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OD Reporting Only	i-Photo Uploa	ded				
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		**********	notestario de por
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	IN 257 6:	. INC()/Non-INC	().		
Owner / Driver: (Tel:	20)	
	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time)	
Insured/Driver Liability: (%) [N	lote-Est. Status (W	O): N: 0-2	0%; P: 21-79%	6. P: 80-1009	/u]	
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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.
- 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.

Date Of Accident 04/12/2018 12:30 Exact Location Of Accident SINGAPORE SPORTS HUB NTUC LOADING BAY SINGAPORE SPORTS HUB NTUC LOADING BAY SINGAPORE SPORTS HUB NTUC LOADING BAY SINGAPORE DETAILS OF OWN VEHICLE SERVINGAPORE Wehicle Registration Number GBE2847K Insured/Policyholder Name Of Registered Owner Cor Reg No - Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-90612527 Vehicle Particulars Manufacturer Model HIACE Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Vehicle Category Vehicle Category No MSIG INSURANCE (SINGAPORE) PTE, LTD. Typpe Of Coverage Fleet Policy NO NO NO NO NO SIG INSURANCE (SINGAPORE) PTE, LTD. COVERNER PLENSIVE NO Policy Number Driver Value of Driver NAMIUGAM DHARMARAJ NRIC No G3220445M 15/06/1988 Docupation Date Of Birth 15/06/1988 Docupation Diving Experience 2 YEARS AND 8 MONTHS MALE Mobile Number Dorlock Which Experience 2 YEARS AND 8 MONTHS MALE Mobile Number Contact Number Contact Number	A REAL PROPERTY OF THE PROPERT	ACCIDENT STATEMENT
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Cover Note Number	Fleet Policy	NO
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Date Of Birth 15/06/1988 Docupation INDOOR Date Of Driving Pass 08/03/2016 Driving Experience 2 YEARS AND 8 MONTHS Gender MALE Mobile Number (LOCAL) +65-84351013 Fax Number Contact Number	Name of Driver	SHANMUGAM DHARMARAJ
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Gender MALE Mobile Number (LOCAL) +65-84351013 Fax Number Contact Number	Date Of Driving Pass	08/03/2016
Mobile Number (LOCAL) +65-84351013 Fax Number Contact Number	Driving Experience	2 YEARS AND 8 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-84351013
	Fax Number	
Mail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address 327 UBI AVE 1 #10-655

Postcode 400327

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 AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

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?

Was any other material or property damaged? YES

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

NO 0

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

AFTER I PARKED MY VEH AT THE SINGAPORE SPORTS HUB NTUC LOADING BAY, WHEN I PREPARE TO DELIVERY. SUDDENLY I SEE MY VEH SHAKING, I WENT TO CHECK MY VEH AND REALIZED THERE WAS ANOTHER LORRY WHILE PASS BY MY VEH, THE LORRY TAIL GATE DOOR OPEN AND HIT ONTO MY VEH RIGHT SIDE DOOR

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 YN257G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 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")
- 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

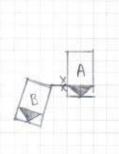
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A= GBE 2847K 6 = YN 257G.

singapore Sports hub ntuc loading bay

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 .:

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

ALIFF'S PUFFS N SUCH



SHANMUGAM DHARMARAJ OPERATION MANAGER

G3220445M

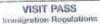
Date of Application 04-10-2017

07-11-2017

17-11-2020

L8432896





SHANMUGAM DHARMARAJ



15-06-1988 M

INDIAN

Date of Issue

Date of Expiry

G3220445M 07-11-2017

17-11-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES),

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

08 Mar 2016 08 Mar 2016

NP 428A



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

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) ROAD TRANSPORT ACT 1987 (MALAYSIA) (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. A 28832025 MKC

Excess: SGD1,500

 Index Mark and Registration Number of Vehicle GBE2847K

2. Name of Policyholder

Aliff's Puffs N Such

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 16/10/2018
- 4. Date of Expiry of Insurance 15/10/2019
- 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

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer