Dale III. ad Mas-12173	Job description	Date & Time Completed	Done by	
Date In: 12/12-17:57				
Rel'No: A9 (C721208766)24	SAS e-filing			en.
Veh No: 4081375	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 282 -09:3	i-Motor Claim Form	E TO A LOCAL		
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4brs)		
OD : TP :) Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report	<u> </u>		
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (101.	ax;	
TP Particulars: Veh No: SV	5777 . INC ()/Non-INC().		
Owner / Driver: (Tel:		<u> </u>
() [[[[[[[[[[[[[[[[[[Period: (Cover Type: (
0 0 11 1	Date:	Time:	100%]	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-	10070]	
Year of Registration: ()	Warranty: YES ()/NO()		
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General Remarks:-			2717000 12.1	
General Remarks () Walk-In Customer: Customer's in	formation strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	arer URGENTLY.		.,	
Drive-In ()/Towed-In (); Invo:	ice: YES() / NO();	Towing Co: (
		Date&Time Completed	Done b	У
Remarks: (INC hotline: 6788 6616)	/ Courtesy Car ()			
1) Apply for Timel section ,	/ Courtesy Car ()		7555 - 20C	
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2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost>	\$3000] ()			
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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.
- 3. 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.

	ACCIDENT STATEMENT
Date Of Report	20/08/2020 17:57
Date Of Accident	20/08/2020 09:30
Exact Location Of Accident	JUNC GUILLEMARD RD & GUILLEMARD CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP8133S
Insured/Policyholder	
Name Of Registered Owner	M/S KAY-LINK CONSTRUCTION PTE LTD
Co Reg No	2XXXXX172E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62923380
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3086821900
Cover Note Number	
Driver	
Name of Driver	KARUPPIAH PALANICHAMY
Passport No/FIN	GXXXX241R
Date Of Birth	12/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86535488
Fax Number	
Contact Number	OFFICE-86535488
EMail Address	NOEMAIL

10 UBI CRESCENT Address #07-78 UBI TECHPARK Postcode 408564 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 COLLISION - MAJOR/MINOR RD 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? YES 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) 1 **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 REFER TO STATEMENT. 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** SLJ573J

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

DETAILS OF INJURED PERSON 1

KARUPPIAH PALANICHAMY

Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

YP8133S

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

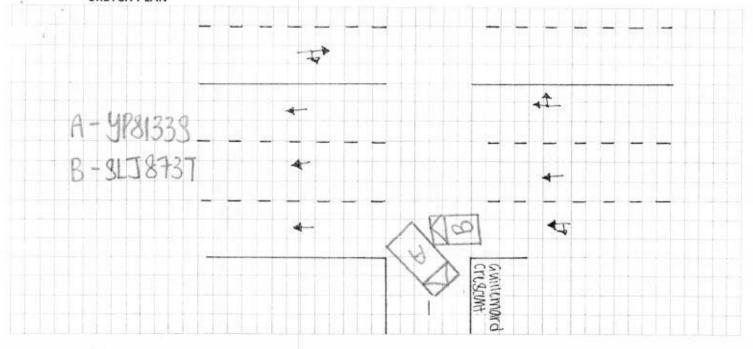
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders.

ON HAD SEED OF THE LIPS

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature
Date / time:



My vehic	le is stationary at Guillemard Road waiting for the road to be clear to
turn righ	t onto Guillemard Crescent. While I made sure that there are not any
cars app	roaching and the road is clear, I proceeded to make a right turn into
Guillema	rd Crescent. While more than half of my vehicle is already in
Guillema	rd Cresent, suddenly I head a loud screeching sound and felt a huge
impact o	n the rear left portion of my vehicle causing the rear part of my swerve right.
-0:	

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Date of accident	20 Ava 2020		(DD/MM/YY)
Time of accident	9:300.m		(HH:MM)
Exact location of accident	y wow Box of Guil	lumard Road and	avillemand crescent

机探索性的 自然是有限的	D	ETAILS OF V	EHICLE			1000
Vehicle registration number	481333	named intertere				
Vehicle make and model						
Type of vehicle	Saloon 🗆	MPV 🗆	CRV □	Van		
	Lorry Ø	Bus 🗆	Motorc	ycle 🗆	Others:	
Vehicle category	Private 🗆	Commer	cial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your	Yes 🗆	No-E	if no, pleas	e select:		
own insurance company?	Third part cl	laim.e	Reporting	only 🗆		

	INSURANCE IN	FORMATION	
Insurance company	China Taloina		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only □

Name	Ms Kai	1-Link	CONSTRUCTION	Ptc	Hd	Male 🗆	Female 🗆
NRIC / Fin / Passport number	2009	92172E					
Contact	老城後	6292	3330				
Address							

