#### 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	25/09/2018 15:51
Date Of Accident	25/09/2018 11:55
Exact Location Of Accident	PAYA LEBAR SLIP ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJC1697Z
Insured/Policyholder	
Name Of Registered Owner	DURAIRAJ DEVAR ADHIMULAM
NRIC No	S6863137H
Email Address	VANGIE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91517419
Alternative Phone No	OTHERS-91517419
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3011761801
Cover Note Number	
Driver	

Name of Driver DURAIRAJ DEVAR ADHIMULAM

NRIC No S6863137H

Date Of Birth 23/03/1968

Occupation INDOOR

Date Of Driving Pass 17/12/2007

Driving Experience 10 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91517419

Fax Number

Contact Number OTHERS-91517419

EMail Address VANGIE@SINGNET.COM.SG

Address BLK 161 HOUGANG STREET 11

#04-61

NO

Postcode 530161

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Insurance Company of Driver's Own Venicle

**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 this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

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
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC7881S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver SEE HOCK ENG
NRIC/Passport Number S1717915B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- 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. 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.
- 7. 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:
  - (i) 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: 2 5 SEP 2018

16-61

Driver's Signature

(If driver is not the policyholder)
Date & Time 2 5 SEP 2018

(K) SW

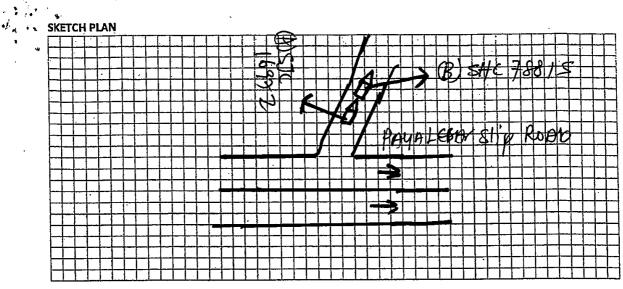
Reporting Centre Personnel's Signature

Name:

NRIC/FIN N.P.Oh Kwee Choo S6840583A

GIARMC SketchPlanForm\_V3

1



## **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON 25/9/18 at about 11.55 BM 9 was driving along phyr lepror slip Robo. There was a toxi - SHC 7881 S Suddenly stopped, 9 also stopped but still hits onto the rear of this toxi
PAYER LOPPON Slip ROBO. There was a toxi - SHC 7881 S
Suddenly stopped, I also stopped but still hits onto
the rear of this tax;
9 reporting this incident for reporting purpose only.
(A) SJC 1697 Z
(B) SHC 7881 S
(D) 51/C 1567 3

DECLARATION

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

Policyholder's Signature

GIARMC SketchPlanForm\_V3

Date & Time: 2 5 SEP 2013

Driver's Signature

(If driver is not the policyholder) Date & Time:  $2.5~\rm SEP~2018$ 

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo NRIC/FIN No.: \$6840583A

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#### CERTIFICATE OF INSURANCE Pg. 1



中国太平保险(新加坡)有限公司

INA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MX1F R SN AN0076A Cov. Type: C

MOTOR PRIVATE CAR

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, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**ORIGINAL** 

Engine No :1AZE081525 DMPCSN3011761801 ChaNo: MR053BK4107023338 CERTIFICATE No. 1. Index Mark and Registration AUTOSAFE 51016977 Number of Vehicle 2. Name of Policy Holder DURAIRAJ DEVAR ADHIMULAM Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01 February 2018 Named Drivers Ex Sect. I .......... 5\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25...... 5\$3,000.00 4. Date of Expiry of Insurance Ex Sect. I - Age >= 26...... \$\$500.00 31 January 2019 \* Age as at date of accident EX ON WINDSCREEN ..... 5\$100.00 5. Persons or Classes of Persons entitled to drive

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

\* 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 (Maleysia), 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 reversa

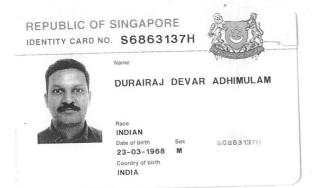
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

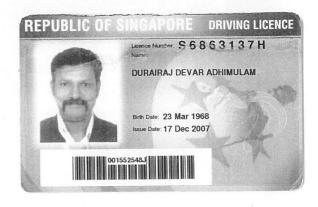
**Authorised Signatory** 

SUSNI Issued By: \_\_\_\_G\_&\_C\_GENERAL\_INS\_AGENCY\_\_ Authorised Officer

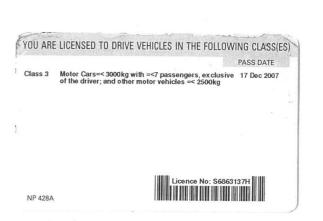
3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

## **DRIVER'S NRIC & DRIVING LICENCE Pg. 1**











# **Accident Photo**





# **CHASSIS NUMBER**

