

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 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. 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	03/11/2020 10:28
Date Of Accident	30/10/2020 20:35
Exact Location Of Accident	UPPER SERANGOON ROAD TOWARDS SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3815R
Insured/Policyholder	
Name Of Registered Owner	MVMEGA
Co Reg No	5XXXX736B
Email Address	MEAGNATHAN1971@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98985702
Alternative Phone No	OFFICE-98985702

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3076151901
Cover Note Number	

Driver

Name of Driver	MOHAN VENUGOPAL MEGANATHAN
NRIC No	SXXXX418I
Date Of Birth	06/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98985702
Fax Number	
Contact Number	OTHER: 98985702

Address	BLK 123A RIVERVALE DRIVE #02-127
Postcode	541123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : DHARSHAN GENDER: : MALE
Passenger 2	NAME: : JEYANTHI GENDER: : FEMALE
Passenger 3	NAME: : DHARSHINI GENDER: : FEMALE

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	SGJ3176X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KENG KOK

Contact Number 96855065
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAN VENUGOPAL MEGANATHAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? PC3815R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DHARSHAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? PC3815R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name DHARSHINI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? PC3815R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name JEYANTHI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? PC3815R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.
- (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.



Policyholder's Signature
Date & Time:

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

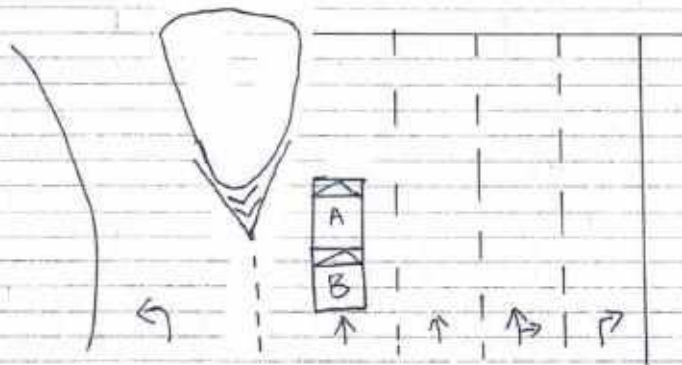
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Upp Serangoon Road towards Sengkang E Dr.

Vehicle A: PC 3815R

Vehicle B: SGJ3176X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (PC 3815R) was stationary on the stated location as the traffic light is still in red. When the traffic light turn green I prepare to move, Suddenly, I felt a huge impact from the rear portion of my vehicle. I realised vehicle B (SGJ3176X) collided onto my rear portion of my vehicle causing damages.

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 : 30/10/2020 Accident Title: 2035 (24-EE-FORMAT)
Accident Place : Upp Serangoon Road towards Lengkok E Dr
Vehicle Reg. No (Car plate No.) : PC 3815R Vehicle Make/Model: Toyota Hiace
Insurance Company : China Taiping Policy No. DMB15N 3076151901
Name of Registered Owner : Company / Individual MVMEGA
ID of Registered Owner : Co Reg No: 53373736B Owner's NRIC No: -
Co Contact No: - Owner's Contact No: 98985707
DRIVER'S Name : MOHAN VENUGOPAL MEGA DRIVER'S NRIC No: S71644181
DRIVER'S Date of Birth : 06-05-1971 DRIVER'S License Pass Date: 26 April 2010
Relationship bet. Owner & Driver : Spouse / Parents / Child(ren) / Sibling / Employee / Others: Owner
DRIVER'S Address : Apt B1K 123A Rivervale Drive #02-127 Singapore 541123
DRIVER'S Contact No / Alt No. : 1) 98985707 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address : meghanathan 1971@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (including Driver): 04 Passenger Name: Jayanthi Gender: M/F
Was the accident reported to the police? YES / NO Passenger Name: Dharshini Gender: M/F
Was there any video captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Jayanthi
Injured Name: Dharshini
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose Mohan Venugopal
meghanathan

Other Party Driver's Particulars (if any) DHARSHANI

Vehicle Reg No: SGJ 3176X	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: Tan Keng Kok	Name DRIVER: _____
IC No. DRIVER: S7044831I	IC No. DRIVER: _____
DRIVER'S Contact & add: 96855065	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

MOTOR PRIVATE BUS

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)

ORIGINAL

CERTIFICATE No. **DMB1SN3076151901** Engine No : **1KD2484096**
Chano: **KDH2230022758**

1. Index Mark and Registration Number of Vehicle **PC3815R** **AUTOSAFE**

2. Name of Policy Holder **MVMEGA**

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment **30 November 2019** Excess Sect I **S\$1,500.00**
Excess Sect. II **S\$1,500.00**
EX ON WINDSCREEN **S\$100.00**

4. Date of Expiry of Insurance **29 November 2020**

5. Persons or Classes of Persons entitled to drive:

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

- (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.


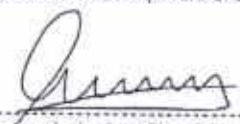
HIRE PURCHASE CO. : SWEET SENG CREDIT PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 05 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:  **Authorised Signatory**
Authorised Signatory

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

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA420096689 Vehicle Registration No: PC 3815R
Name (as shown in NRIC) : Mohan Venugopal Meganathan NRIC/FIN/Passport No : S7164481
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 123A Rivervale Drive #02-127 Singapore Singapore (541123)
Contact (Tel) : _____ Mobile No. : 90985702
Email Address : meganathan1971@gmail.com
Date of Accident : 30/10/2020 Time of Accident : 2035 hrs
Place of Accident : Upp Serangoon Road towards Sengkang E Dr
Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Please amend the third Party vehicle number to SGJ 3176X



Policyholder / Driver's Signature
Date:


09/11/2020

Reporting Centre Personnel's Signature
Name: Rishi
NRIC/FIN No.: _____
Date: