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 12/07/2023 14:22 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/07/2023 11:46 (SGT) Exact Location of Accident Rochor Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SNE7196E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY KOK HUI NRIC No. S7109078G Email Address DANTAY138@GMAIL.COM Mobile Phone No (Phone) +65-98180288 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C-hr 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 your vehicle? Yes Vehicle Category Private car Transmission Auto 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00066312300

DRIVER

Name of Driver TAY KOK HUI NRIC No S7109078G Date Of Birth 13/03/1971 Occupation Indoor

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	16/06/1995 28 YEARS AND 1 MONTH Male (Phone) +65-98180288 - DANTAY138@GMAIL.COM BLK 470B UPPER SERANGOON CRESCENT #09-336 - 532470 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
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	No 2 Yes No Yes 3 No
Name Gender	LEON LEE Male
PASSENGER 2	male
Name Gender	WINI Female
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	
I ON MY LEFT SIGNAL AND SLOWLY FILTER TO MY LEFT AND INTO MY VEHICLE.	SUDDENLY VEHICLE B COME WITH A FAST SPEED AND BANG
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2042E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	THIA LIAN HAI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEON LEE
Gender	_
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SNE7196E
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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>fruthful 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 ("GtA") 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:

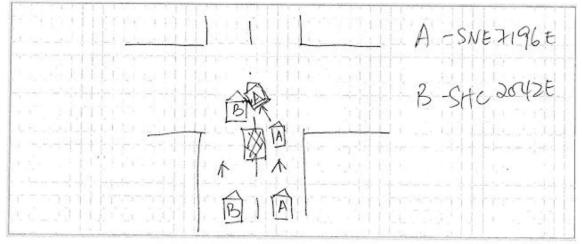
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.



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

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

Sketch Plan



cribe Circu	mstance o	f the Acc	ident										
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Declaration

