1 . per et 1.20 NATIONAL Assessment Centre Services. (wel I Jan'ou) . MMA 119 069393 Done by Date &Time Completed Date In: Job description 2815/19 14:47 SAS c-filling Ref No: MAI CTZ1900,9372/64. Vch No: E-mail (within Shrs, AIC 2hrs) GBH 3258 M i-Motor Claim Form DOA: 27/5/19 20:00. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (II) - Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Professed Wksp / INC Assign Wksp / GW: (FAX: TP Particulars: Veh No: INC ()/Non-INC (SFA 66 J .. Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: () Tima: Confirmed by : (Dates Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Execus: (\$ Loading: \$1,000 ()/\$2,000 (Couclette in the said of the s) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repelier.) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () ; Towing Co: (Compression of CINC hourse 6788 6616085 1) Apply for Transfort Allowance ()/ Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Dute/Lime & Netions 1) AR : Acadent Reporting (530); 2) DA : Damege Assessment (5100) Charant's Particulary's INC (\$80) \$40/\$45 3) TF : Towing Pee Driver/Owner: 4) FT : Follow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) Contact No: For claiming against INC Only (wor 10 Jan 2003) 6) TR : Re-Inspection Damaged Portion: 2160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): * N5: Courtesy Car / Tpt Allowance * N6: Repair Co-ordination 23 510 \$2.5 * N7: Post Repair Inspection Auditors Comment *Na: DV / Collect Excess Coordination 33 TP (N11): TP (Kin INC) against INC \$20 [al. 1: 9) N12: Idao Mobile Fee Charged Involve dated 30 2/3;

Involce dated

Fee Charged

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 <u>truthful and accurate</u> 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 27/05/2019 20:00 Exact Location Of Accident ALONG MCE TWDS TUAS Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GBH3258M Insured/Policyholder Name Of Registered Owner Mrs JH TYRES & BATTERIES PTE LTD Co Reg No - NOEMAIL Mobile Phone No Alternative Phone No OFFICE-62658060 Vehicle Particulars Manufacturer TOYOTA Model DYNA Exact Purpose for which vehicle was being used at time of accident accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. COMPREHENSIVE NO Policy Number DMCVSN3025421900 Cover Note Number DMCVSN3025421900 Cover Note Number UEERAMANI UMANATH NRIC No G3005168N Date Of Birth 14/03/1988 Occupation OUTDOOR Date Of Driving Pass 01/11/2018 Mobile Number (LOCAL) +65-86467148		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GBH3258M Insured/Policyholder Name Of Registered Owner Co Reg No	Date Of Report	28/05/2019 14:47
Country/State of Loss DETAILS OF OWN VEHICLE	Date Of Accident	27/05/2019 20:00
Vehicle Registration Number GBH3258M Insured/Policyholder Name Of Registered Owner Cor Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Model DYNA Exact Purpose for which vehicle was being used at time of accident Vehicle Category If No, Please state action to be taken Vehicle Category No Commercial Vehicle Insurance Company Name of Insurance Company No Coverage Commercial Vehicle Commerci	Exact Location Of Accident	ALONG MCE TWDS TUAS
Vehicle Registration Number Insured/Policyholder Name of Registered Owner Cone y No Alternative Phone No Alternative Phone No Alternative Phone No Alternative Phone No OFFICE-62658060 Vehicle Particulars Manufacturer Model DyNA Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category No No Alternative Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy No DMCVSN3025421900 Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driver VEERAMANI UMANATH NRIC No G3005168N Date Of Birth Occupation OUTDOOR Date Of Driving Pass Driving Experience O YEAR AND 6 MONTH Mable Number Contact Number Contact Number Contact Number Contact Number	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner Co Reg No	D	ETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No	Vehicle Registration Number	GBH3258M
Co Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-62658060 Vehicle Particulars Manufacturer Model DYNA Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company No Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Dirver Name of Driver Name of Driver Name of Driver VEERAMANI UMANATH NRIC No G3005168N Date Of Birth 14/03/1988 Occupation DutDOOR Date Of Driving Pass Driving Experience Gender MALE MOEMAND MERCIAL VEHICLE MOEMAND MOE	Insured/Policyholder	
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Name of Driver VEERAMANI UMANATH NRIC No G3005168N Date Of Birth 14/03/1988 Occupation OUTDOOR Date Of Driving Pass 01/11/2018 Driving Experience 0 YEAR AND 6 MONTH Gender MALE Mobile Number (LOCAL) +65-86467148 Fax Number Contact Number	Cover Note Number	
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Date Of Birth 14/03/1988 Occupation OUTDOOR Date Of Driving Pass 01/11/2018 Driving Experience 0 YEAR AND 6 MONTH Gender MALE Mobile Number (LOCAL) +65-86467148 Fax Number Contact Number	Name of Driver	VEERAMANI UMANATH
Occupation OUTDOOR Date Of Driving Pass 01/11/2018 Driving Experience 0 YEAR AND 6 MONTH Gender MALE Mobile Number (LOCAL) +65-86467148 Fax Number Contact Number	NRIC No	G3005168N
Date Of Driving Pass 01/11/2018 Driving Experience 0 YEAR AND 6 MONTH Gender MALE Mobile Number (LOCAL) +65-86467148 Fax Number Contact Number	Date Of Birth	14/03/1988
Driving Experience 0 YEAR AND 6 MONTH Gender MALE Mobile Number (LOCAL) +65-86467148 Fax Number Contact Number	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-86467148 Fax Number Contact Number	Date Of Driving Pass	01/11/2018
Mobile Number (LOCAL) +65-86467148 Fax Number Contact Number	Driving Experience	0 YEAR AND 6 MONTH
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-86467148
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address 7 KEPPEL RD #03-22

Postcode 089053

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 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)

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?

