05:10 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS BEFORE TOA PAYOH EXIT Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMV8865Z INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **CHONG CHAN WOON** NRIC No S7720085A Email Address WOON THE GREAT@HOTMAIL.COM Mobile Phone No (Phone) +65-98777547 Alternative Phone No VEHICLE PARTICULARS Manufacturer Porsche Model Cayman Variant 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 3400 **INSURANCE COMPANY** Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

DMPCSNW00103592201

DRIVER

Name of Driver **CHONG CHAN WOON** NRIC No S7720085A Date Of Birth 21/07/1977 Occupation Indoor

Policy Number / Cover Note Number

Date Of Driving Pass 26/05/2008 Driving experience 14 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98777547 Alt. Phone Number Email Address WOON_THE_GREAT@HOTMAIL.COM Address BLK 307 CHOA CHU KANG AVE 4 #05-705 Address complement Postcode S680307 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 Chain Collision Weather Conditions AFTER-RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 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) 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 **FOREIGN VEHICLE 1** Vehicle Registration Number PQL8064 Vehicle Category Motorcycle **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Choa Chu Kang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007659999 Alt. Police Station Phone No (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	SLF364B
Vehicle Manufacturer	-
Vehicle Model	_
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. Rease 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.
- 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.
- 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.
- The 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.
- 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 (POPA)

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")

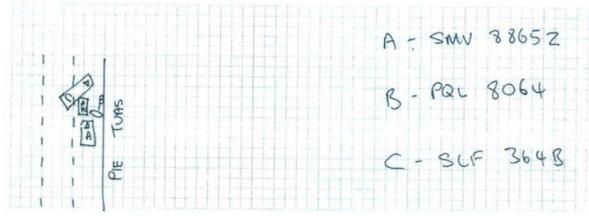
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's 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)

Sketch Plan



	7/20230122/200
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	1/20230122/200
	/
Mark Sala	
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Declaration

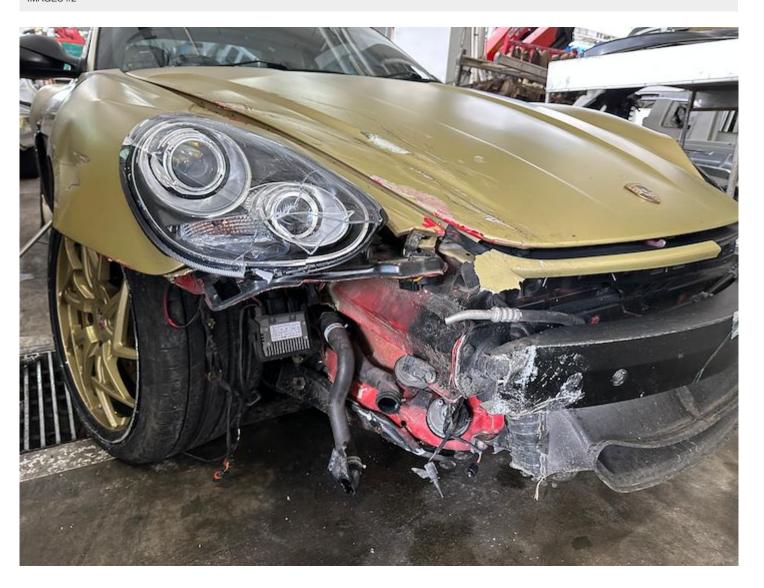
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

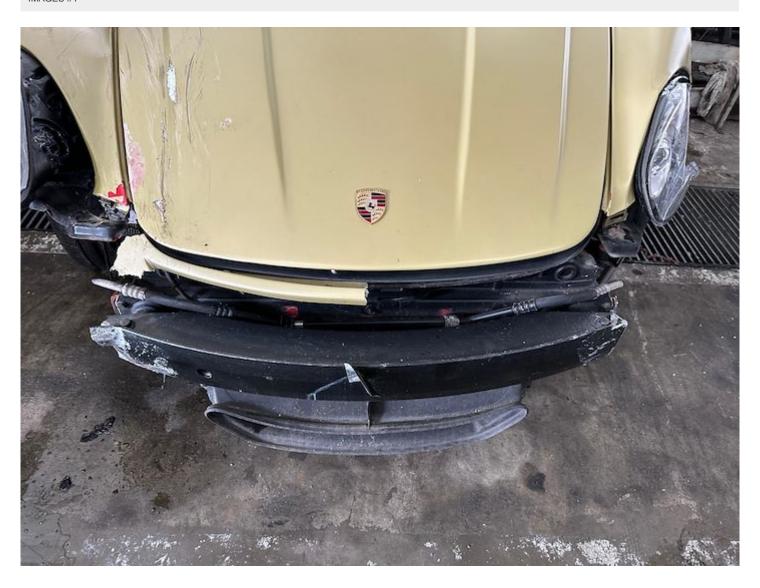
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



