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Confirmed by : (	Date	Time:	)
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I) Apply for Transport Allowance ( ) / Cou	urtesy Car ( )	н	
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	17/08/2020 13:49
Date Of Accident	16/08/2020 22:15
Exact Location Of Accident	BLK 291 YISHUN OPEN CARPARK ST 22
Country/State of Loss	SINGAPORE
10 April 10 A 10	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR5427X
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93874666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000481900
Cover Note Number	
Driver	
Name of Driver	JAGADESAN S/O SUBRAMANIAM
NRIC No	SXXXX489E
Date Of Birth	02/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1989
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84514054
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 876 WOODLANDS AVE 9 #08-266 Postcode 730876 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - HIRER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED 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 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0 **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT T/20200817/2034 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 YN5023G Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category COMMERCIAL VEHICLE Name of Driver NRIC/Passport Number 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.
- 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.
- 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.

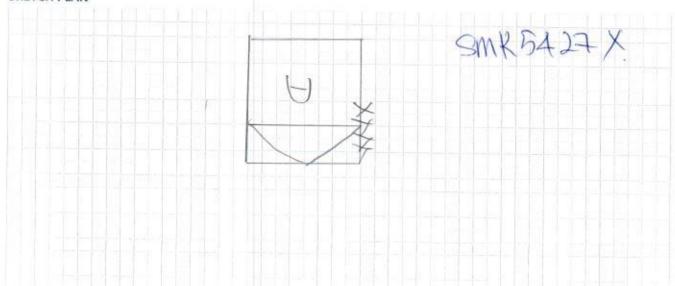
olicyholder's Signature Date & Time:

4

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/08/20 at about 19:00Hre, I powed my remote SMRS427X at the carpark lot of blk 291 Yuhun 4.22	
Carpark and went for dinner.	
On the same day at about 22:15ths, I went back t	to
my vehicle and noticed that the to left side of my whole	
the was damaged very badly. I found a note on my	
wher clarky that 1050236 reversed and hit again	+
my which cause damage to my vehicle. I to truet.	
I had made a police report as this is a	
nit and run accident	

### DECLARATION

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

Policyholder Synature

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA120069716 Vehicle Registration No: SMR5427X Name(as shownin NRIC) : LA RENTALS PTE LTD \_\_\_\_NRIC/FIN/Passport No : 2XXXXXX059Z (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) \_\_\_\_\_Mobile No.: 93874666 Email Address Date of Accident : 16/08/2020 Time of Accident: 22:15 BLK 291 YISHUN OPEN CARPARK ST 22 Place of Accident CTI Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMEND VEHICLE NUMBER TO SMR5427X Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No .:

Date:





1 of 3

Report No. T/20200817/2034

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 020 12:25	vlade:	Vide Report No.:	Station Diary No.: 57
Informa	nt's Partic	ulars	THE THE RESERVE	
	f Informant: ESAN S/O	SUBRAMANIAM	Address: APT BLK 876 WOODLAND SINGAPORE 730876	DS AVENUE 9 #08-266
	/ ID No.: D / S68424	89E	Contact No.: Home/Office: Mobile: 84514054 Email:  Type of Informant: Driver	
National SINGAP	ity: ORE CITIZ	EN		
Sex: Male	Age: 51	Date of Birth: 02/11/1968		
Race: Indian			Language:	Institution / School Name:
Occupat DRIVER			Driving Licence Information Class: 3,4	n: Date of Expiry:

General Infor	mation of the Accide	nt	COVER PROPERTY.	
Type of Accident:	Non-Injury Hit and Run	Drink Date/Time of Accident: No 16/08/2020 19:00		Type of Location: Car Park
Location: YISHUN STR	EET 22			
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis REAR TO SID				Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMR5427X	Car				Seriously Damaged	
YN5023G	Lorry				Damaged	0

Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200817/2034

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver						
Name	JAGADESAN S/O	SUBRAMA	NIAM	ID No	).	S6842489E
Related Vehicle	SMR5427X (Car)			Conta	act No.	84514054
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	ave use	Date Disc	charge	NIL	
No. of Days granted Medical Leave		NIL	Degree o		The second secon	

### Brief Details.

On 16/08/20 at 1900hrs, I parked my car (SMR5427X) at the carpark lot Blk 291 Yishun Street 22 and went for dinner.

On the same day at about 2215hr, I went back to my vehicle and noticed that the left side my vehicle, was damaged badly. I found a note on my wiper stating that YN5023G reversed and hit against my vehicle causing the damage to my vehicle.

I am lodging this report, as it is a hit and run incident.





3 of 3

Report No. T/20200817/2034

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

SIGNATURE

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sr Staff Sgt MUHAMMAD ASHRAF BIN RAHUMAN SHAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2020 12:25
Officer In Charge Of Case:  JP / HRT / SI TANNEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168	



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

SN

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, 1999 (Malaysia)

AN0606A Cov. Type:C

CERTIFICATE No.