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

YES NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: LEOK YIK HAI

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: 65470000 - FAX NO:

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SFA66J

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 17

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VEERAMANI UMANATH

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? GBH3258M Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name LEOK YIK HAI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBH3258M

Were seat belts worn? YES

Was this injured conveyed to hospital by NO

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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

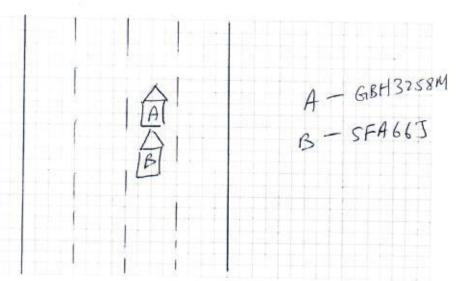
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

n	the	St	ited	time	and	dete	13	wws	driving	my
			MCE						<u> </u>	J
										- 111
	u									
										History Service

DECLARATION .

I/We declarethe 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.:

Ø11	STATE TO STATE OF THE STATE OF
Date of Accident	: 37/5/19 Accident Time: 8pm (24-HR-Format)
Accident Place	: Along MCE towards They
Vehicle. No. (Car Plate No.)	: GBH 3258M Make/Model: Toyota Dyna
Insurace Company	: China Taiping Policy No: DMCVSN 3025421400
Owner or Company Name /IC No.	: Jit Tyres & Batteries Pte Ltd
Owner or Company Contact No.	:_ 6265 8060 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Veeraman: Umarath / Cr 3005168N
DRIVER'S Date Of Birth	: 14/3/1487 DRIVER'S License Pass Date 01/11/2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: T Keppel Road #03-22 Tanjong Pagar complex
DRIVER'S Contact No./ Alt No.	:1) 86467148 2) 5089053
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr.	iver): 2 penon
Any mjury (If YES, Pls state):	camera: YES\NO being used at the time of accident: Private use \ Work purpose Lo arty Driver's Particular (if any)
Vehicle, No: SFA 665 (4. 4)
Vehicle Make\Model:	·
MANAGEMENT CONTRACTOR OF THE PARTY OF THE PA	
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name & Leok YIK Hai (N	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

1 of 3 Report No. T/20190528/2068

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2019 12:34		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		The state of the American State of the State	
	f Informant: MANI UMAI		Address:		
ID Type / ID No.: FIN NO / G3005168N Nationality: INDIAN		BN	Contact No.: Home/Office: Mobile: 86467148 Email:		
Sex: Age: Date of Birth: 14/03/1988		Date of Birth: 14/03/1988	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: SERVICE SECTOR			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2019 20:00	Type of Location Straight Road	
Location: Along Road 1 AYER RAJAH	LEXPRESSWAY				
MCE > AYE,	TANJONG PAGAR FLYOV	ÆR			
Class		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collisi Between Movi	on: ng Vehicles - Head To Rea	ar	Ai	nyone conveyed by mbulance:	

Details of V	ehicle Invo	lved	化中国的	AS A SERVICE		Discount of the second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH3258M	Lorry	TOYOTA	DYNA 150	Silver	Slightly	1
GDITOZOOM	Lony	TOTOTA	5MT	Silver	Slightly	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190528/2068

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location

I was travelling along the said location. I was travelling on lane 2 of the 4 lane straight road. The involved vehicle (SFA66J) suddenly collided onto the rear of my vehicle. The impact caused from the accident forced my vehicle to thrust some 15 meters forward. The driver was then conveyed to hospital afterwards.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190528/2068

CONTINUATION OF REPORT

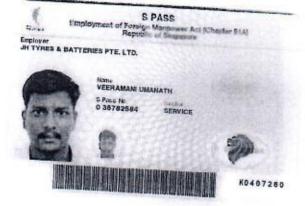
Sketch Plan

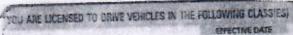
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:		Signature Of Informant:	
NG JIN SHENG	3	of Fredrokes	
Signature Of Interpreter: Not applicable		Date/Time: 28/05/2019 12:34	
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	THE PERSON NOT I	Classification Of Case: SINGAPORE POLICE FORCE	
Authentication Stamp NP168	Signature:	-	T T







S / No.9000315180

G3005168N

NP 428A

VEERAMANI UMANATH 14-03-1988 M MULTIPLE JOURNEY VISA ISSUED TO



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



中国太平保险(新加坡)有限公司

M7.300/C N SN AN0628A 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)

Authorised Officer Authorised Signatory	CERTIFICATE No.	DMCVSN3025421900	Engine No :1KD2796019 Chassis No:JTFAT35Y30K210261
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 20 APRIL 2019 EX SECT. I		GBH3258M	
the purposes of the Regulations, Ordinance or Enactment 4. Date of Expiry of Insurance 29 APRIL 2020 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. 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 PLASSURE PURPOSES. THE POLICYHOLDER'S BUSINESS. (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. **Countersigned By: Authorised Officer Authorised Signatory **Countersigned By: Authorised Officer Authorised Signatory	2. Name of Policy Holder	M/S JH TYRES & BATTE	ERIES PTE LTD
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	3 Anson Road #16-00 Springleaf Tower Singap		