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Karuppian Palanichamu	Male 🗹	Female 🗆				
NRIC / Fin / Passport number	G7999241R						
Contact	86735488						
Address	10 Noi Crescent Ubi TeCH Park	#07-78					
Email address	maggie @ kay-link wan	. \$9	- Marie Lie				
Date of birth	12 Jan 1977	0					
Occupation	Indoor Outdoor Outdoor	15 0511111					
Driving date pass	23 Sep 2008	PARTICULATION TO THE PROPERTY OF THE PARTICULAR					

	GENERAL	INFORMATION	OF THE ACCID	ENT	GENERAL PROPERTY.	建筑建筑
Was driver an employee of	Yes 🖂	No 🗆		and the transport productions		
the insured's company?	5000000000	ationship of the	driver and ins	ured:		
Accident captured by camera?	Yes 🗆	, No,d				
Weather condition	Clear Ø	Raining	Others:	MI - 247		
Road surface	Dry 🖫	Wet □				
No of passenger	Diya	Wet a			(Inclusive of	driver)
No or passeriger		-			(meidaive or	urivery
AND SERVICE AND A SERVICE	SALE HISTORY	DACCENCE		Sala Carlo and		Orlan (species)
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Gender	Male □	Female □				1
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for the latest the same		OTHER INFORM	MATION			美级
Was anybody injured?	Yes,d	No 🗆				Ministra
Was other vehicle damaged?	Yes	No 🗆				
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Police station name						
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Vehicle make model			
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NRIC / Fin / Passport number			
Contact			
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Vehicle make model			
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Contact			
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Vehicle registration number	BIN REEDS	THIRD PARTY VEHICLES	的影響
Vehicle registration number Vehicle make model			
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NRIC / Fin / Passport number	-		-
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张 然是是一个一个一个		THIRD PARTY VEHICLE 6	看其後
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Vehicle make model			
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Contact	-		
Contact			

		INJURED PERSON 1	
Name	and desiration of the		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1988	10.73.75 /	
			7-5-6-1
克里克里斯斯斯斯斯斯斯斯		INJURED PERSON 2	
Name	BARRIOT STATE OF THE STATE OF T		
Injuries sustained			/
Which vehicle person in?			1
Were seat belts worn?	Yes 🗆	No 🗆	1
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Entrant of Section 2015		INJURED PERSON 3	1
Name		the attendance of the second s	
Injuries sustained			1
Which vehicle person in?			1
Were seat belts worn?	Yes 🗆	No 🗆	-
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	/		
		INJURED PERSON 4	
Name	THE COUNTY OF THE PERSON.	the state of the s	Marie Constitution
Injuries sustained			
Which vehicle person in?			1
Were seat belts worn?			1
TICIC SCUL DCIES WOITI	Yes 🗆	No 🗆	
	Yes 🗆	No 🗆	1
Was injured conveyed to hospital by ambulance?			
Was injured conveyed to			
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No D No D INJURED PERSON 5 No D INJURED PERSON 6	
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中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2300/C N SN AN0599A COMPREHENSIVE AUTOSAFE

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)

	motor remotos (rima raity ritions) rian	
CERTIFICATE No.	DMCVSN3086821900	Engine No :4JJ12Y8852 Chassis No:JAANPR85HH7100334
Index Mark and Registration Number of Vehicle	YP8133S	
2 Name of Boline Holder	M/S KAY-LINK CONS	TRUCTION PTP LTD
2. Name of Policy Holder		
Effective date of the Commencement of Insuran the purposes of the Regulations, Ordinance or Er		EX SECT. I
4. Date of Expiry of Insurance	27 DECEMBER 2020	
5. Persons or Classes of Persons entitled to drive	•	
ANY PERSON WHO IS DRIVING ON THE	POLICYHOLDER'S ORDER OR WI	TH THEIR PERMISSION.
REGULATIONS TO DRIVE THE MOTOR V	EHICLE OR HAS BEEN SO PERMI	WITH THE LICENSING OR OTHER LAWS OR TTED AND IS NOT DISQUALIFIED BY ORDER OF A THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
3. Limitations as to use: *		
(1) USE IN CONNECTION WITH THE P (2) USE FOR THE CARRIAGE OF PASS POLICYHOLDER'S BUSINESS. (3) USE FOR SOCIAL, DOMESTIC OR	ENGERS (OTHER THAN FOR HIRE	OR REWARD) IN CONNECTION WITH THE
THE POLICY DOES NOT COVER. (1) USE FOR HIRE OR REWARD OR RA (2) USE WHILST DRAWING A TRAILER		ITY TRIAL OR SPEED TESTING. NE DISABLED MECHANICALLY PROPELLED VEHICLE.
		hird-Party Risks and Compensation) Act (Chapter 189)
		ued in accordance with the provisions of the Motor Vehicles Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
		Jusaan
Countersigned By:Authorise	ed Officer	Authorised Signatory