

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 withholding 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 | 08/08/2019 15:37 |
| Date Of Accident | 31/07/2019 02:30 |
| Exact Location Of Accident | BUKIT BATOK BUS INTERCHANGE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | XB5156G |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S YISHUN TOWING PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64588480 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | FUSO FV415K |
| 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 | DMCVSN1902961900 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | THANGARASU SANKAR |
| Passport No/FIN | G7642835U |
| Date Of Birth | 13/04/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/02/2016 |
| Driving Experience | 3 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96288480 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 4015 ANG MO KIO AVE INDUSTRIAL 1 #01-502 |
| Postcode | 569631 |
| 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 | NO COLLISION |
| 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 | 1 |
| 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 |
| Number of Passengers (Including Driver) | 1 |

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

PLEASE 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 | WALL |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | GOVERNMENT |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Singapore Accident Statement

| | |
|--|---|
| Accident Date & Time: 21/7/19 @ 0230 hrs. | |
| Accident Location: Bukit Batok Bus Interchange | |
| Vehicle Number: XB 5156 G | Make/Model: |
| Policyholder Name: Yishun Towing Pte Ltd | |
| NRIC: 200106908 W | Mobile: 64588480 |
| Email: | |
| Insurance Company: China Tai Ping | |
| Policy Number: BMCVSN1902961900 | Policy Period: 1st March 2019 - 29/2/2020 |
| Policy Coverage: Comprehensive() Third Party(✓) Third Party Fire & Theft() | |
| State Action Taken: Claim Own Policy() Claim Third Party() Reporting Only(✓) | |
| Driver Name: Thirugarasi Sankar | |
| NRIC: 67648835 U | Mobile: 96788680 |
| Date Of Birth: 13.04.1984 | Driving Pass Date: 06 08 2016 |
| Gender: Male(✓) Female() | Occupation: Indoor() Outdoor(✓) |
| Address: Blk 4015 Ang Mo Kio Ave Industrial 1 #01-502 S(569631) | |
| Is driver an employee of the Insured's Company: Yes(✓) No() | |
| If No, Relationship of the Driver with the Insured: | |
| Owner() Spouse() Friend() Relative() Children() Sibling() Hirer() | |
| Weather Conditions: Clear(✓) Raining() Others()- | |
| Road Surface: Dry(✓) Wet() Others()- | |
| Was any <u>foreign vehicle</u> involved in this accident? Yes() No(✓) | |
| Was anybody injured in the Accident? Yes() No(✓) | |
| Was there any video captured by Car Camera? Yes() No(✓) | |
| Number of Passengers (Including Driver): | |
| Insured's Passenger Name : | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| Was the accident reported to the police? Yes() No() Attach Police Report, if any | |
| 3rd Party Name: | |
| Vehicle Number: | Make & Model: |
| NRIC: | Mobile: |
| Witness Details (If any): | |
| | |

SKETCH PLAN

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7. 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:
 - (i) 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.



Policyholder's Signature
Date & Time:

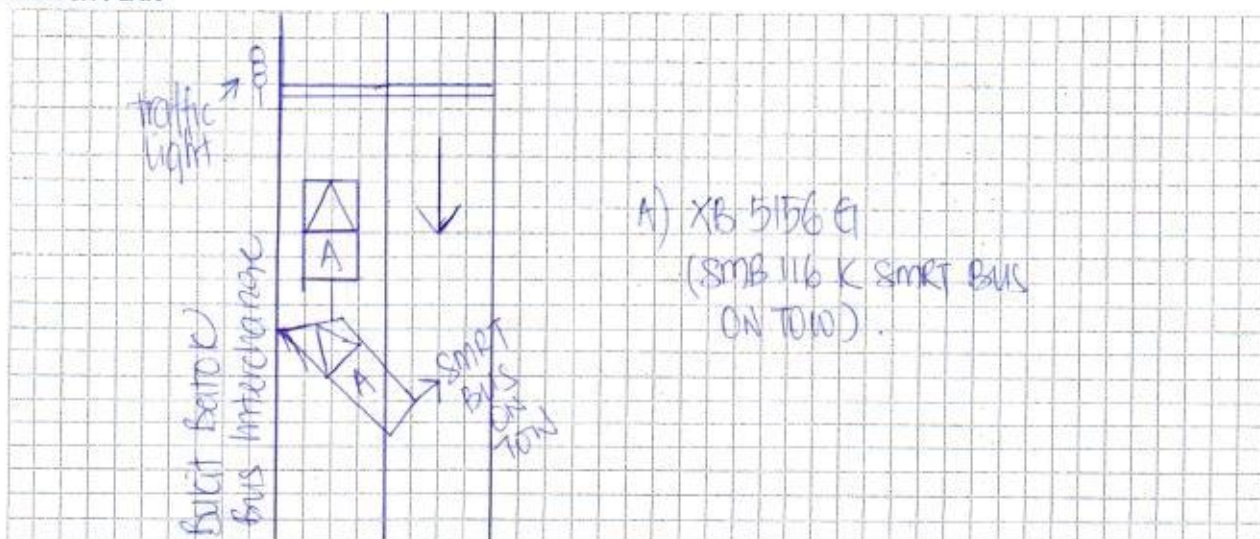


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at the traffic light junction of Bukit Batok Interchange with a smart bus tow behind due to traffic light was red. When the traffic light turns green, I proceed to move off, however the engine stalled. I try to start the vehicle however it could not start. Due to the weight of the smart bus which is on tow, my truck start to roll backwards and collided onto the wall. (The smart bus rolled backwards and collided onto the wall).

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD / TP at other workshop

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



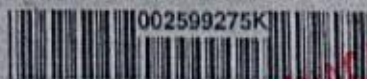
Licence Number: **G 7 6 4 2 8 3 5 U**
Name:

THANGARASU SANKAR

Birth Date: **13 Apr 1984**

Issue Date: **16 Aug 2016**

Valid Till **07/09/2021**



002599275K

For LKK/NAC Use Only

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

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles ≤ 200 cc | 08 Sep 2011 |
| Class 3 | Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg | 08 Sep 2011 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg | 05 Feb 2016 |
| | Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250 kg | |



Licence No:G7642835U

NP 428A



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

Employer
YISHUN TOWING PTE LTD



Name
THANGARASU SANKAR

S Pass No.
0 33087942

Sector
MANUFACTURING



K1226230

For IMMIGRATION Use Only

VISIT PASS

Immigration Regulations

06-03-2019

Name
THANGARASU SANKAR

FIN
G7642835U

Date of Birth
13-04-1984 Sex
M

Nationality
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.**

Download SGWorkPass
App to check status



For IMMIGRATION Use Only

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)

CERTIFICATE No. DMCVSN1902961900 Engine No :8DC9513481
Chassis No:FV415KA40496
Index Mark and Registration Number of Vehicle XB5156G
Name of Policy Holder M/S YISHUN TOWING PTE LTD
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 1 MARCH 2019 EXCESS SECT. IIS\$1,000.00
Date of Expiry of Insurance 29 FEBRUARY 2020
Persons or Classes of Persons entitled to drive *

- (1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.
(2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES 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.

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 RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.

* 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.

Witnessed By:


Authorised Officer


Authorised Signatory