SS2X235Q0003 / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/05/2023 12:55 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (26/05/2023 12:55 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 26/05/2023 12:55 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/05/2023 08:15 (SGT) Exact Location of Accident Ghim Moh Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY2941X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA CHUAN BENG NRIC No S6836195H Email Address CHIA2809@YAHOO.COM Mobile Phone No (Phone) +65-97927745 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model C200 Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1796

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00014032200

DRIVER

Name of Driver CHIA CHUAN BENG NRIC No S6836195H Date Of Birth 28/09/1968 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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	02/11/2009 13 YEARS AND 6 MONTHS Male (Phone) +65-97927745 - CHIA2809@YAHOO.COM 766 BEDOK RESERVOIR ROAD #03-20 - 479248 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	-
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	
AS I WAS DRIVING ALONG GHIM MOH ROAD, FRONT VEHICL CAUSE ME TO KNOCK INTO HIS REAR PORTION. ATTACHMENT(S)	ES B SUDDENLY JAM BRAKE. I DONT HAVE TIME TO STOP AN
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	

Private car

Accident report SS2X235Q0003

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
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)

I understand, acknowledge, agree and consent that:

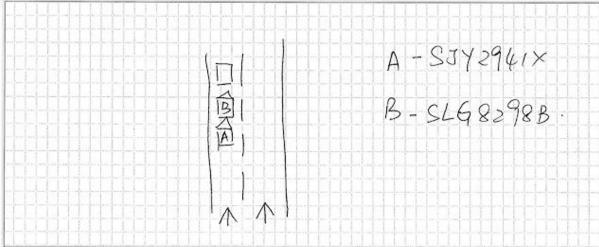
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

& Time

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



SME

1

escribe Circumstance of the Accident							
As I was driving along ghim mon Rd, front Vehicle							
B Suddenly Jam Brake, I don't have time							
to stop and cause me to knock into his							
rear portion							

Declaration

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

Policyholder's Signature / Date & Time

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

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

2





















10:48

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Policy Schedule.pdf ~

Done



中国太平保险(新加坡)有限公司

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EX CS KINDACHEN .		- 5	55100.00			
Games Drivers SHE INSURED			-	1 SHIA CHOAN PEND		
SEMORANDOM - TRANS	AND COMBITIONS:					
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中国太平保险 (新加坡) 有限公司 Grant Market Providence (SNGAPOSE) PTE (10

THE SCHEDULE PAGE
FALLS No. PROPERTIES AND ADDRESS OF THE PAGE AND ADDRESS OF

Licence 3. Vehicle

. Vehicle is to be used for social domestic purpose or Linewishe or carried of passedour for private him Culo. Website passed to and for passed on the control of the contr

vi passenger for private hire only. Vehicle cannot be used for rent. Policy does not cover any losses arizing out of Valet Parking.

. In the event of any accident, all Own Damage or windscreen

6. Excess whichever is applicable will be doubled if acciden-





