

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 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 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 | 01/02/2023 12:14 (SGT) |
| Reported by | Driver |
| Date of Accident | 19/01/2023 11:30 (SGT) |
| Exact Location of Accident | Dover Rd, Singapore |
| Additional Location Information | UWCSEA Dover Road Campus |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNH6450L |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---|
| Is company? | No |
| Name Of Registered Owner | Hubertus Johannes Marinus Van Der Staak |
| NRIC No | S2767523I |
| Email Address | huub.staak@gmail.com |
| Mobile Phone No | (Phone) +65-91136788 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-----------------|
| Manufacturer | Mercedes |
| Model | Gla180 |
| Variant | Urban (R18 LED) |
| 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 |
| CC | 1595 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00278902200 |

DRIVER

| | |
|----------------------|------------|
| Name of Driver | Shi Jun |
| NRIC No | S7387493I |
| Date Of Birth | 19/05/1973 |
| Occupation | Indoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 23/04/2007 |
| Driving experience | 15 YEARS AND 9 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98171365 |
| Alt. Phone Number | - |
| Email Address | sandy.staak@gmail.com |
| Address | 1A Stevens Road |
| Address complement | - |
| Postcode | 257889 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 - Major/Minor Rd |
| 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 | Alex Van Der Staak |
| 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

I drove out of UWCSEA Dover Campus on Dover Road onto main Dover Road. I stopped, looked and saw taxi no. SHC 2956T stationary behind the yellow box so I drove forward; then as I drove out onto main Dover Road, the taxi drove forward and collided into my driver door. As I could not get out, he reversed and I drove forward to avoid further accident then took photos of the driver, licence plate and vehicle registration plate.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHC2956T |
|-----------------------------------|----------|

| | |
|---|----------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | Blue |
| Vehicle Category | Taxi |
| Name of Driver | Ong Kwang Hwee |
| NRIC No | S1483266A |
| Contact Number | (Phone) +65-97336996 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 2 |

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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.
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.

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.

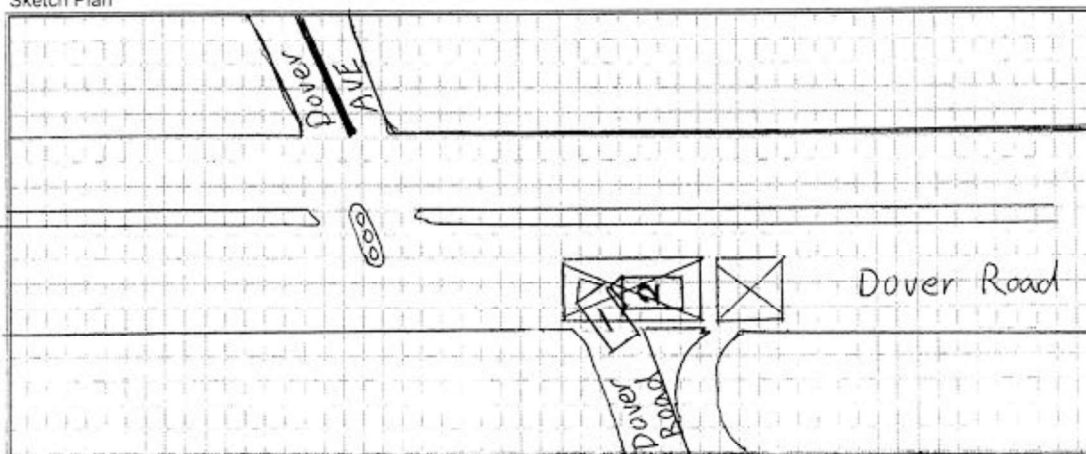
Policyholder's Signature / Date & Time

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

Deborah Lai Mei Ling
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)


Sketch Plan

01 FEB 2023




1. SNH 6450L SHI JUN S7387493I
2. SHC 2956T ONG KWANG HWEE S1483266A


Describe Circumstance of the Accident


I drive out UWCSEA Dover campus on Dover Rd onto main Dover Rd, I stop looked and see the taxi SHC 2956T stopped behind the yellow box  So I drive forward then as I drive out onto the main Dover Rd the taxi hit my car on my driver's door, as I can't get out take a photo so he reversed and I drive forward to avoid further accident then took photos of the driver and license plate and driver license

