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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

09/02/2023 17:54 (SGT) Both Policyholder and Actual Driver 09/02/2023 13:31 (SGT) Bukit Merah Lane 1, Singapore TURNING LEFT INTO JALAN BUKIT MERAH Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJD9536Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No TAN KIM CHYE ROYSTON

SXXXX091E roystontankc@yahoo.com (Phone) +65-90616987

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

Honda

Fit

Private use

No - Claiming third party Private car

Auto

1339

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00071922201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN KIM CHYE ROYSTON SXXXX091E 15/11/1951 Indoor

Date Of Driving Pass	19/05/1973
Driving experience	49 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90616987
Alt. Phone Number	-
Email Address	roystontankc@yahoo.com
Address	BLK 62B STRATHMORE AVENUE #20-52
Address complement	-1
Postcode	143062
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	
210900090090090000000000000000000000000	*
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Toronto Arcidos	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N.
	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	WIFE
Gender	Female
	remale
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	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Ves
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
tras there any video captured by Car Camera?	Yes
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMS1017S
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	Ciona

Vehicle Variant

Vehicle Colour	
Vehicle Category	₩ 1
Name of Driver	Private car
NRIC No.	V PANDIARAJU
Contact Number	SXXXX903J
Address	:
Address complement	*
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•
(including Differ)	121

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 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.

- 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
- (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.

15 15 WS 9 Feb 2023 Policyholder's Signature / Date & Time

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 MARAL May 12, 1000m MANOP v.Jun2022

Describe Circumstance of the Accident CM 09;01, 2023 AT ABOUT 13:31 HRS I WAS	47	Buk17	
MERRY LANE 1 & WANTED TO TURN LEFT MITO JA	AN	BUKIT	
MERCH TOWARDS ALXANDRA ROAD TRAFFIC WAS HEAVY	, IN	FRON 7	
OF ME WAS A GAR SMS 1017S WHICH ALSO WANT	40	no Tar)
LEFT. HE MADE A LAFT TURN INTO ETTE DUD LANCE	So	1	
OUER TAKE HIM & TURN TO 7HE 157 LANE	,	SUDDES	14
HE SWITCH LANE & HITTHE LEFT SIDE OF MY	CA	2_	
350 9536 Y. VIDEO 477ACH.			

Declaration

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

1212 hrs

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

AGGIDENT'STATEMENT.

ACCIDENT STATEMENT
59 02 2022 WAR WAR TIME! 13 : 31 (HH:MM).
Diani Cate Matigal 15th Willow 1500 picco
LOCATION: TWEETH YOUR OF TURNIFIELY LAFT TOWNERS
1. DETAILS OF VEHICLE STO 9026 Y JOVEN BUKIN MAR
alvehicle Number
MINISTRANCE COMPANY: UTIME MALE
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B)MARE & MOULT AND
6)MAKE & MODEL! F)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS) F)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE)
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HIPURPOSE OF USING AT THE CHILD ANCE (YES/NO)
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b)NRIC/FIN/PASSPORII
C)AUURES V
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
WIND OF DRIVER MALE / FEMALE
- INIA A A FI
(Including driver.) BINRIC/FIN/PASSPORTICONTACT.
() GIADDRESS!
(DD/MM/YYYY)
e) OCCUPATION: INDOOR / OUTDOOR)
6) OCCUPATION! INDOOR! OF THE INSURED'S COMPANY? (YES! NO) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED! 4. WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED! 15 NO. RELATIONSHIP OF THE DRIVER WITH INSURED!
WAS DRIVER AN EMPLOYEE OF THE INSURED!
4. WAS DRIVER AN EMPLOYEE OF THE INSURED: IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. CIWEATHER CONDITION; (OLEAR / RAINING / OTHERS 5. CIWEATHER CONDITION; (OTHERS)
5. a) WEATHER CONDITION, TOTHERS
5. a) WEATHER CONDINO WET / OTHERS D) ROAD SURFACE! (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH TO SEE
A THIRD PARTY VEHICLE CMAY OF THE MODELL
Will a Discourse of VEHICUS NOTATION
b) DRIVER'S NAME: CONTACT: CONTACT:
WELLOIE VILLABEIG
Who of passinger at DRIVER'S NAME! CONTACT!!
(Induding driver) [] NRIC/FIN/PASSPORT!
email = roystontankc@yahoo.com
· · · · · · · · · ·

MIDAD



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Private Car

MX1F

R SN

AN0478A Cov. Type:C

CERTIFICATE OF INSURANCE

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

DMPCSNW00071922201

Engine No.: L13A4030414

Cha. No.:GE61027375

Index Mark and Registration

SJD9536Y

AUTOSAFE

Number of Vehicle

=======

Name of Policy Holder

TAN KIM CHYE ROYSTON

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

10/04/2022 (00:00:00)

Named Drivers Ex Sect. I

\$\$500.00

Date of Expiry of Insurance

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

\$\$3,000.00

09/04/2023

Ex Sect. I - Age >= 26

\$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

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 a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

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)

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

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the woter Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport A 1, 19.57 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

INSURE HUB PTE LTD Authorized Officer

Authorised Signatory

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

C 6389 6111

6222 1033

www.sg.cntaiping.com

^{*} 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.