Date In: 23/3/19-13:34	Jeb description	Date & Time Completed	Done by	
Ref No: AA Cn 1900486124	SAS e-filing			
Veh No: 67800 6L	E-mail (within Shrs, AIC 2hrs)	i i		
D.O.A: 29/15- 9:10	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)			
OD TP Peporting Only	i-Photo Uploaded			
TD lunuses	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No: Se	957391A INC(316	
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%1	
Year of Registration: ()	Warranty: YES ()/NO ()	3001	
Excess: (\$) Loading: \$				
General Remarks;		27777 SANK GAGE (1957)	as to the	
() Walk-In Customer : Customer's in	nformation strictly Confidential & St	stead (15) containing	W. C	
() Total Loss Case : to e-mail Ins		ictly NO refer of repairer.		
			+	
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (.)	
Remarks: (INC hotline: 6788 6616)) \	Date&Time Completed	Done by	
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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	27/03/2019 17:34		
Date Of Accident	27/03/2019 07:10		
Exact Location Of Accident	SLIP RD JURONG TOWN HALL RD TWDS WEST COAST RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GZ8006L		
Insured/Policyholder			
Name Of Registered Owner	CAUSEWAY MARINE PTE LTD		
Co Reg No	200606130K		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-62249989		
Vehicle Particulars			
Manufacturer	SSANGYONG		
Model	MUSSO 4X4 2.9L AUTO D/CAB ABS AIRBAG		
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	THIRD PARTY		
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	DMCVSN1660331802		
Cover Note Number			
Driver			
Name of Driver	JAYARAMAN SENTHIL KUMAR		
NRIC No	S7366201Z		
Date Of Birth	27/06/1973		
Occupation	INDOOR		
Date Of Driving Pass	17/05/2001		
Driving Experience	17 YEARS AND 10 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90677424		
Fax Number			
Contact Number	OFFICE-90677424		

NOEMAIL

BLK 33 TEBAN GARDENS ROAD Address

#10-265 600033

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

Postcode

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 (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: 4 -

GENDER: : FEMALE

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

SGF7591A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1 Name Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

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 aforesald.
- 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.

Bunther

- (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 y Signature

Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	STATIONARY STOPPED AT THE QUEWAS LINE OR THE SUIP
	COINH INTO WEST COAST ROAD FROM JURONG TOWNHALL ROAD
WHILE	STOPPED AT THE GNEWAY LINE CIVING WAY TO ON-GOIN
	ALONN THE MAN ROAD (WEST WAST ROAD) SHOORNLY, I B CHROST IMPACT FROM THE RAPR OF MY VAHICUE.
Au an	THE FROM MY VALUETE OND MEDITARY IT WAS A
	LE WITH LICENCE PLATE NUMBER (SGF7591A)
Collin	DED TO THIE REAR OF MY VEHICLE.
VEMICE	NE A - 65 8006 L
VEHI C	CR B - SGF 7591 A

DECLARATION

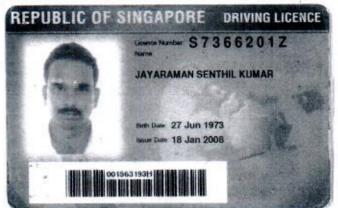
I/We declare the foregoing particulars are true in every respect.

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

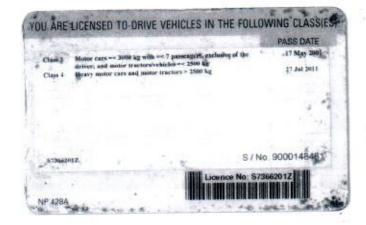
Reporting Centre Personn Name:

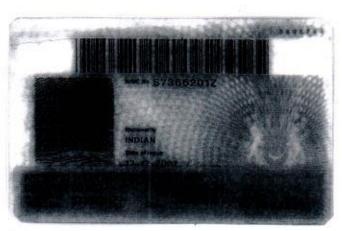
Name: NRIC/FIN No.:

Vehicle No.	GZ 8006 L Model/Make SSANGYONG MYSSO					
Date of Accident	27/03/2019					
Time of Accident	OFIO HRS					
Location of Accident	PRIVATE USIZ CHUNK TO OFFICE					
Exact purpose use during acci	dent sur was from Juneany town you was town					
Name of Owner	CAMBRWAS MARINE PIR LTD RUMO					
Telephone No.	H/P: Home: Office: 62249999					
NRIC	200606130K					
Address	20 MAXWELL ROAD HID-OOL MAXWELL HOUSE 5 (069113)					
Claim type	OD THIRD PARTY REPORTING ONLY					
Insurance Company	CHINA TOI PING					
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft					
Policy No.	PMCUSN 1660331802					
Name of Driver	As Above If No, JAMARA MAN SENTHIL KMMAR					
NRIC	S73662017 Any Passengers: 1 (DOMANTER)					
Date of birth	27/06/1943					
Occupation	Outdoor / Indoop					
Driving License Pass Date	17 MAY 2001					
Gender	Mate / Female					
Contact No.	H/P: 9067 7424 Home: Office:					
Address	BUK 3 3 TEBAN GARDENS ROAD HIU-265 5 (600033)					
Driver have any own vehicle	No If yes, Reg No.					
Relationship	Employee, If no, state					
Weather condition	Clear Raining Other					
Road Surface	Dry Wet Other					
Any Injuries	No, If Yes Who?					
Name And Contact No.	JAMARAMAN SENTHIL KUMAR 9067 7424					
Name And Contact No.						
Police Report	(76) If Yes, Where?					
Vehicle B No.	SGF 7591 A Any Passengers:					
Name of Driver	Contact No. :					
Vehicle C No.	Any Passengers :					
Vehicle D No.	Any Passengers :					
Vehicle E no.	Any Passengers :					
Vehicle F No.	Any Passengers :					
Vehicle G No.	Any Passengers :					
Witness Name	Witness Contact :					
Accident Portion	REAR PORTION					
Camera Recorder	Yes / No					
Email Address	Tes / No					
Ellian Address						
PARTICULAR WORKSHOP	TUINCON AUCOMOTIVE PTIZ LTD					
CONTACT NO.	6842 0051 / 6744 0510					
CONTACT PERSON	IAN					
FAX NO	6741 0510					
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg					











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 2002083845

MZ300/C R SN AN0044A Cov.Type: T

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

oror Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act. 1987 (Malaysia) Motor Vehicles (Trird-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

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DMCVSN1660331802

Engine No :66292012162448 Chano: KPAWA2EDS6P414224

1. Index Mark and Registration

GZ8006L

Number of Vehicle

2. Name of Policy Holder

CAUSEWAY MARINE PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

12 September 2018

4. Date of Expiry of feaurance

11 September 2019

5. 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.

- 8. 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.

* 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 (Majaysia), 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.

LIM SHU MIN Issued By: Authorised Officer

Authorised Signatory