

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 | 20/02/2023 15:19 (SGT) |
| Reported by | Driver |
| Date of Accident | 17/02/2023 12:05 (SGT) |
| Exact Location of Accident | Crawford St, Singapore |
| Additional Location Information | TOWARDS KALLANG ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SMS269M |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | CHUA CHEE HEONG |
| NRIC No | SXXXX529E |
| Email Address | sshirlenes@hotmail.com |
| Mobile Phone No | (Phone) +65-97500304 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | LEXUS RX200T |
| 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 your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1998 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNA00164442202 |

DRIVER

| | |
|----------------|-------------------------|
| Name of Driver | SOON SAY LING, SHIRLENE |
| NRIC No | SXXXX529E |
| Date Of Birth | 18/11/1968 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 23/11/1990 |
| Driving experience | 32 YEARS AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-90053101 |
| Alt. Phone Number | - |
| Email Address | sshirlenes@hotmail.com |
| Address | 63 MARIAM WALK |
| Address complement | - |
| Postcode | 507124 |
| 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 - 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 | 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 | CHUA CHEE KIANG |
| 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

PLEASE REFER TO SKETCH PLAN

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 | SMD5926X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|--------------------------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | AIG Asia Pacific Insurance Pte. Ltd. |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

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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

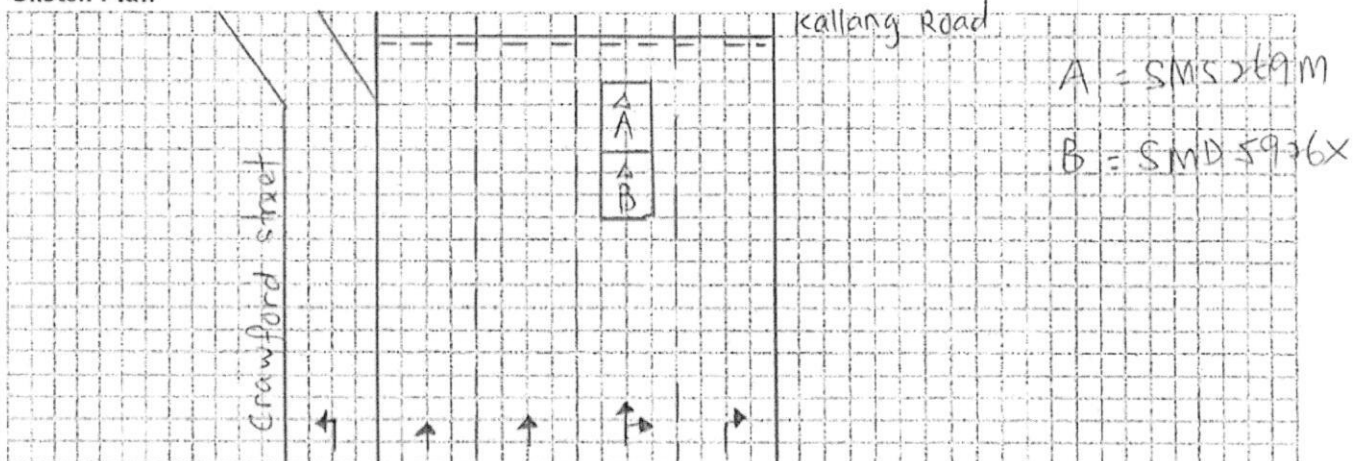
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 17-02-2023 at about 12:05pm. I was travelling along Crawford street towards Kallang Road. I was stationary due to the front traffic. Suddenly, vehicle B (SMD 5926X) hit my rear portion.

Declaration

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

Date of Accident : 17.02.23 Accident Time : 12:05pm (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Crawford street towards kallang Road

Vehicle No (Car Plate No) : SMS 269M Make/Model: Toyota Lexus

Insurance Company : China Taiping Policy No: DMPCSNA 00164442202

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : CHUA CHEE HEONG (S6803529E)

Owner Contact No : 9750 0304 Owner's Hp _____ Company Tel _____

Driver Name / IC No : Soon Say Ling, Shirlene

Driver's Date of Birth : 18.11.1968 Driver's License Pass Date: 23.11.1990

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: _____

Driver's Address : 63 Mariam Walk Singapore 507124

Driver's Contact No : 1) 9005 3101 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : sshirlenes@hotmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 driver 1 passenger

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

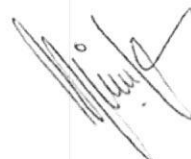
Any injury (If Yes, Pls State) : NO injury

Other Party Driver's Particular (if any)

| | |
|-------------------------|--------------------------|
| VEH B : SMD 5926X (A16) | Name & Contact No: _____ |
| VEH C : _____ | Name & Contact No: _____ |
| VEH D : _____ | Name & Contact No: _____ |
| VEH E : _____ | Name & Contact No: _____ |

*NEW - Passenger's Name & Gender:

Pax
CHUA CHEE KIAN - M



Motor Private Car

MX1E

R SN

AN0501A

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. | DMPCSNA00164442202 | Engine No.: 8ARW199271 | |
| | | Cha. No.: JTJBAMCA002001863 | |
| 1. Index Mark and Registration Number of Vehicle | SMS269M | AUTOSAFE | ***** |
| 2. Name of Policy Holder | CHUA CHEE HEONG | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 13/07/2022 (00:00:00) | Named Drivers Ex Sect. I | \$S750.00 |
| | | Additional Ex Other than Named Drivers: | |
| | | Ex Sect. I - Age <= 25 | \$S3,000.00 |
| | | Ex Sect. I - Age >= 26 | \$S500.00 |
| | | * Age as at date of accident | |
| | | EX ON WINDSCREEN | \$S100.00 |
| 4. Date of Expiry of Insurance | 12/07/2023 | | |
| 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. | | | |
| <p>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.</p> | | | |
| 6. Limitations as to use.* | | | |
| <p>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 \$S1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p> | | | |
| <p>HIRE PURCHASE CO.: SGCARMART FINANCIAL SERVICES P/L 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.</p> | | | |

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: Chua Sual Lay Sally
Authorised Officer


Authorised Signatory