

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	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

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) involved in the accident 2
Was any body injured in the Accident? NO
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: : 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

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**.
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. 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.
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:

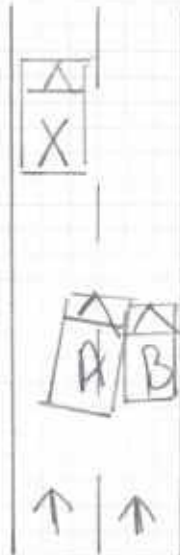
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A) GBJ 3744R

B) SLF 4913R



DAIRY FARM ROAD TOWARDS
UPPER BUKIT TIMAH ROAD.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Dairy Farm Road on 10/3/20 at about 2pm, The Van I was driving (GBJ 3744R) and a car SLF 4913R was involved in a minor accident.

My intention was to take lane changing from 2nd lane to 1st lane, while filtering to my right the vehical number SLF 4913R scrap my right side of my vehical door.

The damage to my Van have scratches at Right Side door, and The car had a minor scratches from the left ^{front} door to the left passenger door (photo attached)

No one was Injured in the accident.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (10/03/2020) (DD/MM/YYYY), TIME: (14:02) (HH:MM)

LOCATION: Dairy Farm Road Towards Upper Rabbit Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRT3741R
b) INSURANCE COMPANY: CHINA TAIPIING Insurance (Singapore) PTE LTD
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: M/S S&S M&F PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2010191012 CONTACT: 67639981
c) ADDRESS: 1, TOH TUCK LINK
03-00, Singapore 596222

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHANDRAMOHAN VIJAYARAJAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8686622F CONTACT: 83090898
c) ADDRESS: B1E 231, BUKIT BATOK EAST AVE 5
12-75 Singapore - 640231

* d) DATE OF BIRTH: (08/06/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/Jan/2016

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) VEHICLE NUMBER: SLF 4913R MODEL: TOYOTA PRIUS
b) DRIVER'S NAME: TIAN DING CHAO
c) NRIC/FIN/PASSPORT: S9320804H CONTACT: 96441466

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = bc.vijay.CHANDRAN @ GMail.com

VIDEO



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

M2300/CN SN
AN0650A
Covr. Type: C

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.	DMCVSN1915751900	Engine No :1KD2850906 Chassis No:JTFHT02P200248763
1. Index Mark and Registration Number of Vehicle	GBJ3744R	
2. Name of Policy Holder	M/S SAS M&E PTE LTD	
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	9 APRIL 2019 (15:14 HOURS)	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	9 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 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 (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



Elaine Lee
97489011

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Countersigned By:

Authorised Officer