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### SINGAPORE ACCIDENT STATEMENT

### 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 Authorised 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 ability.
- 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 Police for investigation.

- 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.

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	to hereby consent to the archiving of this report at the centre and to copies of the report being made available	
PROPERTY OF STREET	ACCIDENT STATEMENT	
Date Of Report	31/08/2018 15:49	
Date Of Accident	31/08/2018 14:00	
Exact Location Of Accident	QUEENSWAY JUNC WITH COMMONWEALTH DR	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN9476G	
Insured/Policyholder		
Name Of Registered Owner	M/S RUI GE ENTERPRISE (S) PTE LTD	
Co Reg No	**************************************	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-67490531	

### Vehicle Particulars

MITSUBISHI Manufacturer Model **FUSO** Exact Purpose for which vehicle was being used at WORKING time of accident Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

# Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

DMCVSN3067781702 Policy Number

Cover Note Number

# Driver

Name of Driver THIRUNAVUKKARASU MUTHUKKUMARAN

G8434551U NRIC No 22/04/1984 Date Of Birth OUTDOOR Occupation 22/12/2017 Date Of Driving Pass

0 YEAR AND 8 MONTH Driving Experience

MALE Gender

(LOCAL) +65-86187509 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

2 YISHUN INDUSTRIAL ST 1 #03-31

Postcode

768169

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

### General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

NO

### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

(S) NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

UNKNOWN

GENDER:

MALE

Passenger 3

NAME:

UNKNOWN

GENDER:

MALE

### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

I WAS TRAVELLING ALONG QUEENSWAY WHILE APPROACHING THE TRAFFIC JUNC WITH COMMONWEALTH DR, SUDDENLY VEH INFRONT OF ME BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME DUE TO THE DOWN SLOPE AND HEAVY RAIN, AS THE RESULT, MY VEH HIT ONTO THE VEH REAR PORTION. TOTAL 3 VEH INVOLVED IN THE ACCIDENT, AFTER EXCHANGE THE PARTICULAR, I HAVEN'T GOT TIME TO TAKE DOWN THE CAR PLATE NUMBER, THE 2 VEH ALREADY MOVE OFF.

# Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

Page 2 of 16

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

THIRUNAVUKKARASU MUTHUKKUMARAN Name

Approximate Age

RIGHT LEG Injuries Sustain YN9476G Injured person in which vehicle? YES Were seat belts worn? Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

# SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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>.
- 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.
- The 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# SKETCH PLAN COMMON WEDITH DT A = YIN 94765 B = Unknown C t Unknown DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to statement

DECLARATION

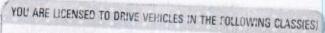
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:







Class J

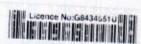
Matureychu = < 200 CC Matur cas = < 3000 kg nath =< 7 passengers, exclusive of the driver, and matter tractural-vehicles >< 2500 kg

FFFECTIVE DATE 69 Dec 2011 22 Dec 2017

G8434551U

S / No.9000311946

NP 428A







# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Со. Зер. №. 200208384E

MZ300/C R 5N AND420A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

# CERTIFICATE OF INSURANCE

and Vehicles (Time-Party Risks and Compression) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compression) Rules. 1990 Float Transport Act. 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules. 1993 (Malaysia)

**ORIGINAL** 

CERTIFICATE No.

DMCVSN3067781702

Engine No :4P10B81241 ChaNo: FEB21EA10360

1. Index Mark and Registration

YN9476G

AUTOSAFE

Number of Venicle. 2. Name of Policy Holder

M/S RUI GE ENTERPRISE (S) PTE LTD

Effective date of the Commercement of lesinance for the purposes of the Regulations Ordinance or Enactment

28 September 2017 Excess Sect I .................. 5\$550.00

4. Bate of Expiry of leaseance

27 September 2018

5. Persons or Classes of Pwrsons 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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) 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. : GF MOTOR TRADING ENTERPRISE AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vetricles (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: \_\_\_\_\_INXPRESS\_INSURANCE\_AGENCY\_PTE\_LTD Authorised Officer

Authonsed Signatory