Date Inc.		Date & Time Completed	Done by
Date In: 10 1119 - 13:29	Jeb description		
Res No: Na (72 19000595 129	SAS e-filing		to the state of th
Veh No: 67 49960	E-mail (within Shrs, AIC 2hrs)		•
D.O.A : 8/1/19 - 10:00	i-Motor Claim Form	4	
OD : TP ! Reporting Only	i-Motor W/O (Within: OD 2h	rs, 7'P 4brs)	
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax:	
TP Particulars: Veh No:	INC (	)/Non-INC( )	
Owner / Driver: (	0.1	Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-100	%]
Year of Registration: ( )	Warranty: YES ( )/NO(	)	
Excess: (\$ ) Loading: \$1	,000()/\$2,000()	A CONTRACTOR OF THE STATE OF TH	The second
General Remarks:-			M 3
( ) Walk-In Customer's in	formation strictly Confidential & S	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu		Part of the	
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO ( );	Towing Co: (	
Remarks:- (INC hotline: 6788 6616)	N	Date& Time Completed	Done by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
192-94-0000 40 10)			CHECKET STATE STATE
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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.

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.		
	ACCIDENT STATEMENT	
Date Of Report	10/01/2019 13:39	
Date Of Accident	08/01/2019 11:00	
Exact Location Of Accident	DEFU LANE 12	
Country/State of Loss	SINGAPORE	
C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GT4996L	
Insured/Policyholder		
Name Of Registered Owner	LAYAN MANAGEMENT PTE LTD	
Co Reg No	200907311M	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90682048	
Alternative Phone No	OFFICE-90682048	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	FB511B0JRDEB	
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	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number	DMCVSN1663801802	
Cover Note Number		
Driver		
Name of Driver	DHANAVEL NATARAJAN	
Passport No/FIN	F7818625U	
Date Of Birth	11/02/1972	
Occupation	OUTDOOR	
Date Of Driving Pass	10/07/2012	
Driving Experience	6 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-81651519	
Fax Number	MATERIAL WILL RESIDENCE AND ADDRESS OF THE PROPERTY OF THE PRO	
Contact Number	OFFICE-81651519	

NOEMAIL

Address

65 UBI ROAD 1

#02-86 OXLEY BIZHUB

Postcode

408729

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

2

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

12:00

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

REFER TO STATEMENT.

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

SMF7790X

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)

#### 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")
- (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.

TALANIO THE

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

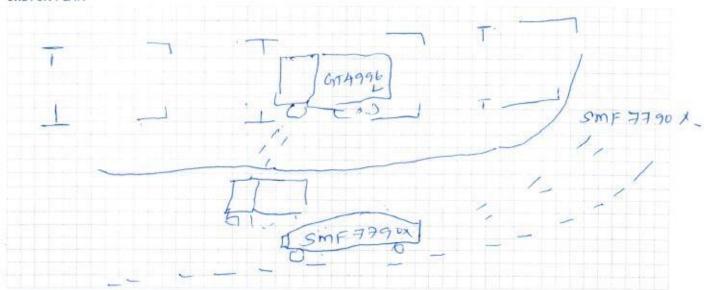
Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

vehicle from the parking grow (on the mod)  one (gx Suddenly turned in to my way.  but I look Side Mirror, reor mirror  i che croed well, but the Car come, Suddenly.  The core car came very fact at the side  of the model and tymrd near the temple.  After I got noticed i met with an  quident. The accident happened 11:30 am  at address defor ane hor 12:
accident. The accident happened 11: 30 am

# DECLARATION

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

Policyholder's Signature 2997 Date & Time:

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

NRIC/FIN No .:

Variable sales to the control of

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 08/01/2019Time: 11:00 (hh:mm) 24 hr format				
Location Defu Lane 12.				
Vehicle Number 97 4996 L				
Insured Name Layan Management Pte Ltd				
NRIC/FIN 200907311M. Contact Number 9068 2048.				
Make Mitsubishi Model FB511B0JRDEB.				
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting				
Insurance Company China Taiping				
Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number DMCNSN166 3801802				
Name of Driver Dhanavel Natarajan ( )Same as Insured				
•				
NRIC / FIN F 78186>5U Contact Number 8165 1519.				
Date of Birth 11   02   1972.				
Driving Pass Date 10   07   >012				
Occupation ( ) Indoor ( V ) Outdoor				
Gender (V) Male ( ) Female				
Email Address Layanmanagement PL @ gahoo. com ( )NO EMAIL				
Address of Driver 65 Ubi Road 1 # 02-86				
Oxley Bizhab Singapore 408729.				
Was driver an employee of the Insured's Company? (V) Yes () No				
If No, Relationship of the Driver with the Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( ) Clear ( ) Raining ( ) Others				
Road Surface (V) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( ) Yes ( ✓ ) No				
If yes , injured detail				
Was there any video captured by Car Camera? ( ) Yes (✓) No				
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B SMF 7790 X				
Veh C				
Veh D				
Veh E				
Veh F				



G74996L Driver

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

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc 10 Jul 2012

Motor cars with unladen weight =< 3000kg with =< 7 10 Jul 2012

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

NP 428A



SPASS

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

Employer ROYAL'S ENGINEERING & TRADING (S) PTE, LTD.



Name DHANAVEL NATARAJAN

5 Pacs No. 0 31153891

Sector CONSTRUCTION





.

K1049406

GT4996L

Diver

VISIT PASS Immigration Regulations

24-12-2018

Name DHANAVEL NATARAJAN



FIN F7818625U

Date of Birth 11-02-1972

INDIAN

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.





# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

51 Reg No 2002083845

MZ300/C R SN AN0335A Cov. Type: T

MOTOR COMMERCIAL VEHICLE

### CERTIFICATE OF INSURANCE

otor Venicies (Third-Party Risks and Compensation) Act (Chapter 189). Moter Venicies (Third-Party Risks and Compensation (Rules 1960). Road Toesport Act 1987 (Malaysia). Motor Venicies (Third-Party Risks) Rules (1959) Malaysia).

ORIGINAL

CERTIFICATE NO.

DMCVSN1663801802

Engine No :4M40DG8230 Chano: FB511BA40854

1 ricex Mark and Registrator

GT4996L

Number of Vehicle

Name of Policy Hoder

LAYAN MANAGEMENT PTE LTD

Effective date of the Commencement of insurance for the purposes of the Regulators. Ordinance de Enadoreir

19 September 2018

4. Date of Expery of Insurance

18 September 2019

5. Persons of Classes of Persons entitled to grive."

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.

fill imitations at 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.

\* 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.

Issued By ...... AIK CHONG INSUBANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory