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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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.
- 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

foresaid.	
Paragor (1985) College Laboration (1986)	ACCIDENT STATEMENT
Date Of Report	20/10/2020 09:48
Date Of Accident	19/10/2020 09:00
Exact Location Of Accident	PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD7304H
Insured/Policyholder	
Name Of Registered Owner	ACU (1955) CONTRACT PTE LTD
Co Reg No	1XXXXX795C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82332168
Alternative Phone No	OFFICE-67430523
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
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	DMCVSNW00013342001
Cover Note Number	
Driver	
CHIEF CONTROL CAMPAGEN A	The state of the s

Name of Driver MARKANDEYAR MARIMUTHU

 NRIC No
 FXXXX726W

 Date Of Birth
 15/05/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/07/1997

Driving Experience 23 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82332168

Fax Number

Contact Number OFFICE-67430523

Address

74 TAGORE LANE

#03-00

Postcode

747298

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 - 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

2

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

VO

Was any injured 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)

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

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

SKM6010H

Vehicle Make/Model/Colour

MERCEDEZ BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
- 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.

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

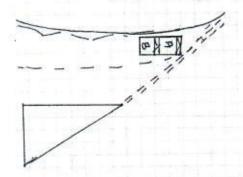
Reporting Centre

Name:

NRIC/FIN No .:

PIONER ROBO MORTH

Vehicle A: GBD7304H Vehicle B: SKM6010H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

the stated location on the filter lane waiting for the main lane to be clearly vehicle B (Skm boroH) collided onto my rear portion of my vehicle causing damages.	On	the	Stated	dat	e k	time	L, 1, V	whicle Al	GBD	1304	H) was	sta	tiona	m)	ON
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Causing damages.	uddenly,	vehic	cle B (Skw	1 6010	эн)	collidea	d Onto	my	rear	portion	n of	my	Jel	ricle
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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.:

Date of Accident	: 19 10 >0 >0 Accident Time: 0900 (24-ER-FORMAT)
Accident Place	: Pioneer Road North
Vehičle Reg. No (Car plate No.)	: GrbD 7364H Vehicle Malce/Model: Toyota Dyna
Insurance Company	: China Taiping Policy No. OMCVSNW00013342001
Name of Registered Owner	: Company/Individual ACU(1955) Contract Pte Ud
ID of Registered Owner	: Co Reg No: 199907795L Owner's NICO No:
	: Co Contact No: Owner's Contact No: 67 4305 33
DRIVER'S Name	: markandeyar marimuthy DRIVER'S NRIG No: F8001726W
DRIVER'S Date of Birth	: 15-05-1975 DRIVER'S License Pass Date 29 Jul 1997
Relationship ber. Owner & Drive	er : \$pouso \ Parents \Children\ Sibling \ Employee\ Others:
BRIVER'S Address	: 74 Tagore Lane-103-00 747298
DRIVER'S Contact No./ Alt N	TO SERVICE MARKED CREEKS SUPPLYINGS TO MAKE
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or dutside of an ofc)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINENO & WET LAFTER RAIN & WET
Reporting Type .	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Was the accident reported to the Was there any video Captured to	ng Driver): 01 Passenger Name: Gender: M/F
Exact purpose for which vehic	le was being used at the time of accident: Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Vehicle Rag No: SEM 6010 F	H Vehicle Rag No:
Wehlels MakshWodel: M/B	Vehiole MakehModel:
Name DRIVER:	Namé DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
	Other Party Driver's Particulars (if any)
Vehicle Rog Na:	Vahidle Reg No:
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中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

SN

AN0650A

Cov. 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.

DMCVSNW00013342001

Engine No.: 1KD2451147 Cha. No.: KDY2318017479

GBD7304H

AUTOSAFE

 Index Mark and Registration Number of Vehicle

2. Name of Policy Holder

ACU (1955) CONTRACT PTE LTD

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

27/03/2020

Excess Sect 1.

\$\$350.00

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expliy of Insurance

26/03/2021

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

- 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

BELL AUTO PTE LTD Authorised Officer

Authorised Signatory