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

Policyholay's Signatu / Oate & Time

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

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

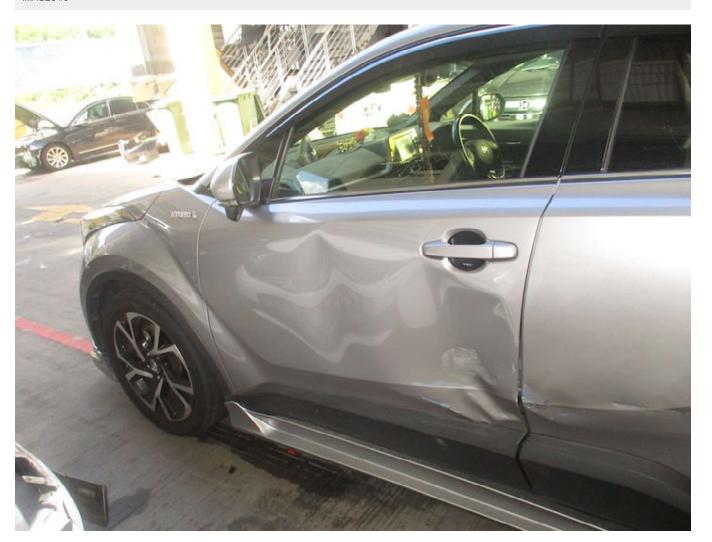
2



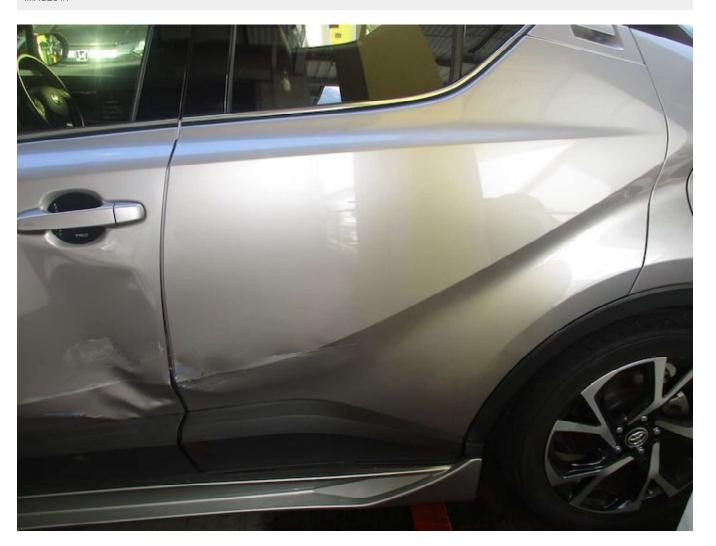


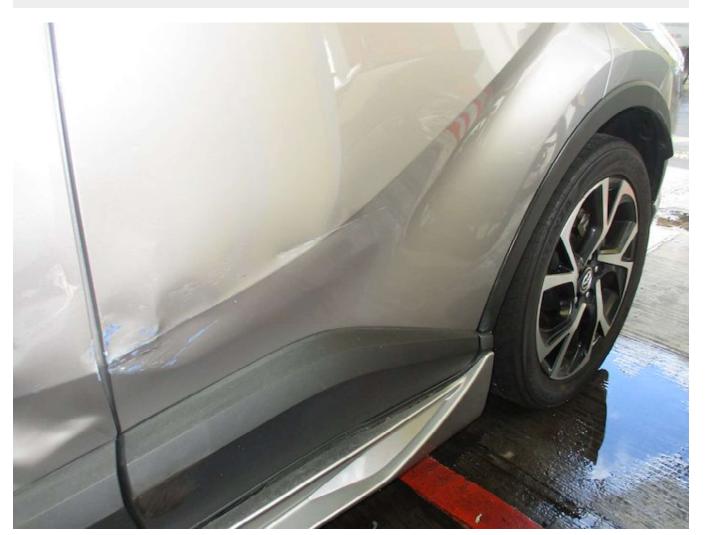


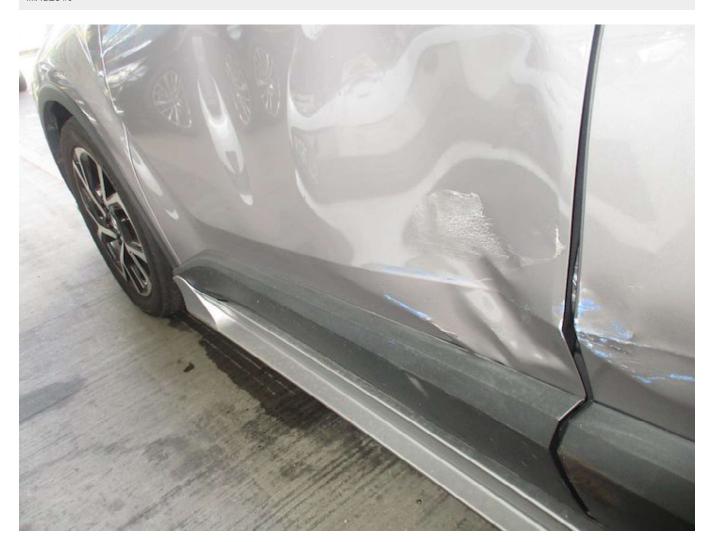
























中国太平保险 (新加坡) 有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ORIGINAL	THE	SCHEDULE						
Agency : ANO411A Account : ANO411A Client : 3185080	Class of Policy : Motor Priv. Issued on : 20/04/2023 Acceptance Date : 20/04/2023							
Period of Insuranc	e : 24/04/2023 to 23/04/2024 , b	oth dates inclusive						
Insured's Name	: TAY KOK HUI							
Address	: 470B UPPER SERANGOON CRESCEN #09-336 HOUGANG PARKVIEW Singapore 532470							
Business/Occupatio	n : INTERIOR DESIGN							
Premium	: Basic Annual Premium	: \$\$2,517.00						
	Less 20% Autosafe Scheme	: \$\$ 503.40						
	No Claim Discount -50%	: S\$ 1,006.80						
	Total Annual Premium	: \$\$1,006.80						
	Premium Due	: \$\$1,006.80						
	Premium GST	: \$580,54						
	Total Due	: 551,087.34						
Risk No.1	Motor Private Car							
Make/Model	: TOYOTA C-HR HYBRID 1.8S CVT	No. of seats : 4						
Registration	: SNE7196E	Body Type : SUV						
Engine No.	: 22RB176754	Capacity cc's : 1797						
Chassis No.	: ZYX102068233	Certificate Ref. : MX1F						
Year of Manuf/Regn								
Type of Cover	: Comprehensive							
Financial Interest								
	value at the time of loss							
Named Drivers Ex Se	ect. I	: \$\$750.00						
Additional Ex Other	than Named Drivers:							
Ex Sect. I - Age <=	25	: \$\$3,000.00						
Ex Sect. I - Age >=	26	: \$\$500.00						
An additional exce	ess of \$3,000 shall apply for Inexpe	rienced Driver with less than 1 year Singapore Driving						
licence.								
The maximum addition	mal excess of \$3,500 shall apply if	the driver is both Young (Age <=25) and Inexperienced						
	ingapore Driving Licence). Unless o							
Age as at date of	accident							
X ON WINDSCREEN .		: \$\$100.00						
amed Drivers THE I	Nerroen							
MINES DELVETS IND I	NOURED	: TAY KOK HUI						
Zeneke y Iv		Continued on page 2						
Thina Taiping Insurance (5 ↑ 3 Anson Road #16-00 S	Singapore) Pte, Ltd. (Co. Reg, No. 200208384E) pringleaf Tower Singapore 079909	©6389 6111						