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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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ACCIDENT STATEMENT

21/03/2023 12:18 (SGT) Date of Submission Both Policyholder and Actual Driver Reported by 21/03/2023 09:10 (SGT) Date of Accident TPE, Singapore **Exact Location of Accident** TOWARDS CHANGI LOYANG AVENUE EXIT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SJL138E Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? ONG YOW CHONG GARY Name Of Registered Owner SXXXX110I NRIC No garyong66@icloud.com **Email Address** (Phone) +65-97458239 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Mercedes Manufacturer E220d Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1950 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMPCSNA00145502201 Policy Number / Cover Note Number

DRIVER

ONG YOW CHONG GARY Name of Driver SXXXX110I NRIC No 06/06/1977 Date Of Birth Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	27/02/1999 24 YEARS AND 1 MONTH Male (Phone) +65-97458239 - garyong66@icloud.com BLK 289A PUNGGOL PLACE #03-893 - 821289 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH OWNER
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SNC3480X Lexus

Private car

KHOO SOO HUAT

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver

NRIC No	SXXXX460C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

l 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.

UXM		V	\sim		all	1/21	08/2013
Policyholder's Signature / Date &	Time		are notiver is not the police		Vitnessed by Reporting Ce	ntre Personnel	
Sketch Plan	TPE -	2000ARAS	Obones (loyarly	Name as in NRIC/ID card) AVFMUF	EXIT)	
							124 B. SAL 3460x

escribe Circumstance (1)
Describe Circumstance of the Accident
On the Stated date & time, I was writing
for the main road to be clear of traffic, when suddenly I
all when Suddenly I
felt a impact on my rear, I got down and realise the car
behind me had hit onto my car.
V
claration
e declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 21/3/2023 Accident Time: 9:10 (24-HR-FORMAT)
Accident Place	Too to val ale 1 (24-HR-FORMAT)
Vehicle Reg. No (Car plate No.)	: The toward chang: loyeng Ave exit
Insurance Company	: SJL 138E Vehicle Make/Model: Marc E20017
Name of Registered Owner	ching taiping Policy No. PMPLSNIL0014550220
ID of Registered Owner	: Company (Individual Ong YOW chong gary
OWNER EMAIL ADDRESS:	: Co Reg No: Owner's NRIC No: S77154101
garyong 6 @icloud.co	Owner's Contact No: 9745 823°
DICT ER'S Name	: Ony you chony gary DRIVER'S NRIC No: S77151101
DRIVER'S Date of Birth	: 06-06-1977 DRIVER'S License Pass Date 27/2/99
Relationship bet. Owner & Driver	: Spouse Parents Children Sibling Employee Others: Owner
DRIVER'S Address	: Blk 289A Pungapol Place #03-893 S821289
DRIVER'S Contact No./ Alt No.	11 9745 9779
DRIVER'S Occupation	:1) 9745 8239 2)
Emzil Address	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Weather & Road Surface	
Reporting Type	: CLEAR & DRY (CAINING & WED) AFTER RAIN & WET
90.0 King.	Reporting Only \ Claim Other Party \ Claim Own Insurance
was there any video Captured by so	river): Name & Gender: Uny you thony gary reamera: YES \NO s being used at the time of accident: Privateuse \ Work purpose
Other	Tarty Driver's Particulars (if any)
Vehicle Reg No: SNC 3480 X	Vehicle Reg No.
Vehicle MakelModel: Lexus	Vehicle Make/Model
Name DRIVER: khoo Soo huer	Name DRIVER
IC No. DRIVER: \$7529460C	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : FNGLISH	/ CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : WINE	BY DRIVER / BOTH



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

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

Meter Vehicles (Third-Party Risks and Compensation) Rules, 1960

Meter Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1997 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0420A Cov. Type:C

CERTIFICATE NO

DMPCSNA00145502201

Engine No.: 65492080204522

Cha. No.:WDD2130132A425203

Index Mark and Registration

SJL138F

Number of Vehicle

2. Name of Palicy Holder

ONG YOW CHONG GARY

Effective date of the Commoncement of Insurance for the purposes of the Regulations, Ordinance or Enactment 05/07/2022

05/07/2022

Named Drivers Ex Sect. I

\$\$750.00

Additional Ex Other than Named Drivers:

4 Date of Expiry of Insurance

04/07/2023

Ex Sect. I - Age <= 25 Ex Sect I - Age >= 26 \$\$3,000.00 \$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$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 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 doubted. 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. : SWEE SENG CREDIT 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

(319 lb)

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Gan Li Jia Josca Authorised Officer

.............. Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com