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
01 FEB 2023


Deborah Lai Mei Ling
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



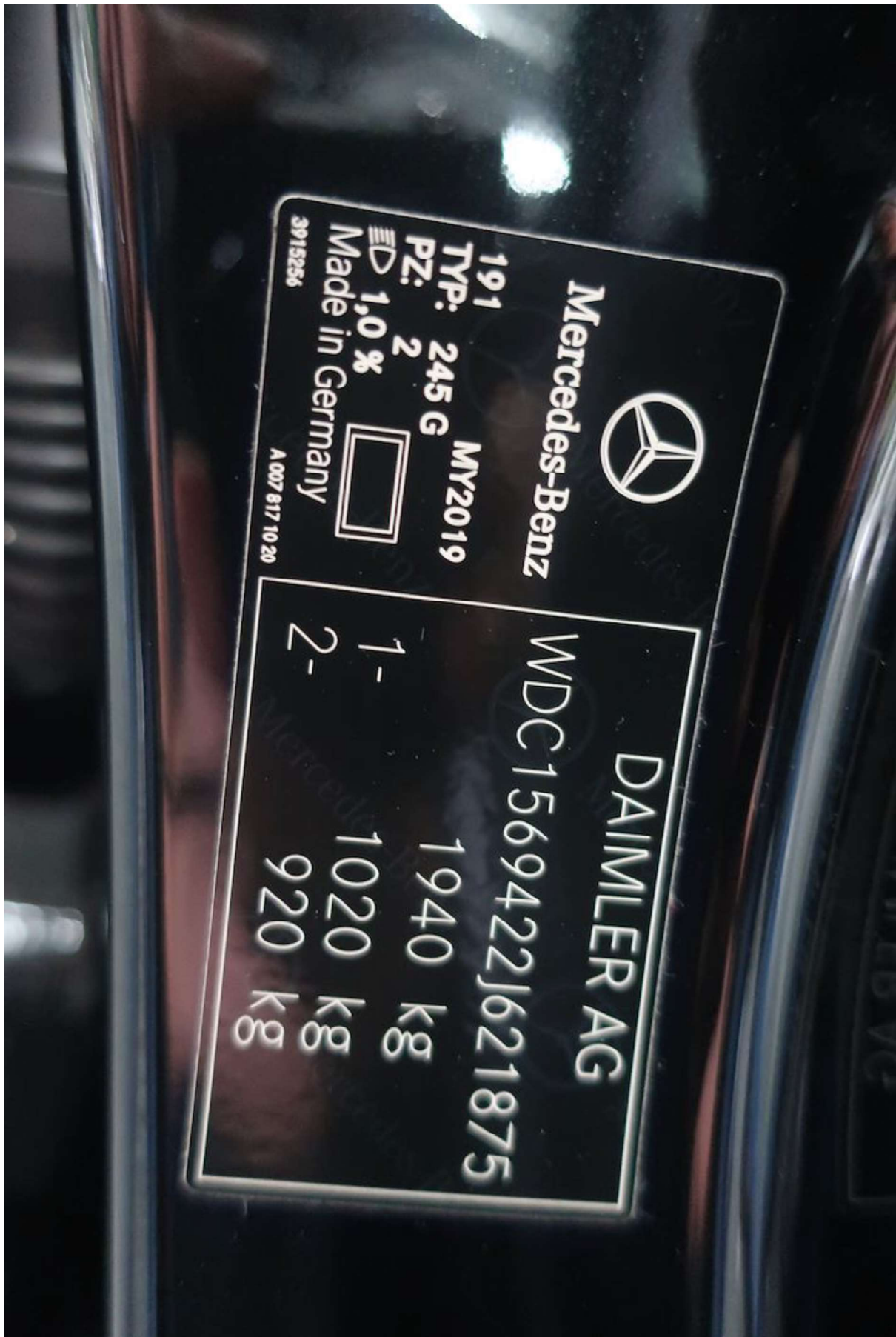


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL0M23210003 Vehicle Registration No: SNH 6450 L
 Name (as shown in NRIC): Shi Jun NRIC/FIN/Passport No: SXXXX4931
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 1A Stevens Road Singapore (~~25889~~)
 Contact (Tel): _____ Mobile No.: 98171365
 Email Address: _____
 Date of Accident: 19/01/2023 Time of Accident: 11:30 hours
 Place of Accident: UNCSEA Dover Road Campus
 Insurance Company: China Taiping Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To upload sketch plan with owner's signature.

Policyholder / Driver's Signature
Date:

My
Reporting Centre Personnel's Signature
Name: Lim Lai Boon
NRIC/FIN No.: -
Date: - 1 FEB 2023

CIARMC Addendum Form



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

Motor Private Car

MX1E

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)

N SN

AN0421A

Cov. Type: C

| | | | |
|---|---|---|-----------------------------|
| CERTIFICATE No. | DMPCSNW00278902200 | Engine No. : 27091031871635 | Chs. No.: WDC1569422J621675 |
| 1. Index Mark and Registration Number of Vehicle | SNH6450L | | |
| 2. Name of Policy Holder | HUBERTUS JOHANNES MARINUS VAN DER STAAK | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 13/12/2022 (00:00:00) | Named Drivers Ex Sect. I | \$5500.00 |
| 4. Date of Expiry of Insurance | 12/12/2023 | Additional Ex Other than Named Drivers: | |
| | | Ex Sect. I - Age <= 25 | \$53,000.00 |
| | | Ex Sect. I - Age >= 26 | \$5500.00 |
| | | * Age as at date of accident | |
| | | EX ON WINDSCREEN | \$5100.00 |
| 5. 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 a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor 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 than 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) will be doubled. One time Waiver of Excess for the first \$51,000 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. : TOKYO CENTURY LEASING (S) PTE LTD * 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: VITESSE SOLUTIONS
Authorised Officer


Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com