SS2X24BE000F / SME MOTOR PTE LTD ENTRY DATE & TIME: 14/11/2024 17:30 (SGT) SUBMITTED BY: CHRIS ANG VERSION: 1 (14/11/2024 17:30 (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.

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 First Submission 14/11/2024 17:30 (SGT) Reported by Owner Date of Accident 12/11/2024 17:50 (SGT) Exact Location of Accident Central Expw., Singapore Additional Location Information AFTER BRADDELL RD ERP 31 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBG6353G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **TECH CRAFT FURNITURES & CONSTRUCTION** Company Reg No 199105742D **Email Address** TECCRAFT@GMAIL.COM Mobile Phone No (Phone) +65-91059513 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Dyna Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00050762406

DRIVER

Name of Driver SAIVARASU SAKTHIVEI Passport No/FIN G2189688N Date Of Birth 27/01/1991 Occupation Outdoor Driving Pass Date 19/09/2013 Driving License Pass Class Driving License Validity Valid Driving experience 11 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-85021946 Alt. Phone Number Email Address TECCRAFT@GMAIL.COM Address 1 LOR 27 GEYLANG #08-08 Address complement Postcode 388153 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT - T/20241113/7027 ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6453C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

- 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.

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.

The second secon

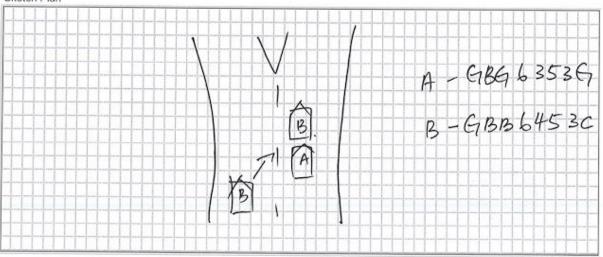
Policyholder's Signature / Date & Time

Sul

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

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

Sketch Plan



1

cribe Circumstance of the Accide	ent		
Refe	er Police	Report	
		l.co.	
S J AAR J		W III	
T. T			
declare the for soing particulars a	re true in every respect.		
	8.1		



