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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 <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

24/05/2023 18:00 (SGT) **Actual Driver** 23/05/2023 13:25 (SGT) Sumang Ln, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG4651D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes INK CREATIVE PTE LTD 2XXXXX465G ericteng@hotmail.com (Phone) +65-89456700

VEHICLE PARTICULARS

Alternative Phone No

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

Toyota Prius

Private use

No - Claiming third party Commercial vehicle

Auto 1497

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00009552201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TENG JIE RU, ERIC SXXXX652G 29/04/1988 Indoor

Date Of Driving Pass 07/10/2008 Driving experience 14 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-89456700 Alt. Phone Number Email Address ericteng@hotmail.com Address 17 TECK WHYE LANE #07-155 Address complement Postcode 680017 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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) 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 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 XD2262S Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour Vehicle Category

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)	

SKETCH PLAN

IMPORTANT NOTICE

- 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
- (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.

INK CREATIVE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Venicle B. XD2262S

cribe Circumstance of the	e Accident		
	was stationan	g hehind Vel	ille by, when
he veversed	into my vehin	cu's front	portion. Upon
impact, to	u said rehicu	didn't Stop	and continued
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claration e declare the foregoing pa	rticulars are true in every respect.		
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icyholder's Signature / Date & *	Time Driver's Signature (if driver is no	t the policyholder) / Date	Witnessed by Reporting Centre Personnel

Withessed by Reporting Centre Personnel (Name as in NRIC/ID card)





Accident Details

Who reported the accident?	wner / Driver / Both
Date of Accident:	23 05 2023
Time of Accident:	1:25 (AM/RM)
Location of Accident:	Sumang Lane.
Country/State of Loss:	SG.
Type of Accident:	peversed onto stationary relincte.
Weather Condition: Clear / Raining	Road Surface: Dry Wet
If Not in List, please specify	
Are you claiming under your own insurance policy for repair to your vehicle?	Yes / No
If No. please state action to be taken	Third Party / Reporting Only
Was any foreign vehicle involved in accident?	Yes / No
If yes, please state Vehicle No & Vehicle Type	:
No. of vehicles Involved in the accident (inclu	ide own vehicle)
Has the driver been approached by unknown accident claims assistance?	person(s) soliciting/offering Yes / No
Was the accident reported to the police?	Yes / No
If yes, police station name:	
Was notice of Prosecution given?	Yes / No
If yes, against whom?	
Files	
Are accident photos available for attachmen	t? Yes / No
Was there any video captured?	Yes / No
Was there any audio captured?	Yes / No

Details of Own Vehicle			
Vehicle Registration No:	SM6 46510		
Vehicle Category:	(ommercia)		
Vehicle Manufacturer:	TOYOTA Vehicle Model: Prius		
Transmission:	Manual / Auto Cc:		
Exact purpose for which	vehicle was being used at the time of accident:		
Private	Car / Private Use / Employment		
No. of passengers (include	ding driver) 01.		
Passenger Name:			
Gender:	Male / Female		
Passenger Name:			
Gender:	Male / Female		
Own Vehicle Policy			
Handling Insurer:	China Taipina		
Coverage Type: ACT / 0	Comprehensive / Third Party / Third Party, Fire & Theft		
Fleet Policy:	Yes/No INK CLAMINA BIM NO		
Registered Owner Name	STEER LLP		
ID Type:	UEN / NRIC / Passport or FIN / Work Permit		
Registered Owner ID:	201108465G TISLL1583J		
Email:			
Mobile No:			
Alt. No Type:	Home / Office / Not in List		
If Not in List, please spec	ify		
Owner Alt Phone No:			

Driver's Information Is the driver the policy holder? Yes / No TEND JIE PU, EVIL Name of Driver: Male / Female Gender: NRIC / Passport or FIN / Work Permit ID Type: S88136526 Driver's ID: 29/04/1988-Date of Birth: 07/10/2008. Driving Pass Date: 8945 6700 Mobile No: ericteng & hormail com Email: 17 Teck why e Lane Address 1: #07-155 Postal Code: 680017 Address 2: Indoor / Outdoor Occupation: HIVEY Driver Owner Relationship Does Driver own other vehicles? Yes / No If yes, please provide Vehicle Registration No: Handling Insurer: TP Vehicle or Property Was there any other vehicle or property damaged? If yes, please provide: XN 22625 Vehicle Registration No: (i) Commercial Vehicle Category: (ii) of male No. of passengers (including driver) _____ (iii)

Gender: Male / Female

Passenger Name:

Translation
Was the Sketch Plan Statement translated from another language? Yes / No
Name of Translator:
ID Type: NRIC / Passport or FIN / Work Permit
Phone No:
Email:
What is the original language used in the statement? English / Mandarin / Malay / Tamil / Others:
Please attach the following documents:
 Original report in original language Translated report to English
Injured Person's Details
Was anyone injured in the accident? Yes / No Any injured conveyed to hospital by Ambulance? Yes / No
Any injured conveyed to hospital by Ambulance? Yes / No
If yes, please provide:
(i) Name:
(ii) Gender: Male / Female
(iii) Injured Person in which Vehicle? (iv) Full Address:
Witness Details
Was there any witnesses? Yes / No
If yes, please provide:
Witness Name:
Witness Contact:

Motor Hire Car

MZ407

R

AN0656A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor 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)

CERTIFICATE No.

DMHCSNW00009552201

Engine No.: 2ZR6886814 Cha. No. ZVW506052111

1 Index Mark and Registration

SMG4651D

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

INK CREATIVE PTE LTD

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

20/06/2022

4. Date of Expiry of Insurance

19/06/2023

Persons or Classes of Persons entitled to driver

Any employee or any person who is driving with the Policyholder's order or with their 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. Cimitations as to user.*
- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(Z) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: MOTOR 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

TAN LAY YONG

Authorised Officer

Authorised Signatory

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

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6222 1033

www.sg.cntaiping.com



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN0823500003 Vehicle Registration No: SMG4651D Name (as shown in NRIC): Ink Creative Pte Ltd NRIC/FIN/Passport No: 201108465G (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore (Mobile No.: Contact (Tel):___ Email Address: Date of Accident: 23/05/2023 Time of Accident: 13:25hr Place of Accident: Sumang Lane Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd. (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: To amend Policy Holder details to Ink Creative Pte Ltd, UEN: 201108465G, and driver's relationship to Part-Time Employee. INX CEEATIVE

Policyholder / Actual Driver's Signature Date:

Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date: