NATIONAL Appropries C	utus C	i - prist	1 (2)
NATIONAL Assessment Ce	Job description	Date & Time Completed	Done by
		Date to Timo Completed	Douc o
Ref No: NA (77180 18117 /W	SAS e-filing		
Veh No: 60H 45343	E-mail (within Shrs, AIC 2hr	rs)	
D.O.A: 400 18 - 18:10	i-Motor Claim Form	<u> </u>	
OD TP Peporting Only	i-Motor W/O (Within: Of	2hrs, TP 4hrs)	
	i-Photo Uploaded	12-11-1	
TP Insurer:	Assessment/Survey Repo	rt	
STATE OF THE STATE	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
	125193m	C()/Non-INC()	
Owner / Driver: (and the same of th	Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
	6) [Note-Est Status (WO): N:	0-20%; P: 21-79%. F: 80-1	00%]
	Warranty: YES ()/NO ()	
Excess: (\$) Loading:			
General Remarks:-			
() Walk-In Customer: Customer's	information strictly Confidential 8	Piriothy NO sofos of consistent	2007
() Total I ass Coss . to a 11 Y	Tip Control of the Co	Strictly NO 13let of repailer.	
() Total Loss Case : to e-mail In		1000 1000	
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO ()	; Towing Co: (.)
Remarks: (INC hotline: 6788 6616	000	Date&Tarie Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	• • • •	13772
2) QC Check / Post Repair Inspection	()	*	
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()		
Injury:			
Date/Time Actions			
	W=		
			55-20-251
NA 1806770	Invoice P	reparation Checklist	Ant (S) Amt (S fit Bill Add Bi
mimant's Particulars :-	1) AR : Accid	ent Reporting (\$30);	3 (S. W. BIII) - SCOT BI
iver/Owner:	2) DA : Dama 3) TF : Towin	ge Assessment (\$100); INC (\$80) g Fee \$40/5	and the second s
ive//Owner:	4) FT : Follow	-Through Survey \$	120
ntact No:		-Through Survey (Resurvey) 3 g against INC Only (wef 10 Jan 2005)	30
maged Portion:	6) TR: Re-ins		175
		A + SMRT Survey \$1 ilional Services:-	60
Checked by (Engr-In-Charge):	OD.		
(Bugi-th-Charge):		A CONTRACTOR OF THE PARTY OF TH	\$5
ditors' Comments :-			25
J:	*N8; DV /	Collect Excess Coordination	\$5
	9) N12: Idac N	The second secon	30
2/3:	Invoice dated	Fee Charged	PARKET I
	Invoice dated	Fee Charged	SECTION .

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 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.
- 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.
- 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.

aforesaid.	a nereby consent to the archiving of this report at the contre and to copies of the report soling made available		
	ACCIDENT STATEMENT		
Date Of Report	05/10/2018 09:59		
Date Of Accident	04/10/2018 17:10		
Exact Location Of Accident	BUKIT TIMAH RD BEFORE CTE EXIT		
Country/State of Loss	SINGAPORE		
Notes and the second second second	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBH4534J		
Insured/Policyholder			
Name Of Registered Owner	M/S ARS M&E PTE LTD		
Co Reg No	201401599Z		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96523823		
Alternative Phone No	OFFICE-96523823		

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 3.0 MANUAL

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMCVSN3039181800

Cover Note Number

Driver

Name of Driver NATARAJAN RAMESH

 Passport No/FIN
 G7518079P

 Date Of Birth
 05/06/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/07/2010

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84074836

Fax Number

Contact Number OFFICE-84074836

EMail Address NOEMAIL

10 KAKI BUKIT AVENUE 4 Address

#09-75 PREMIER @ KAKI BUKIT

Postcode 415874

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

Insurance Company of Driver's Own Vehicle

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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 2 BUKIT TIMAH RD AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

2

Vehicle Registration Number SJZ5193M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver NISHA AGARWAL

NRIC/Passport Number S8363953I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

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
- 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:
 - (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")
- 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.
- 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:

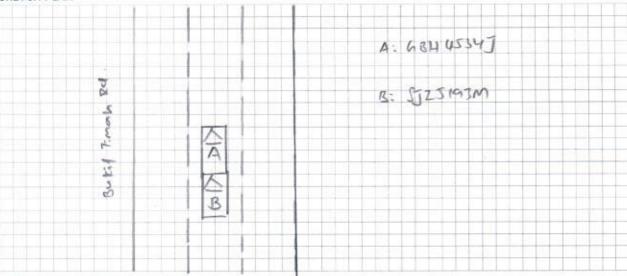
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

efer to offetement.		
LARATION		
declare the foregoing particulars are true in every respect.		71
4 0 N. Dead.	_	Man

Policyholder's Signature

Date & Time:

Driver's Signature

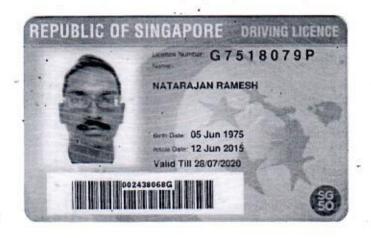
(If driver is not the policyholder)

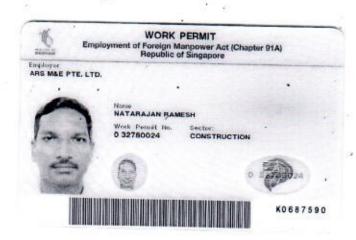
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











VEHICLE

中国太平保险(新加坡)有限公司

MZ300/C N SN AN0622A COMPREHENSIVE AUTOSAFE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

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DMCVSN3039181800

Engine No : 1KD2615896 Chassis No: KDY2318024933

1. Index Mark and Registration Number of Vehicle

GBH4534J

2. Name of Policy Holder

M/S ARS M&E PTE LTD

3. Effective date of the Commencement of Insurance for

08 JUNE 2018

EX SECT. IS\$1,500.00

the purposes of the Regulations, Ordinance or Enactment

(12:08 HOURS)

4. Date of Expiry of Insurance

07 JUNE 2019

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: "

- (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. : THINK ONE CREDIT 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.

Countersigned By:

Authorised Officer

Authorised Signatory