

[illegible]

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	13/03/2023 17:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/03/2023 01:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	AT THE PASIR RIS DR 8 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1737X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN MING JIE
NRIC No	SXXXX238A
Email Address	mingjie091@gmail.com
Mobile Phone No	(Phone) +65-84986275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00001682300

DRIVER

Name of Driver	HAN MING JIE
NRIC No	SXXXX238A
Date Of Birth	02/09/1991
Occupation	Outdoor

Date Of Driving Pass	11/05/2010
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84986275
Alt. Phone Number	-
Email Address	mingjie091@gmail.com
Address	BLK 470 PASIR RIS DRIVE 6 #06-446
Address complement	-
Postcode	510470
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	MONICA RUTH S.BASSIG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230312/2045

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ6287G
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HAN MING JIE
Gender	Male
Phone No	(Phone) +65-84986275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLL1737X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MONICA RUTH S.BASSIG
Gender	Female
Phone No	(Phone) +65-96164574
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLL1737X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 Police for investigation.
6. 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.
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

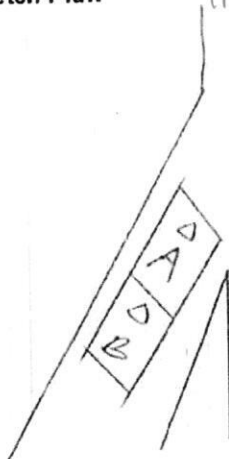
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



TPE AT 7th PARK DR. J. KAYAT

A = SLL 1737X

B = SNJ 6287G

13.03.23

10:50am

13/03/2023

Describe Circumstances of the Accident

Please refer the police report = 7/20230312/2045

Declaration

We declare the foregoing particulars are true in every respect.

Ji

Policyholder's Signature / Date & Time

Ji

13.03.23

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

10:50am

Witnessed by Reporting Centre Personnel

13/03/2023



SINGAPORE POLICE FORCE



T/20230312/2045

1 of 3

Report No. T/20230312/2045

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2023 14:59	Vide Report No.:	Station Diary No.: 36
Informant's Particulars		
Name of Informant: HAN MING JIE	Address: APT BLK 470 PASIR RIS DRIVE 6 #06-446 SINGAPORE 510470	
ID Type / ID No.: NRIC NO / S9130238A	Contact No.: Home/Office:	Mobile: 84986275
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 31	Date of Birth: 02/09/1991
Type of Informant: Driver		Institution / School Name:
Race: Chinese	Language:	
Occupation: SELF-EMPLOYED	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2023 01:30	Type of Location: Bend
Location: TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL1737X	Car	HONDA	CIVIC 1.6 VTI CVT	White	Slightly Damaged	1
SNJ6287G	Car	MAZDA		Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1737X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000016 82300	16/02/2023	15/02/2024



**SINGAPORE
POLICE FORCE**



T/20230312/2045

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20230312/2045

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 report number as reference.

Signature of Officer Recording The Report:

G /

SGT 3 S EVA SHERRIENA BINTI
S AFFINDY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
12/03/2023 14:59

Classification Of Case:

NP168

Date of Accident

: 12-03-2023 Accident Time : 01:30am (24-HR-Format)

Who reported the accident?

: Owner / Driver / Both

Accident Place

: TPE at the Pasir Ris Dr 8 exit

Vehicle No (Car Plate No)

: SLL 1737X Make/Model: Honda Civic 1.6

Insurance Company

: China Taiping Policy No: DMHCSNW 0000168230D

Fleet Policy

: YES / NO

Type of Coverage

: Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No

: HAN MING JIE S9130238A

Owner Contact No

: 8498 6275 Owner's Hp _____ Company Tel _____

Driver Name / IC No

: As Above

Driver's Date of Birth

: 02-09-1991 Driver's License Pass Date: 11-05-2010

Relationship of Driver

: Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address

: APT BLK 470 PASIR RIS DRIVE 6 # 06-446 S (510470)

Driver's Contact No

: 1) 8498 6275 2) _____

Driver's Occupation

: INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address

: MINGJIE091@gmail.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)

: 2 person (1 driver, 1 passenger)

Was there any video footage?

: YES / NO

Exact purpose used at time of accident

: Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State)

: 2 person

Other Party Driver's Particular (if any)

VEH B : SNJ 6287 G

Name & Contact No: _____

VEH C : _____

Name & Contact No: _____

VEH D : _____

Name & Contact No: _____

VEH E : _____

Name & Contact No: _____

*NEW - Passenger's Name & Gender:

Monica Ruth S. Bassig (Female)

ji



中国太平
CHINA TAIPING

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

Motor Hire Car

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)

MZ406L/B

N SN

AN0567A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00001682300

Engine No.: R16B21601417

Cha. No.:MRHFC5650GT001118

1. Index Mark and Registration
Number of Vehicle

SLL1737X

AUTOSAFE

=====

2. Name of Policy Holder

HAN MING JIE

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

16/02/2023

Excess Sect I. S\$1,250.00
Excess Sect. I (Outside Singapore) S\$2,500.00

4. Date of Expiry of Insurance

15/02/2024

Excess Sect. II S\$1,250.00
Excess Sect. II (Outside Singapore). S\$2,500.00
EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

HAN MING JIE

6. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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: AUTOSHIELD PTE LTD

Authorised Officer

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

Authorised Signatory