DMHCSNA00000481900

Engine No.: 2ZR0427497 Cha. No.: ZGE200008199

 Index Mark and Registration Number of Vehicle

4. Date of Expiry of Insurance

SMR5427X

AUTOSAFE

2 Name of Policy Holder

LA RENTALS PTE LTD

Effective date of the Commercement of Insurance for the purposes of the Regulations, Ordinance or Enactment

Excess Sect I

\$\$2,000.00

09/12/2020

Excess Sect. I (Outside Singapore)

Excess Sect. II

\$\$4,000.00 \$\$2,000,00

Excess Sect.II (Outside Singapore).

\$\$4,000,00

EX ON WINDSCREEN . \$\$100.00

5 Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

6. Limitations as to use \*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD 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.

Issued By: Ho Li Hwa Irene Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🔏 3 Anson Road #16-00 Springleaf Tower Singapore 079909

O6389 6111

6222 1033

www.sg.cntaiping.com

# ACCIDENT STATEMENT

	ACCIDENT DAYE	16,08,202	O HOD HAMAY	SCHWIT CAN	15.
	LOCATION:	BK 29	1 Yishan	open cou	eark . St. 22
	I DETAILS (	OF VEHICLE	MR 5427	x.	
	CINSER)	HICE COMPANY:	Chiva To	ripus.	
	d)FOLIC)	TIPE IC DIMPREHE	MSIVE / IT ED I	FAETY / THIRD PAR	TY FIRE ATHERT
	UTIPE(SA Q/VEING)	LOCHY COLPE AS E CATEGORY, IPRIV.	ATE / COM	PRY/MOTORCY:	CLE
	AWE LOV	SECSE USING AT ACC	YOUR OWN IN	SURANCE (YES/N	3)
	(A) 17/10/11/11 17	POLICY HOLDER			
	DERICAL DERICAL DIADDRES	LA Re-tal	018 380397	el. (MAI 2 CONTACT_	93874666
110 11	7 NRIVED	JE 10 3.d IF DRIVER			
l metaling	) CHILAMET	JACADESAN	% SUBRAMA	NIAM MAI	E /SELLACE)
(-)	CJADDPES	S' PORE 730	576		84514054
	fgIDAI6 C	FBIRTH: (0) / II	1968 100	D/MM/YYYY)	
	I) EARS OF	DRIVING EXPRERIE	10E 314	eus.	
	IF NO, RE	ER AN EMPLOYEE LATIONSHIP OF TH	TO DRIVER W	TH INSURFO: 0	OWARY HURY
	birgab su	PRACE OF WET	AR / RAINING	Others	
7	T. STREECHTE	DOY NURBO (YES)	11/01		
	F YES, PUE 3. THIRD PART	EASE STATE WHICH I	POUCESTATIO	141	
	b) Cerves	ETHANBER ] A	150136	MODEL	
	101 ME 1000	11 No. 1 CEC 1 F 2			
	7. THEO PART	A ATTUCALE		MCDEL	
	b) DRIVER 1. () IF C/F	S NAME.			
No.	CA TOMESAN	all advertige		GUITA LE	

joel@layauto.com.

Mx =

VIOF 0 =

# LA RENTALS PTE LTD

21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE SINGAPORE 608609

TEL: 6462-5828 FAX: 6523-6609 UEN NO 201838059Z

Rental Agreement Number: 431012001
This agreement is made on (Date) 31/01/20 between (Name) LA RENTALS PTE LTD
(Registration No.) 201838059Z , a company incorporated in Singapore with its
registered officer at 21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609
(hereinafter called the "OWNER") which expression shall where the context so admits, include the
successor(s) in title and Jagacksan 20 Subramana after
called the "HIRER") in respect of the hire of the motor vehicle ("THE VEHICLE") for the period ("THE
PERIOD") at the rate of the hire rental ("THE RENTAL") set out in the schedule of this agreement ("THE
SCHEDULE") and upon the terms and conditions stated hereunder.
SCHEDULE OF AGREEMENT
1. PARTICULARS OF THE VEHICLE
a. Make/Model : Toyota Wish
b. Registration Number : SMR5457X
c. Chassis Number
c. Chassis Number : Of Der loconel -
* \$1478
2. COMMENCEMENT PLOT )
a. Effective Date : 5 0
2. COMMENCEMENT a. Effective Date b. Expiry Date 3   01   20
3. WIRE RENTAL L
a. Security Deposit \$5001-
b. Daily Hire Rates : 12 601-
c. Additional Charges :
PIL.
4. DRIVERS
3" Driver
To and can QD lybramanan.
Hame: Ja gadesan Q O Rebramanan.
D.O.B : 02/11/1968
License No. : S6842489E
Contact No. : 84514054/9224 1629
SIGNATORY OF MIRER