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Veh No . 40 8341H	i-Motor Claim Form	. 1	
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TP Insurer	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ax:
TP Particulars: Yeh No: GUA	KS CANOPY . INC		ax.
Owner / Driver: (19 01:104	Tel:	· 1
Policy No: (), Period	d: () Cover Type: (
Confirmed by : (Date:	Times	7
Insured/Driver Liability: (%) [No	(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	-20%; P: 21-79%. P: 80-1	00%]
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Drive-In()/Towed-In(); Invoice: \		; Towing Co: (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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

	ACCIDENT STATEMENT			
Date Of Report	18/10/2018 11:09			
Date Of Accident	10/10/2018 18:55			
Exact Location Of Accident	CHANGI CLUB HOUSE 2 NETHERAVON ROAD (\$508503)			
Country/State of Loss	SINGAPORE			
of the state of the state of the state of	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YP8341H			
Insured/Policyholder				
Name Of Registered Owner	UNI - TAT ICE & MARKETING PTE LTD			
Co Reg No	199406736C			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-99999999			
Alternative Phone No	OFFICE-62061739			
Vehicle Particulars				
Manufacturer	HINO			
Model	HINO XZU710R-HKFMS3			
Exact Purpose for which vehicle was being used a time of accident	t WORK			
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	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	B 29083968 MKC			
Cover Note Number				
Driver				
Name of Driver	VEERAPPAN ELAIYARAJA			
Passport No/FIN	G2158393L			
Date Of Birth	04/05/1991			
Occupation	OUTDOOR			
Date Of Driving Pass	26/05/2017			
Driving Experience	1 YEAR AND 4 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-99999999			

OFFICE-62061739

NOEMAIL

Address

UNI-TAT ICE & MARKETING PTE LTD

Postcode

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 HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? NO

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

NO 1

NO

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

- 0

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

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</u> and <u>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.
- Any false recording 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 (POPA)

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 lew 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.
- (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:

7 OCT 2018

Driver's Signature

(if driver is not the policyholder)

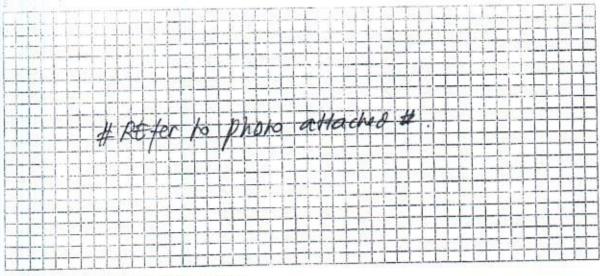
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17 OCT 2018



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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10/11/2018	6.95 pm was rainy day when I drove into loading bay.
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	clubhouse operation manager confirmed no injury & no da
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DECLARATION

We declare the foregoing particulars are true in wery respect.

Policyholder's Signature Date & Time: 1 7 QCT 7018

Driver's Signature (If driver is not the policyholder)

Date & Time DCT 2018

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC Shirtch Planform, VS

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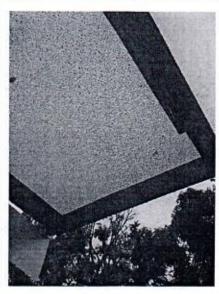
18/10/2018











IN TOTAL THE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.

- Inis form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 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.

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Time ef soddent	6.55 PM	(MM:MRA)
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ALL PROPERTY OF THE PARTY OF TH	DIETRIUS OF VIEKIOUE
Vehicle registration number	YP 8341H.
Vehicle make and model	
Type of vehicle	Saloon D MPV D CRV D Van D Lorry Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No p if no, please select: Third part claim D Reporting only D

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Insurance company	MSI6.	W	
Policy number	B 29083	1968 MEC.	
Type of policy	Comprehensive Z	Third party fire & theft o	TP only [

	INSURED / POLICY HOLDER	Carrie and the	
Name	UNI-TAT LUE & MARKETING PHE-UD.	Male 🗆	Female a
NRIC / Fin / Passport number	199406736 C.		
Contact	620 61739 .	-terat Dar	I.
Address	51 Ubî Avel # 01-26. PAYA Ubî Indu 56 408933.	istriac var	u .

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	VEERAPAN ELAIYARAJA . Male Female
NRIC / Fin / Passport number	6 2158 3936
Contact	62061739 .
Address	51 Ubi Ave 1 # 01-26 PAYA Ubi Industrian Park.
Email address	-
Date of birth	04/05/1991
Occupation	Indoor D Outdoor
Driving date pass	26/05/2017.

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Was injured conveyed to	Yes 🗆	No o
hospital by ambulance?		
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	Yes 🗆	No 🗆
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Was injured conveyed to hospital by ambulance?	Tes L	TO U



Employer UN-TAT ICE & MARKETING PTE LTD



VEERAPPAN ELAIYARAJA D 35790756



VISIT PASS igration Regula

97-94-32W

Name VEERAPPAN ELAIVARAJA



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO BURRENDER THE CARD WHEN IT IS CANCELLED ON HAS EXPIRED, OR WHEN A NEW CARD IS USUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Olass 3

Motor cars with unladen weight =< 3000kg with =< passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

26 May 2017

UP ADDA

Licence No:G2158393L



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD.

3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sg Tel: (65) 6742 6766 Fax: (65) 6742 6669

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE

Comprehensive

Certificate No. B 29083968 MKC

Excess: SGD800

- 1. Index Mark and Registration Number of Vehicle YPR341H
- 2. Name of Policyholder

Uni-Tat Ice & Marketing Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act
- 4. Date of Expiry of Insurance
- 10/05/2019

5. Persons or Classes of Persons entitled to drive

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- * Provided that the person driving is permitted in accordance with the licensing or other laws or 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 and pleasure purposes. The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- * 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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer