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SN0820C8000D / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/12/2020 14:47 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/12/2020 14:47 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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,

4. The issue and acceptance of this norm 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 Submission Date of Accident Exact Location of Accident

Additional Location Information

Country/State of Loss

U8/12/2020 14:47 (SGT) 07/12/2020 08:25 (SGT) Punggol Rd, Singapore TOWARDS PUNGGOL FLYOVER Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GZ3139U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No.

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

REGIUS CONSTRUCTION & CIVIL ENGINEERING PTE.LTD.

2XXXXX929W

moorthi721@gmail.com

(Phone) +65-84337959

+65-84337959

Employment

Toyota

Dyna

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance Comprehensive

DMCVSNW00002041900

DRIVER

Name of Driver

Passport No/FIN

APPASAMY RAMAMOORTHI GXXXX539P

Date Of Driving Pass 20/09/2019 Driving experience 1 YEAR AND 3 MONTHS Gender Male Mobile Number (Phone) +65-84337959 Alt. Phone Number Email Address moorthi721@gmail.com Address #04-03 TECH PLACE-2 Address complement ANG MO KIO AVENUE 5 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name RAJAMANI Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 SJN9508B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
3 - 1.141/	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	APPASAMY RAMAMOORTHI
Address Complement	
Post Code	*
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	GZ3139U
Was this injured conveyed to hospital by ambulance?	Yes
	No

INJURED 2

Name of injured person	DATAMAN
Address	RAJAMANI
Address Complement	- 12
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	GZ3139U
Was this injured conveyed to hospital by ambulance?	Yes
y an inspiratory distributions	No

SKETCH PLAN

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.
- 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.
- 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.
- 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.
- 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:
 - 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

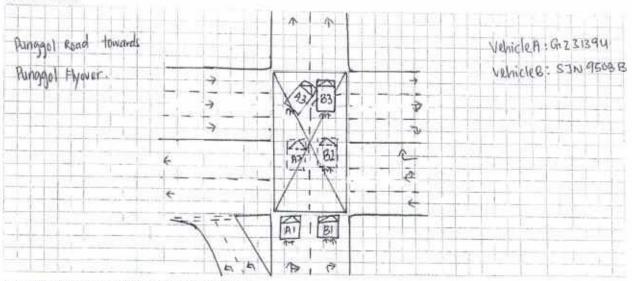
(ii) for complying with requirements under any regulations, laws or court orders.

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

NRIC/FIN N

leporting Centre Personnel's Signature

Name:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

	Date of Accident	: 7 12 2000 Accident Time: 0825hs (M-HR-FORMAT)
T.	Accident Place	: Punggol Road towards Punggol Flyover
	Vehicle Reg. No (Car plate No.)	: Gn Z 31394 Vehicle Make/Model: Tayota Cypa
	Insurance Company	: China Taiping Policy No. DMCUSNW 00002041900
	Name of Registered Owner	: Controlly / Individual Regions Construction & Civil Engineering Pte. Ltd.
	ID of Registered Owner	: Co Reg No: 280511929W Owner's NRIC No:
		: Co Contact No: Owner's Contact No: 9017 1169
	DRIVER'S Name	: APPMAMY RAMAMODETHIDRIVER'S NRIC No: 6 27865394
	DRIVER'S Date of Birth	: 04 -66-1994 DRIVER'S License Pass Data 20 Sep 2019
	Relationship bet, Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Boulevoe\ Others:
	DRIVER'S Address	: Tech Place - II Ang mo Kio Ave 5 404 - 03 Singapore
	DRIVER'S Contact No./ Alt No.	:1) 8433 7959 2) 9092 1556
	DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or outside of anois)
	Email Address	: Moorthital @ amail-com
	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Was the accident reported to the p	Driver): 62 Passenger Name: Rajamen Gender OFF olice? YES \ NO Passenger Name: Gender M/F car camera YES \ NO Any Injuries: YES / NO Injured Name:
	Exact purpose for which vehicle	Injured Name: was being used at the time of accident: Private use \ Work purpose
	T P RI	Other Party Driver's Particulars (if any)
13.00	Vahida Reg No: \$3 N 9608	5 Vehicle Reg No:
	Vehicle MakelModel	Vehicle Makel Model:
	Name DRIVER:	Name DRIVER:
	IC No. DRIVER	IC No. DRIVER:
	DRIVER'S Contact & add	DRIVER'S Contact & add:
347	1117400	Other Party Driver's Particulars (if any)
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	Data Fors The sty Augus	Secure Court Living



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

MZ300/C

CERTIFICATE OF INSURANCE

Medicas (Trans-Party Raiss and Compressation) Act (Chapter 189)

Venicles (Trans-Party Raiss and Compressation) Act (Chapter 189)

Novel Transport Act, 1987 (Malayson)

Macr. Venicles (Trans-Party Raiss) Rules, 1988 (Malayson)

N EN AN0571A Cov. Type C

CERTIFICATE No.

DMCVSNW00002041900

Engine No.: 1KD2ece2a3 Che. No. JTFAT35120K214317

1 Index Mark and Registration Number of Vetside

GZ3139U

AUTOSAFE

Name of Policy Holder

REGIUS CONSTRUCTION & CIVIL ENGINEERING PTE. LTD.

Effective date of the Octomencement of insurance for the purposes of the Regulations, 23/12/2019. Ordinance or Enectment

Extess Sect 1

\$\$500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

22/12/2020

Persons or Classes of Persons enoted 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 liceraing 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.

- (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

(3) Use for have or reward or racing, pace-making, reliability stal or speed lesting.

(2) Use whitst drawing a trailer except the lowing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. UNITED OVERSEAS BANK LIMITED AS HP OWNER * Littutebons 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 Molor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

FOR CHUNA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Isaued By. Ny Hwee Lang Alice **Authorized Officer**

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

@www.sg.cntalping.com