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MNA120060716 / National Assessment Centre Services - Ubi ENTRY DATE & TIME 18/07/2020 15/37 SUBMITTED BY ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3, Information provided must be as truthful and occurate as possible. Any withit 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.
- 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

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18/07/2020 15:37 Date Of Report 17/07/2020 14:00 Date Of Accident

PIE TOWARDS TUAS BEFORE CTE ANG MO KIO Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

GX6A Vehicle Registration Number

Insured/Policyholder

TOMY ELECTRICAL Name Of Registered Owner

3XXXX000L Co Reg No NOEMAIL Email Address

(LOCAL) +65-90255020 Mobile Phone No OFFICE-90255020 Alternative Phone No

Vehicle Particulars

MERCEDES-BENZ Manufacturer

VITO 114 Model

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 COMMERCIAL VEHICLE

Vehicle Category

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMCVSN1823881901 Policy Number

Cover Note Number

Driver

CHAN SOI SAN Name of Driver SXXXX865H NRIC No 19/12/1958 Date Of Birth OUTDOOR Occupation 08/02/1982 Date Of Driving Pass

38 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90255020 Mobile Number

Fax Number

OTHERS-90255020 Contact Number

NOEMAIL EMail Address

Address

BLK 604B TAMPINES AVENUE 9

#12-874

Postcode

522604

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SIVASUBRAMANIAM MAHENDRAN

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

SGP29B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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)
 - (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/mall 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.

TOMY ELECTRICAL

Blk 2010 Tampines St 21 #03-1143 Singapore 524201 HP: 9025 5020 Fax: 6782 1700 Email: tomychati@singnet.com.sg

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

eporting Centre

NRIC/FIN No.:

Name

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	TOMY E	LECTRIC	AL				
	#03-1143 S	Tampines 51 21 Ingapore 52420 20 Fax: 6782 1	11				

DECLARATION

TONTO PER OTHER PARTICULARS are true in every respect.

Date & Time:

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

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

CCIDENT DATE: 17 On 2000 11ME: 1	400 hrs-	(hh:mm) 24 hrs Format
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OCATION FIE TOWARD INC. Service	- Aller	
YEHICLE NUMBER GX 6A		
NSURED NAME TOMY Electrica		
IRIC / FIN 3772 7 000 L	CONTACT:	9025 5020
TAKE Morceder Benz MODEL VITO 114		
re you claiming under your own insurance policy for repair to you	our vehicle?	
) Yes, If No, Pls Select : () Third Party () Repor	ting Only	
NSURANCE COMPANY Chine Taiping	-	
YPE OF POLICY (/) COMPREHENSIVE () THIRD	PARTY () TPFT
OLICY NUMBER: DUCYCY 1823 RE1901		
OFICA NOWIDER: DWGAET 1851		
NAME DRIVER: Chan Soi San	(SAME AS INSURED
NAME DRIVER: Chan Soi San		
thro (1774)	CONTACT:	9025 5020
NRIC/FIN \$2538865+		1000
DATE OF BIRTH: 19 12 1958		
ORIVING PASS DATE: OF OJ 1982 OCCUPATION: () INDOOR () OUTDOOR		
CCUTATION		
JENDEN.		(/) NO EMAIL
EMAIL ADDRESS:	9 # 12-874	
ADDRESS OF DRIVER: Blk 6048 Tampines Ave	1 4 10 4/1	
\$ (532604)		
Number Of Passenger Include Driver:	4 Ll Male	
(1) Sivasubramanian Mahandran G 8:3691	4 4 10140	
(3) Chan Soi San Male	()NO	
Was driver an employee of the Insured's Company? (YES	()140	
If No, Relationship Of The Driver With The Insured) Children () Sibling () Others
TOWING TOPOGOG) Sibting () Others
Does The Driver Own Any Other Vehicle? : () YES ()!	NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle	Fb. 1 - 11 - 7) Others
Weather Conditions: (/) Clear () Raining ()	Drizzling (1 Ullners
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Road Surface : () Dry () Wet ()	Others	Mr. Service
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中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Go. Reg. No. 200208384E

MZ300/C R 5N ALSEONA Cov. Type: C

HOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

		Engine No :65195034068376
CERTIFICATE No.	DMCVSN1523881901	Chano: wbF44760323300143
1. Index Mark and Registration	GX6A	AUTOSAFE
Number of Venicle		
. Name of Policy Holder	M/S TONY ELECTRICAL	
 Effective date of the Communications of insurance for the purposes of the Regi Ordinance or Enactment. 	d 04 August 201 Madona.	9 EXCESS SECT I
Date of Expiry of Insurance	03 August 202	0
5 Pensons or Classes of Persons entities	to tinve"	
Any person who is driving	on the Policyholder's or	der or with their permission.
regulations to drive the	notor Vehicle or has been	ccordance with the licensing or other laws or so permitted and is not disqualified by order of a lation in that behalf from driving the Motor Vehicle.
 E. Limitations as to use? (1) Use in connection with (2) use for the carriage. 		ness. for hire or reward) in connection with the
Policyholder's busine (3) Use for social, domes The Policy does not cover	tic or pleasure purposes	
 use for hire or rewar use whilst drawing a 	d or racing, pace-making, trailer except the towing	reliability trial or speed testing. of any one disabled mechanically propelled vehicle.
HIRE PURCHASE CO. : DAIML	ER FINANCIAL SVCS AFRICA	& ASIA PACIFIC
* Limitations rendered inop and Section 95 of the Road	erative by Section 8 of the Moto Transport Act 1987 (Malayala),	or Vehicles (Third-Perty Risks and Compensation) Act (Chapter 189) are not to be included under these headings.
I/We hereby Co provisions of the Motor Transport Act, 1987 (Ma	Vehicles (Third-Party Risks a	nich this Certificate relates is issued in accordance with the nd Compensation) Act (Chapter 189) and Part IV of the Road
Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE
CHUA SUAT L	AY SALLY	(harres
red By:		y Land
Authorised Off	cer	Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	000L
Vehicle Details	
Vehicle No.:	GX6A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Jul 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	65195034068376
Chassis No.:	WDF44760323300143
Maximum Power Output:	31
Open Market Value:	\$37,761.00
Original Registration Date:	04 Aug 2017
First Registration Date:	04 Aug 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,889.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	03 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$27,574.00
COE Rebate Amount:	\$19,420.00
	\$19,420.00

The information contained herein is correct as at 18 Jul 2020

OK