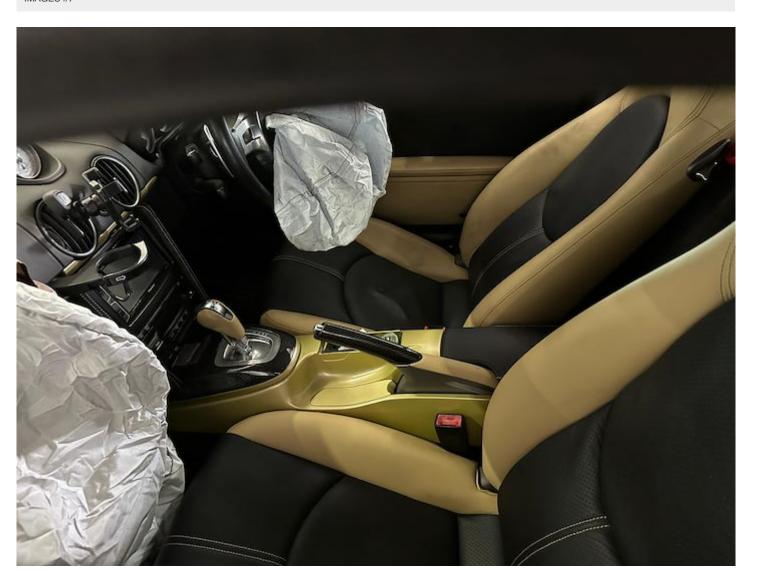


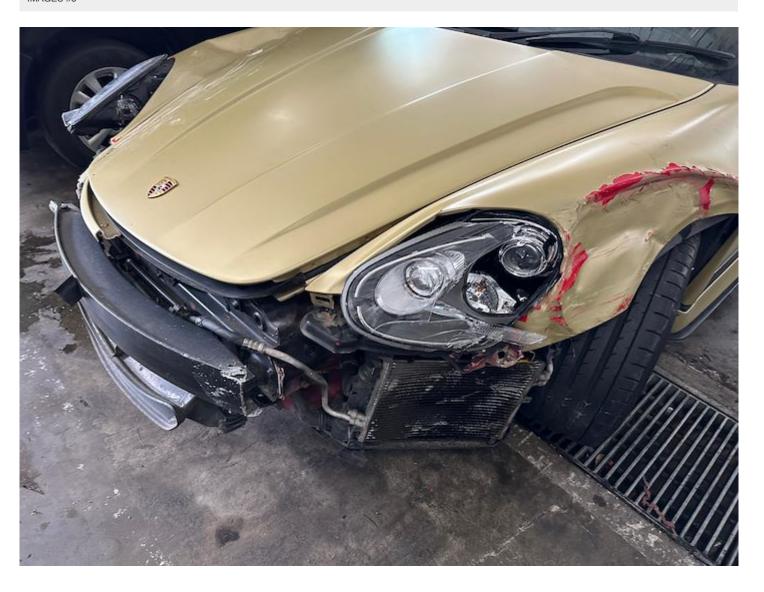








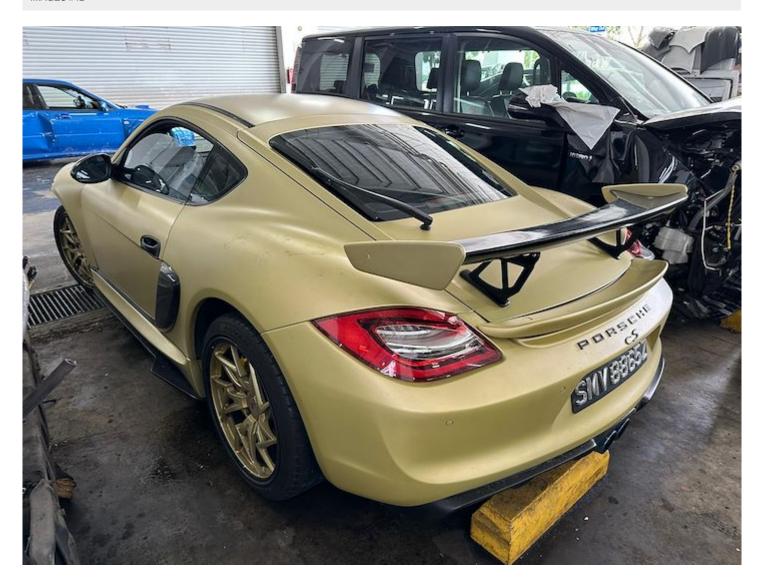
















l of 3 Report No. T/20230122/2000

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 22/01/2023 00:15
 E/20230121/0046
 1

