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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORIANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 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

14/02/2023 17:25 (SGT) Both Policyholder and Actual Driver 13/02/2023 22:05 (SGT) Johor, Malaysia JOHOR BAHRU CHECKPOINT GOING INTO SINGAPORE Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKR3043G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

No

LIM HONG LEE SXXXX393J

fakelim@gmail.com (Phone) +65-91772201

Audi A3

Private use

No - Reporting only

Private car

Auto 1395

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00175872204

DRIVER

Name of Driver NRIC No Date Of Birth

LIM HONG LEE SXXXX393J 22/10/1986 Indoor



Occupation

Date Of Driving Pass 03/07/2006 Driving experience 16 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-91772201 Alt. Phone Number **Email Address** fakelim@gmail.com Address BLK 161 WOODLANDS STREET 13 Address complement # 05-629 Postcode 730161 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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) 4 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 UNKNOWN Male PASSENGER 2

Gender

Name Gender

PASSENGER 3 Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

UNKNOWN

UNKNOWN

Female

No

No

Male

Address complement

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Vehicle Care

 Name of Driver
 Frivate car

 NRIC No
 TAN HOCK LEONG

 Contact Number
 SXXXX154F

 Address
 (Phone) +65-96606744

Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Pleas €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
- 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.
- 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
- 8. Consert under the Personal Data Protection Act (PDPA)

I understaind, 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
- (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.

La 14/02/2023, 171-12

Policyholder's Signature / Date & Time

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

4/02/2023 Witnessed by Reporting Centre Personnel

Sketch Plan JOHORBAHRU CHECKPOINT GOING TO SINGAPORE SER 30136 SNF 8006 I

Describe Circumstance of the Accident
Do the above started date and time, I was at this Johor Bahru Check point going into Singupore. it was a 3 lane way and I was on the 3rd lane which is on the 1eft. It was a little jum so the vehicles were moving slowly. Vehicle B was infront of me. Vehicle B suddenly slowed down his vehicle and stop, I hit his rear portion of the vehicle.
Bahni Check point aving into Signs page 1
and I was on the 3-1 lane way
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infront of me. Vehicle B suddenly slowed down his vehicle and
stop, I hit his rear portion of the vahicle
· venice.

Declaration

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

14/02/2023, Mopes

Policyholder's Signature / Date & Time

Activat Driver's Signature (if driver is not the policyholder)

/ Lete & Time

Witnessed by Reporting Centre Personnel (Name as PNRIC/ID card)

ACCIDENT STATEMENT

	ACCIDENT DATE	E 13 102	2023 VAD /	ili nama	. 20	_
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Email = fakelim @gmail.com

fax =

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中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

R SN

AN0634A

Cov. Type:C

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.

DMPCSNW00175872204

Engine No.: CZC207517

Cha. No.:WAUZZZ8V3F1039456

1. Index Mark and Registration

SKR3043G Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

LIM HONG LEE

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

07/08/2022

Named Drivers Ex Sect. I S\$500.00

06/08/2023

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

Ex Sect. I - Age >= 26

\$\$3,000.00 S\$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 or 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 \$\$1,000 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.: MAYBANK AS HP OWNER

* 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.

Authorised Signatory

Issued By: JETSPRINT AUTO ENTERPRISES

Authorised Officer

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

O 6389 6111

6222 1033

www.sg.cntaiping.com