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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 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 14/04/2023 08:10 (SGT) Reported by **Actual Driver** Date of Accident 13/04/2023 08:10 (SGT) **Exact Location of Accident** Lornie Hwy, Singapore Additional Location Information TOWARDS BISHAN Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SFH665T INSURED/POLICYHOLDER Is company? No Name Of Registered Owner HEE JOK KHIM NRIC No SXXXX128J **Email Address** richiechoo@gmail.com Mobile Phone No (Phone) +65-96370569 Alternative Phone No VEHICLE PARTICULARS Manufacturer Mercedes Model C180 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 your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1595 INSURANCE COMPANY Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00178382200 DRIVER Name of Driver CHOO CHOON KHIM NRIC No SXXXX167A Date Of Birth 08/07/1957 Occupation Outdoor

Date Of Driving Pass 22/11/1976 Driving experience 46 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-96370569 Alt. Phone Number **Email Address** richiechoo@gmail.com Address 19 SHELFORD ROAD #01-24 Address complement Postcode 288408 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 HEE JOK KHIM Gender Female 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 SKW7470D Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	
Vahiolo Cotogoni	-
Name of Driver	Private car
	STEPHANIE
NRIC No	SXXXX487A
Contact Number	
Address	(Phone) +65-81188324
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in aggidant	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

ACCIDENT'STATEMENT

ACCIDENT DATE: (13. 104) 2023) (DD/MM/YYYY), TIME: (0.810) (HIKIMM)
LOCATION: LORAGE HAGHWOU TOWARDS BISHOOF
alvehicle Numberi SFH 665T
BINSURANCE COMPANY: SOMPO UTILLE WARPING
C)POLICY HUMBER: d)POLICY TYPE: (OBMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
Olyane S. Modeli
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTOROYOLE. / OTHERS)
DIPURPOSE OF USING AT ACCIDENT TIME! VEIVE 48
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
ANAME! HEE JOK FHIM MALE!
CLADDRESS! 19 Shelford and #01-24
Sirrolare 287408
COMMISSION OF THE PROPERTY OF THE PARTY OF T
MACE EMACE!
B)NRIC/FIN/PASSPORIT_STEPLES
6/ADDRESS: 28840 Y
d) DATE OF DIRTH: (08) 01/1917 (DD/MM/YYYY)
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中国太平保险(新加坡)有限公司

Motor Private Car

MX1E

AN0055A

Cov. Type:C

CERTIFICATE OF INSURANCE

ptp: Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia).
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00178382200

Engine No.: 27191031345448

Cha. No.:WDD2040452A566685

1. Index Mark and Registration

Number of Vehicle

SFH665T

AUTOSAFE

2. Name of Policy Holder

HEE JOK KHIM

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

01/08/2022

Named Drivers Ex Sect. I

\$\$500.00

31/07/2023

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. 1 - Age >= 26

* Age as at date of accident

EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive"

(a) The Policyholder.

4 Date of Expiry of Insurance

(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 fution 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 S\$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 SINGAPORE LIMITED

*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 1997 (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: Tan Xin Yi Josephine **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

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 <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.
- 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 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

vJun2022

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

To Bishow

Describe Circumstance of the Accident	
ME STEPHANIE OF VEHICLE SKW 7470D JA	AMMED BRAKE
1 MOSID IN CHE CHANG SUDDENLY CO	TTEN INTO
MOR MITH L COULDANT COUNTY 8-10	P /20 TIME
AND SO CRASH INTO THE READ OF	KW 7470 N
NO BODY WAS INTURED AND NO PAVO	CA- DALAC-
TO SKN 7470D. WE EXCHANGED PA	DTCCUC AKC
	a received,

Declaration

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

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