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SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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

10/05/2023 12:09 (SGT) Both Policyholder and Actual Driver 06/05/2023 11:10 (SGT) Lor 7 Geylang, Singapore NO.8 CENTRA RESIDENCES Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

EK3000M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

TEO ENG KIAT (ZHANG YINGJIE)

SXXXX382J

kiatido@gmail.com (Phone) +65-97607476

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission

CC

Porsche

Macan

Private use

No - Reporting only Private car

Auto 1984

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00217662200

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

JIANG YULIAN GXXXX843W 01/10/1980 Indoor

Date Of Driving Pass 30/11/2018 Driving experience 4 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-92252591 Alt. Phone Number Email Address kiatido@gmail.com Address 217A SENGKANG CENTRAL #13-261 Address complement Postcode 541271 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 - Major/Minor Rd 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) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name 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 PLEAE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMF321M Honda Freed
Vehicle Variant	-
Vehicle Colour Vehicle Category	- Private car
Name of Driver NRIC No	ROLAND HO JUAY CHNG SXXXX076G



Contact Number	(Phone) +65-81337779
Address	-
Address complement	=
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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.
- 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

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

Conela 191

vJun2022

Describe Circumstance of the Accident
Describe Circumstance of the Accident By gate Open very slowly. I have to wait for it to be fully open before driving out of gate. As it opened, I slowly drive out having a quick check to my left & right. Suddenly & MF321M crashed onto my right from corner.
as gate open very slowly. I have to wait for it
to be fully open before driving out of gate.
As it opened, I slowly drive out having a quick
check to my left of right. Suddenly SmF321M
crashed onto my ingut front corner).
No driver one injured in the meident No other personal are in respective care-
NO OTHER PERSONAL ONE IN TASPORTURE CONS-
Driver not contactable since 1300 hrs after accident
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dain to mable. Therefore making alain on
10 May 203 Wednesday
Declaration I/We devare the foregoing particulars are true in every respect.
If you declare the long of the trace in every respect.
AR / NII
16/03/2023 AC 10 May 83 AU 16/03/2023
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)

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email. = kiatido @ agniani. com



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

CERTIFICATE OF INSURANCE

otor 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)

MX1F

AN0006A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00217662200

Engine No.: 053267

Cha. No.:WP1ZZZ95ZKLB17152

Index Mark and Registration

Number of Vehicle 2. Name of Policy Holder EK3000M

TEO ENG KIAT (ZHANG YINGJIE)

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

15/09/2022

Named Drivers Ex Sect. I

\$\$2,500.00

(10:27:14)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance 02/08/2023 Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

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

* Age as at date of accident

EX ON WINDSCREEN .

S\$350.00

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

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 S\$500 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. : DBS BANK 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: Tan Jia Hwei Authorised Officer

Authorised Signatory

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

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6222 1033

www.sg.cntaiping.com