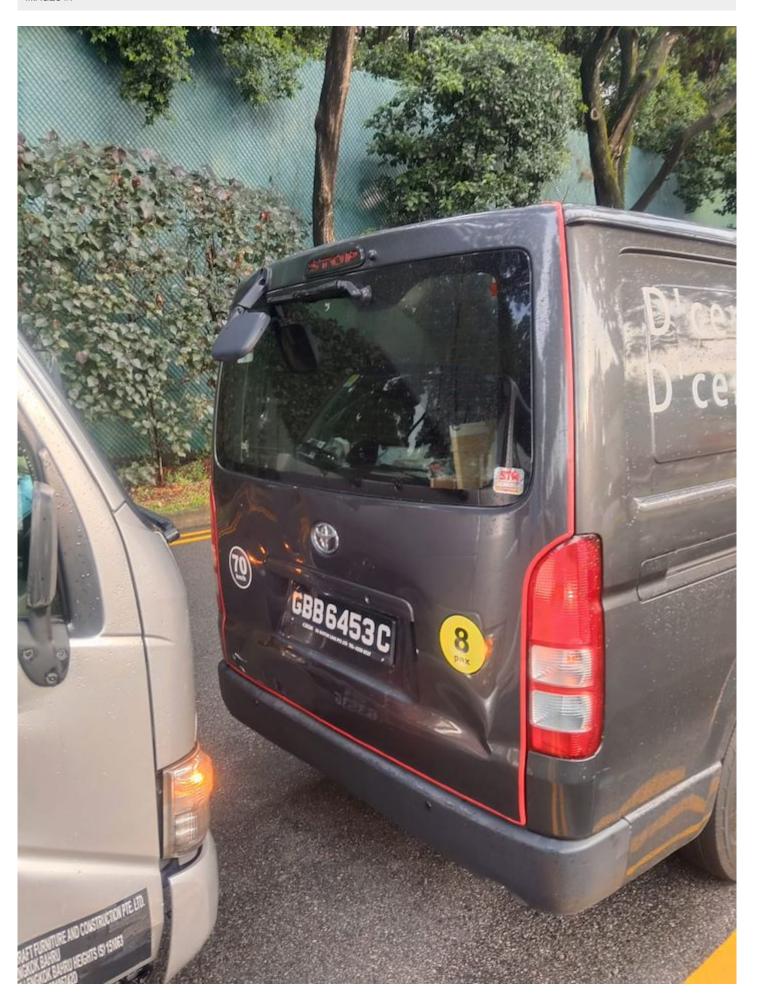


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20241113/7027

Date/Time Report Made: 13/11/2024 12:12		Vide Report No.: Station Dial		
Informant's Particulars				
saivaras	Informant: u sakthivel		Address: 1 LORONG 27 GEYLAI 388153	NG #08-08 THE CENTREN SINGAPORE
ID Type / ID No.: FIN NO / G2189688N Nationality: INDIAN		Contact No.: Home/Office: Mobile: 85021946		
		Email: sakthivel45132701@gmail.com		
Sex: Male	Age: 33	Date of Birth: 27/01/1991	Type of Informant:	
Race: Indian Occupation: Lorry driver		Language: English		
		Driving Licence Informal Class: 3	tion: Date of Expiry: 17/09/2028	

Type of Accident:	Non-Injury Others		Drink Drive: Date/Time of Accide No 12/11/2024 17:50		Type of Location Straight Road
Location: ERP 31 CTE after	Braddell Rd				
Weather:					
Weather: Heavy rain		Road Sur Wet	face:		
			entrol:		affic Volume:

Туре	Make	Model	Calca	1.	
Motoryan		Model	Color	Condition	No of Passenge
Wiotor vari	TOYOTA		Black		2
Lorny	TOVOTA				
GBG6353G Lorry TOYOTA	DYNA	Silver	Slightly	0	
	Motor van Lorry	Motor van TOYOTA	Motor van TOYOTA	Motor van TOYOTA Black	Motor van TOYOTA Black

 nicle Insurance			
Insurance Company	Insurance No	Effective Date	Expiry Date
 China Taiping Insurance (Singapore) PTE LTD	DMCV5NW00050762 406	22/09/2024	21/09/2025



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 3 Report No. T/20241113/7027

CONTINUATION OF REPORT

Details of Person	nvolved					
Any Pedestrian In	volved: No					
No. of Pedestrians	Injured: NIL	Use of Pedes	destrian Crossing: NA			
Driver			-			
Name	Unknown Driver		ID No.		NIL	
Related Vehicle	GBB6453C (Motor van)		Contact No.		NIL	
Hospital/Clinic	NIL			of e & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discha	rae	NIL		
Mr. Service . I S. St. Service I Service .	ed Medical Leave (MC) NIL	Degree of In				
Passenger				1		
Name	Unknown Passenger		ID No.		NIL	
Related Vehicle	GBB6453C (Motor van)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discha	rge	INIL		
	ed Medical Leave (MC) NIL Degree o					
Driver	, , ,		, ,			
Name	SAIVARASU SAKTHIVEL		ID No.		G2189688N	
Related Vehicle	GBG6353G (Lorry)		Contact No.		85021946	
Hospital/Clinic	NIL		Class Drivin Licen Expiry	g	Class: 3 Date of Expiry: 17/09/2029	
Date Treatment	NIL	Date Discha	arge	TNIL	<u> </u>	
	ed Medical Leave (MC) NIL	Degree of Ir				

Brief Details.

I was driving Toyota 10 feet Lorry Dyna vehicle number (GBG6353G) behind the a Toyota Van vehicle number (GBB6453C) about to pass thru ERP 31 CTE after Braddell Rd. It was a Heavy Rain I cannot really see the vehicle infront, the vehicle (GBB6453C) put a sudden Break and as such my front of the van hit the other vehicle's back Bonnet and there is dent on both vehicles.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20241113/7027

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2024 12:12
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
This report is lodged at Rochor NPC Kiosk 1 NP168	



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

Motor Commercial

MZ300/C

CERTIFICATE OF INSURANCE

or Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) fotor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Rood Transport Act, 1997 (Molarysis) Motor Vehicles (Third-Party Risks) Rules, 1959 (Melaysis)

AN0602A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00050762406

Engine No.: 1KD2739386

Index Mark and Registration

Cha. No.:JTFAT35Y20K208758

Number of Vehicle

GBG6353G

AUTOSAFE

2. Name of Policy Holder

TECH CRAFT FURNITURE & CONSTRUCTION

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

22/09/2024

Excess Sect 1. EX ON WINDSCREEN. \$\$500.00 \$\$100.00

Ordinance or Enactment

21/09/2025

Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive* Any person who is driving on 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. Limitations as to use:*

 - Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social, domestic or pleasure purposes.

The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

* 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: YRADLINK AGENCIES PTE LTD

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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