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TP Particulars: Veh No:	-49/3R. , INC	( , )/Non-INC( ).	9 4
Owner / Driver: ( -		Tel:	
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### 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,
- 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.

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.

	ACCIDENT STATEMENT	
Date Of Report	11/03/2020 11:41	
Date Of Accident	10/03/2020 14:10	
Exact Location Of Accident	DAIRY FARM ROAD TOWARDS UPPER BUKIT TIMAH ROAD	
Country/State of Loss	SINGAPORE	

Crountly Country on Eloca			
DESCRIPTION OF THE PROPERTY.	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBJ3744R		
Insured/Policyholder			
Name Of Registered Owner	M/S SAS M&E PTE LTD		

Co Reg No 2XXXXX107Z

Email Address BCVIJAY.CHANDRAN@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-83090809

 Alternative Phone No
 OFFICE-67639981

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

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 COMPREHENSIVE

Fleet Policy NO

Policy Number DMCVSN1915751900

Cover Note Number

Driver

Name of Driver CHANDRAMOHAN VIJAYARAJAN

 NRIC No
 SXXXX622F

 Date Of Birth
 08/06/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/01/2016

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83090809

Fax Number

Contact Number OFFICE-67639981

EMail Address BCVIJAY.CHANDRAN@GMAIL.COM

Address

BLK 231 BUKIT BATOK EAST AVENUE 5

#12-75

Postcode

650231

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

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

NO

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

NO

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)

2

Passenger 1

NAME:

: GAZIL BIN MOHAMAD

GENDER:

: MALE

**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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLF4913R

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN DING CHAO

NRIC/Passport Number

SXXXX804H

Contact Number

96441466

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

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</u> and <u>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.
- 6. 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")
- 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)

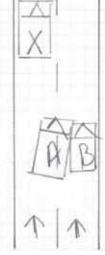
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A) GBJ 3744R B) SLF 4913 R



DAIRY FARM ROAD TOWARDS UPPAR BUKN TIMAH BAD.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Dairy form Read on 10/3/20 at about
Dpm, The Van Iwas driving (GBJ STAKE) and a Car SLEA913K
was Involved in a minor accident.
My intention was to take lane Changing From and lane
to set land, while filtering to my right the Vehical number
SLF 49138 Scrap my right side of My vehical cloor.
The damage to my Van home scratches of Pight Side
door, and The car had a minor scratches from the
left door to the left passenger door (photoAttacked)
No one was Injured inthe Braident.

## DECLARATION

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

Policyholdur's Signature Date & Nine:7

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: MRIC/FIN No.: Rost Moran

# ACCIDENT STATEMENT

ACCIDENT DATE: 10. 103/2020 (DD/MM/YY	YY), TIME: ( 14 : 02 ) (HH:MM)-
LOCATION: Datry form Road	Towards Upper Robit Timehrose
1. DETAILS OF VEHICLE	
· GIVEHICLE NUMBER: GIBT 3744 P.	3
DINSURANCE COMPANY: CHINA TAI PIN	Of Insurance (Surjective) PIS LID
C)POUCY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	ARTY / THÍRD PARTY FIRE &THEFT)
SIMAKE & MODEL: TO, VOTA HIACE	MACO DE SECURIO
I)TYPE:(SALOON / COUPE / MPV (VAN / LOR	RY / MOTORCYCLE / OTHERS)
9/ VEHICLE CATEGORY: [PRIVATE / COMMERC	TAL / MOTOPOVOLEL
THE VERY SECTION OF A LACCIDENT TIME.	Alex has n
JAKE YOU CLAIMING UNDER YOUR OWN INS	IRANCE IVES/NOT
IF NO, FLEASE STATE (THIRD PARTY CLAIM / R	EPORTING ONLY)
2. MASSIED / POLICY HOLDER	the contract accounts to
AINAME: M/s SAS NAE PTE LTC	(MALE / FEMALE)
DINRIC/FIN/PASSPORT: 2010191072	CONTACT: 67639981
GAZIL BIN CIADDRESS: 1. TOH TUCK LINE	
	596202
CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER
of passange Oriver	
(Including driver) DINAME: CHANGE ANOHAN - YNAVARAJAN	(MALE / FEMALE)
O/NRIC/HN/PASSPORT: S 8686630F	CONTACT: \$2-90000
CIADDRESS: BIE 231, BUETT BATOK EA	AST AVE 5
* IDATE OF RIPTHAL OF A LANGAPORE	L-610231
*d)DATE OF BIRTH: ( C8 / C6 / 1986 )(DD//	MM/YYYY)
FIGHTE OF DRIVING PASC 13/Jan	2.4
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	2016
IF NO, RELATIONSHIP OF THE DRIVER WITH	D'S COMPANY? (YES / NO)
5. g) WEATHER CONDITION: (CLEAR / RAINING / C	TINSURED:
b)ROAD SURFACE: (DRY / WET / OTHERS	THERS
<ol> <li>WAS ANYBODY INJURED (YES / NO.)</li> </ol>	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	17 E
8. THIRD PARTY VEHICLE	
THE OF PASSINGER OF VEHICLE NUMBER CIE 1912 P	MODEL: TOYOTA PRIUS
DAIVER S NAME TAN DING CHAP	
( ) NAIC/HA/FASSFORT: 59 3 20 804 H.	CONTACT: 96441466
7. THIRD PARTY VEHICLE	
No of passanger of VEHICLE NUMBER:	MODEL:
( India dea de la ) of Oniversitation	
NRIC/FIN/PASSPORT:	_CONTACT::

email = bayyay CHANDRAN @ GMail. com



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ME300/CN SN AN0650A Com. Type: C

Page 1 of 4

## 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. Engine No :1KD2850906 DMCVSN1915751900 Chassis No: JTFHT02P200248763 Index Mark and Registration Number of Vehicle GBJ3744R 2. Name of Policy Holder M/S SAS MAE PTE LTD Effective date of the Commencement of Insurance for 9 APRIL 2019 the purposes of the Regulations, Ordinance or Enactment (15:14 HOURS) 4. Date of Expiry of Insurance 8 APRIL 2020 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 PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCOMMANCE 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 FURPOSES. THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED FESTING.
  (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

97489011

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Elaine Lee

Countersigned By:

Authorised Officer

Authorised Signatory