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Carried Car

#### 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 <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.
- 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.
- 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.

AND PROPERTY OF THE PROPERTY O	ACCIDENT STATEMENT	
Date Of Report	16/10/2019 15:49	
Date Of Accident	13/10/2019 14:10	
Exact Location Of Accident	LOR 6 TOA PAYOH SLIP RD INTO KIM KEAT LINK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG4537G	
Insured/Policyholder		
Name Of Registered Owner	EKAY ELECTRICAL ENGINEERING PTE LTD	
Co Reg No		
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-63543133	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	DYNA	
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	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN3049911901	
Cover Note Number		
Driver		
Name of Driver	THANGARAJU SENTHIL KUMAR	
Passport No/FIN	F7741871R	
Date Of Birth	16/09/1969	
Occupation	OUTDOOR	
Date Of Driving Pass	16/12/2008	
Driving Experience	10 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-81125544	
Fax Number		
Contact Number		

NOEMAIL

Address BLK 6 KIAN TECK DORMITORY #02-05

Postcode 628920

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 Registration Number of Driver's Own

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

2

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.

1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

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

NO
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

PC3382Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE
Name of Driver WONG CHING WANG

NRIC/Passport Number S1545376A

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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

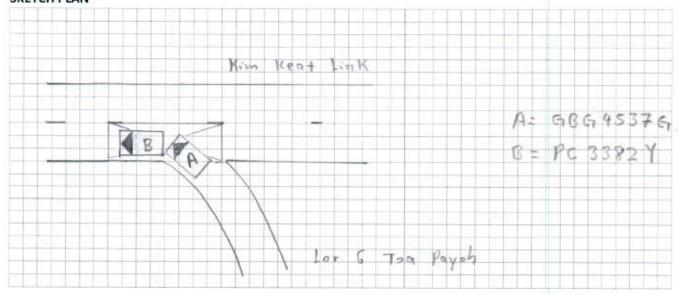
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

## SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to	Statement	

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.: I STOP AT THE SLIP RD FROM LOR 6 TOA PAYOH INTO KIM KEAT LINK, VEH B WAS INFRONT OF ME, WHEN I SAW VEH B ALREADY MOVING OUT TO THE MAIN ROAD, THEN I CHECK ON MY RIGHT SIDE AND STARTED TO MOVE. ALL OF A SUDDEN, VEH B STOP AFTER THE GIVE WAY LINE, I MANAGE TO STOP BUT STILL HIT ONTO VEH B REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: 13 10 19 (DD/MM/YYYY), TIME: (14:10) (HH:MM)
LOCATION: Slip Rd. Kim Keat link. from Lor 6 Toa Par
7
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: 98645376.
b)INSURANCE COMPANY: Toyota byna
C)POLICY NUMBER:
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:
f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
NPURPOSE OF USING AT ACCIDENT TIME: WO T K: 4 9
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
ANAME Bray Electrical Engineering (MALE/FEMALE)
b)NRIC/FIN/PASSPORT:CONTACT: 63543133.
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passenger DRIVER
(Including driver) a) NAME: Thanggray Senthil Kumar. (MALE/FEMALE)
CONTACT: 7/12 53 44
CIADDRESS: BIKG Kign Teck pormitory # .02-05.
*d)DATE OF BIRTH: ()(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING-/ OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE  A Passinger a) VEHICLE NUMBER: PC 33 82 Y. MODEL:
is inclusting driver) b) DRIVER'S NAME: wong thing wong
c) NRIC/FIN/PASSPORT: S 1545376A CONTACT:
9. THIRD PARTY VEHICLE
The expression d) VEHICLE NUMBER:MODEL:
Industing driver)   DRIVER'S NAME:
F) NRIC/FIN/PASSPORT:CONTACT:
i s
* chop. email = Kumarek 9762@gmail.com.
fax = general@av
fax = general@ekayes.com.sg
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A CONTRACTOR OF THE CONTRACTOR



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ300/C R SN AN0600A Cov. Type: C

NOTOR COMMERCIAL VEHICLE

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)

**ORIGINAL** 

Engine No :1KD2729831

C	ERTIFICATE No.	DMCVSN3049911901	Chano: JTFAT35YX0K208457
1,	Index Mark and Registration Number of Vehicle	GBG4537G	AUTOSAFE
2.	Name of Policy Holder	EKAY ELECTRICAL ENGINEER	ING PTE LTD
3.	Effective date of the Commencement of Insurance for the purposes of the Regulation Ordinance or Enactment	s, 14 August 2019	Excess Sect I

4. Date of Expiry of Insurance

13 August 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 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.

HIRE PURCHASE CO.: HL BANK AS HP OWNER
\*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.

..... CS .INSURANCE AGENCY .PTE LTD. Authorised Officer

**Authorised Signatory**