| DateIn 09/05/2023 | Job description | 011 | Thite &Time Completed | Done |
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| TP Insurer: | Assessment | Survey Report | 1 | |
| ir insurer: | | by Pax / Hand to | Owner/Wksp | ************ |
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| TP Particulars: Vch No: | SLE 6164C. | . INC(|)/Non-INC() | |
| Owner / Driver: (| 2 0/0/0 | | Tel: | 1 |
| Policy No: () | Period: (|), | Cover Type: (| |
| Confirmed by : (| | Date: | Tings | |
| Insured/Driver Liability: (% |) [Note-Est, Status (| | %; P: 21-79%. P: \$0-1 | (0%) |
| Year of Registration: (| Warranty: YES (| the same of the sa |) | |
| Excess: (\$) Loading: | 31,000 ()/\$2,000 | | · · · · · · · · · · · · · · · · · · · | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss | 09/05/2023 10:06 (SGT) Both Policyholder and Actual Driver 01/05/2023 20:30 (SGT) Singapore JALAN SULTAN ROAD Singapore |
|--|---|
|--|---|

DETAILS OF OWN VEHICLE

| Vehicle Registration Number | SLD72D |
|--|--------------------|
| INSURED/POLICYHOLDER | |
| Is company? Name Of Registered Owner NRIC No | No LIM KOK PENG |

| Email Address | kn@ioloud sam |
|----------------------|------------------|
| Mobile Phone No (P) | kp@icloud.com |
| (Phor | ne) +65-96577872 |
| Alternative Phone No | 10) 100-30377872 |

| Manufacturer | Mercedes |
|--|--|
| Model | |
| | Glc250 |
| | - |
| 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 | i iivate use |
| | No Donastina - I |
| V-h:-I- 0-1 | |
| T | Private car |
| | Auto |
| CC | 1001 |
| your vehicle? Vehicle Category Transmission CC | No - Reporting only Private car Auto 1991 |

INSURANCE COMPANY

VEHICLE PARTICULARS

| Name of Insurance Company Policy Number / Cover Note Number | China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNA00007742301 |
|---|--|
|---|--|

DRIVER

| Name of Driver | LIM KOK PENG |
|-----------------------|--------------|
| NRIC No Date Of Birth | SXXXX214I |
| 0 | 06/05/1970 |
| Occupation | Outdoor |

| Date Of Driving Pass | 26/05/2000 |
|---|--|
| Driving experience | 26/05/2008 15 YEARS |
| Gender | Male |
| Mobile Number | |
| Alt. Phone Number | (Phone) +65-96577872 |
| Email Address | kaithlia @ialaud aana |
| Address | keithlkp@icloud.com |
| Address complement | BLK 622B TAMPINES AVENUE 12 # 13-41 |
| Postcode | 522622 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | Tes |
| Does Driver Own Other Vehicles? | - No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | 140 |
| · · · · · · · · · · · · · · · · · · · | |
| 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? | |
| Number of vehicles involved in the accident | No |
| Was anybody injured in the Accident? | 2 |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | |
| Number of Passengers (Including Driver) | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | NO |
| Translator's ID | · |
| Translator's phone number | |
| Translator's email | |
| Original language used in the statement | |
| 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 THE ATTACHED STATEMENT | |
| ATTACHMENT(S) | |
| Are accident photos quallable for -thb | |
| 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 | SLE6164C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | Private car |
| Name of Driver | HENG CHEE KIANG |
| NRIC No | SXXXX818A |
| | |

| Contact Number | 2000 |
|---|------|
| Address | |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORT THOTICE

- Pleas report correctly the details of the accident to speed up the claims process,
- mmust be completed by the Policyholder and/or the Actual Driver.
- 3. Infortation provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insur ace companies to repudiate policy liability.
- 4. The is leand acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any lise reporting may be referred to the Traffic Police Department for investigation.
- This Port will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing = Ine (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the logement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report bing made available aforesaid.
- B. Conse-Piunder the Personal Data Protection Act (PDPA)

I understant, acknowledge, agree and consent that:

- (a) My installing 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 intured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collective ly 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) administeing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of tertain 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 the ir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / 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)

ketch Plan

| Desibe Circumstance of the Accident I was towelling along fallon Suffer Road. I was on the second time. Which By was introducted me. We were withing for the fruth's light to tim green as the furth's light thrush to green, I proceed to me but which B did not move. So My vehicle slighting hit the rear portion of which B. No amongs and Myuries to both purities. | |
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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) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

ACCIDENT STATEMENT

| | DAIE[0] 03 302 | S)(DD/MH/MYM. | TIME-120 :30 | MHHAM |
|--|---|------------------|----------------|---------------|
| · LOCATIO | w: Jalan | sultan Ro | ad | |
| 7. D | ETAILS OF VEHICLE | 11 | | |
| | VEHICLE NUMBER:_ | SLD 72D | | |
| 5) | INSURANCE COMPANY; | : N. | | |
| | POUCY NUMBER DADE | CHINAMAN | aupina | |
| ط). خارات | POUCYTYPE COMPREDE | 2NA0000 77 | 4230 | |
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| · g)\ | VELICLE CATEGORY: (PRIV.) VIRPOSE OF USING AT ACC | ATE I COMMERCIAL | MOTOROYCLE | OTHERS) |
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| | RE YOU CLAIMING UNDER NO. PLEASE STATE (THIRD) | YOUR OWN INSURA | LHCE [YES/HO] | |
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| CIA | RIC/FIN/PASSPORT: S= DDRESS: BK 622 B | 10183141 | | 1657 7872 |
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| NAC SECONDAL OUT | OMINUETO 3.4 F DRIVER | ALSO POUCY HOLE | DER | . |
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| ((5)) | DRESS: | | CONTACT | - DAVILLE |
| | | | • | |
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| | VIVER'S NAME | | MODEL: | |
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Motor Private 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)

MX1E

SN

AN0214A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00007742301

Engine No.: 27492031682204 Cha. No.:WDC2539462F549393

Index Mark and Registration Number of Vehicle

SLD72D

AUTOSAFE

2. Name of Policy Holder

LIM KOK PENG

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

17/01/2023

Named Drivers Ex Sect. I

\$\$750.00

4. Date of Expiry of Insurance

16/01/2024

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00 S\$500.00

Ex Sect. I - Age >= 26 * Age as at date of accident

EX ON WINDSCREEN . S\$100.00

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.

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 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.: TOKYO CENTURY LEASING (S) 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: B2B-Name **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