22/01/2023 00:15			E/20230121/0046	1	
	nt's Partic			THE RESERVE OF THE PARTY OF THE	
CHONG	Informant CHAN WO		Address: APT BLK 307 CHOA CHU K SINGAPORE 680307	ANG AVENUE 4 #05-705	
ID Type / NRIC NO	/ ID No.:) / S77200	85A	Contact No.: Home/Office:	Mobile: 98777547	
Nationality: SINGAPORE CITIZEN		ΈN	Email:		
Sex: Male	Age: 45	Date of Birth: 21/07/1977	Type of Informant:		
Race: Chinese Occupation: CHARTERING MANAGER			Language:	Institution / School Name:	
		AGER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2023 05:10	Type of Location Bend	
Location: PAN-ISLAND Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:	
Clear		Wet		Road Speed Limit:	
One Way No		Traffic Control: Not Controlled		Traffic Volume: Light	
	Type of Collision: Between Moving Vehicles - Head To Side				

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
PQL8064	Motorcycle				Seriously Damaged	
SLF364B	Car				Slightly Damaged	0
SMV8865Z	Car	PORSCHE	CAYMAN S PDK 3.4L SMT ABS D/AB 2WD HID	Red	Seriously Damaged	0



T/20230122/2000

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 3 Report No. T/20230122/2000

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Eg. C	1-
SMV8865Z CI	CHINA TAIPING INSURANCE		Effective	10/06/2023
	(SINGAPORE) PTE. LTD.	DMPCSNW001035 92201	11/06/2022	

Any Pedestrian		MARIN COME	ASSOCIATED.	BALL MA	AP JUS	
No. of Pedestria	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Driver		1000			11 0103	sing. IVA
Name	CHONG CHAN WOON			ID No).	S7720085A
Related Vehicle	NIL			Conta	act No.	98777547
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		_	
No. of Days granted Medical Leave		NIL	Degree of		NIL	

Brief Details.

On the 21/01/2023 at around 0500hrs, I was driving my vehicle bearing plate number SMV8865Z along lane 1 on the PIE towards Tuas. While making a slight bend to the left, I noticed a motorcyclist picking up his motorbike and trying to move off from about 600m away. I then applied my brakes to change lane to lane 2, but my car skidded and continued forward. My car hit the front left of the motorbike bearing plate number PQL8064 and dragged the motorbike along lane 1 for about 200m before hitting the front right of a car bearing plate number SLF364B. The motorcyclist, namely Thaneraj Sundaramurthy (work permit no: 406794628) managed to jump out of the way. I wish to state that the car was stationary with its head facing lane 1, blocking lane 1 and 2. I then stepped out and made a check on the driver, motorcyclist and we exchanged particulars. The driver, namely Lim Kai En (S9403263F) informed that he was helping to divert traffic. After about 15 minutes, the SCDF, paramedics and police arrived. Paramedics made a check on me and I only suffered a scratch on my right forearm. Traffic police then passed me a case card and informed me to lodged a report.

13





T/20230122/2000

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

3 of 3 Report No. T/20230122/2000

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 <u>report number</u> as reference.

Signature of Officer Recording The Report: J / SGT 2 SHAM HENG RUI NATHANIEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2023 00:15
Officer In Charge Of Case: TP / GIT / STAFF SGT YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
NP168	



中国太平保险 (新加坡) 有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1F

R

AN0685A

Vehicles (Third-Parly Risks and Compensation) Act (Chapter 189) for Vehicles (Third-Parly Risks and Compensation) Rules, 1960 food Transport Act, 1987 (Matsyria) Motor Vehicles (Third-Parly Risks) Rules, 1959 (Malaysia)

CERTIFICATE OF INSURANCE

Cov. Type:C

CERTIFICATE No.

DMPCSNW00103592201

Engine No.: C900899

Cha. No.:WP0ZZZ98Z9U770219

1 Index Mark and Registration Number of Vehicle

SMV88652

2. Name of Policy Holder

CHONG CHAN WOON

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enectment

(00:00:00)

Excess Sect (Excess Sect. I (Outside Singapore)

\$\$4,000.00 \$\$8,000.00

4. Date of Expiry of Insurence

10/06/2023

EX ON WINDSCREEN .

\$\$500.00

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 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 shart 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/Theft)

Excess whichever is applicable for rosses occurring outside Singapore (Constructive Total Loss/Then) will be doubled.

One time Walver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: DICKSON CAPITAL PTE LTD

** Umitations 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 (Melaysia), 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.

Authorised Signatory

Issued By: WEE WEE MANAGEMENT PTE LTD Authorised Officer

O63896111

@6222 1033

www.sg.cntaiping.com

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