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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.

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.

STATE OF THE PERSON OF THE PER	ACCIDENT STATEMENT
Date Of Report	17/07/2020 11:01
Date Of Accident	10/07/2020 21:30
Exact Location Of Accident	JALAN BESAR (NEAR JALAN BESAR MRT TRAFFIC LIGHT)
Country/State of Loss	SINGAPORE
de file of the local transfer of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4393Z
Insured/Policyholder	
Name Of Registered Owner	OCTA METIER PTE LTD
Co Reg No	하는 10 전에 10 전에 보면하는 10 전에 10
Email Address	TAMILARASAN@RCY.COM.SG
Mobile Phone No	(LOCAL) +65-87263727
Alternative Phone No	OFFICE-87263727
Vehicle Particulars	
Manufacturer	тоуота
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	GOING FOR DINNER
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	DMPCSN3079861800
Cover Note Number	
Driver	
Name of Driver	OPPILAMANI TAMILARASAN
NRIC No	SXXXX386Z
Date Of Birth	29/06/1985
Occupation	INDOOR
Date Of Driving Pass	14/05/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87263727
Fax Number	
Contact Number	OTHERS-87263727

TAMILARASAN@RCY.COM.SG

Address

BLK 96B HENDERSON ROAD

#26-70

Postcode

152096

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - BROTHER IN LAW COMPANY VEHICLE

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

NO

Was any body injured in the Accident?

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:

: COLLEGUE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SH8573T

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LEONG KOK SUM

NRIC/Passport Number

SXXXX955G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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: 1(16) 1263

17:00 hrs

Driver's Signature

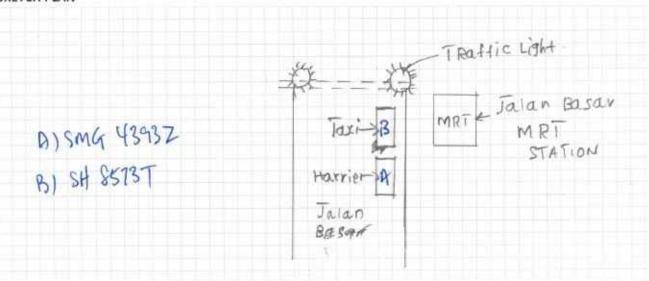
(If driver is not the policyholder)

Date & Time: 16/07/2020

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No::

1) :00 hrs



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

About 9.30 Pm on 10/07/2010 6	D Talas Bassas Bass
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	there was a
taxi in trant at me. I fe	blion the taxi and
He was suddenly	486
the brake. I couldn't a	ofice He used the
Sudden Irake. I have bar	
and there was dead o	
charther was at a o	my framica
82	
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Sighature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/07 /2020

12:15 645

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (10/17/2020) (DD/MM/YYYY), TIME: (31: 30) (HH:MM)
This besay Rosa (Near MR) I rattic Light)
1. DETAILS OF VEHICLE
b)INSURANCE COMPANY: China Taiping
CIPOLICY NUMBER: DMPCSN 3079861800
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
SIMAKE &MODELI 10 vota Harrier 2016
THE SALOON / COUPE / MPV / VAN LORRY / MOTORCYCLE / OTHERS
SIVERICLE CATEGORY: (PERSATE / COLUMN / MOTOROVOTE) (N. M. C. L. C.
DARE YOU CLAIMING UNDER YOUR OWN WAR TO THE COLOR
IF NO. PLEASE STATE (THIRD PARTY CLAIM / PEPORTING ONLY)
2. INSURED / POLICY HOLDER
AJNAME: OCTA METIER PIE LTD (MALE / FEMALE)
BUNDUK (~) DINRIC/FIN/PASSPORT:CONTACT:
BOOTESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
TO 4 passangs, DRIVER
(Including driver) GINAME: OPPILE MAN! TAMILLA RASON (MALE / FEMALE)
A TOTAL OF THE SECOND SECONDARY OF THE SECOND SECONDARY OF THE SECOND SECONDARY OF THE SECO
CIADDRESS: BIK 96 8 #26-70 HENDORSON ROAD
GIDATE OF BIRTH: (29/06/17 \$ 5(DD/MM/YYYY)
e/OCCUPATION; (INDOOR / OUTDOOR)
1) DATE OF DRIVING PASS 2)/08/2018 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (XEST NO) BENIEF IN U
THE OF THE DRIVER WITH INSTITUTED.
THE THE CONDITION (CLEAR / RAINING / OTHERS CLEAR
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
White of the same
(Including driver) b) DRIVER'S NAME: 1 500 to k SUb
a) NIDIO (PALIO LOSSO CHI
9. THIRD PARTY VEHICLE
A HO AP PASSANGE OF PRINCIPLE NUMBER:MODEL:
(Industing delver) DRIVER'S NAME: CONTACT:
ONTACT:
email = tamilarasan@ rcy. com. sg
VIDEO I . CI
VIDEO tamilarasan @ Pcy - Cn: SG



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

Co. Reg. No. 200208384E

MX4F TL SN AN0420A COV. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE ofer Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Meter Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysin) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysin)

ORIGINAL

CERTIFICATE No.

UMPCSN3079861800

Engine No :3ZRB796437 ChaNo: ZSU600080134

1. Jodes Mark and Registrations

5M54393z

AUTOSAFE

Number of Velscia

2. Name of Policy Holder

OCTA METTER PTE LTD

Effective date of the Commoncament of Insurance for the purposes of the Regulations, Orderance or Enactment

19 December 2019 Named Drivers Ex Sect. 1 5\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

Ex Sect. I - Age <= 25..... 5\$3,000.00 18 December 2020 Ex Sect. I - Age >= 26..... 5\$500.00

* Age as at date of accident

5. Persons or Classics of Persons entitled to dever

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:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

the policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HERE PURCHASE CO. : SWEE SENS CREDET PTE LIU 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-Parly 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.

Issued By: ____INXURESS_INSURAGE YAGE CT. TEL. S. Authorised Officer

NXP

Authorised Signatory

MANA