

Jan 1 Jan 1981. SMO 820 CS 0009

Fee Charged	100.00	100.00
Fee Charged	100.00	100.00

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 Submission	28/12/2020 18:12 (SGT)
Date of Accident	27/12/2020 13:50 (SGT)
Exact Location of Accident	Jln Toa Payoh, Singapore
Additional Location Information	TOWARDS CTE AND PIE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7879J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AZ HITECH PTE. LTD.
Company Reg No	2XXXXX825N
Email Address	alexlim@azhitech.com
Mobile Phone No	(Phone) +65-94552277
Alternative Phone No	+65-81572121

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE TURBO 5DRMT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00069092001
Cover Note Number	-

DRIVER

Name of Driver	ARIRAMAN MURUGAN
Passport No/FIN	GXXXX071N

Date Of Driving Pass	30/04/2013
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81572121
Alt. Phone Number	-
Email Address	alexlim@azhitech.com
Address	35A LORONG 22 GEYLANG
Address complement	-
Postcode	398692
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	Collision - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	SJP5481J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ARARAMAN MURUGAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBJ7879J
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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:

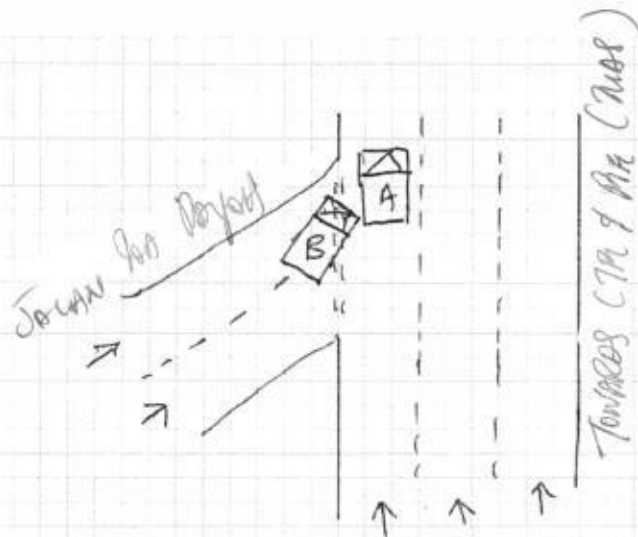
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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



Yeh A: GBJ 7879J
Yeh B: SJP 5481J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A was travelling straight on the stated venue. Suddenly vehicle B coming out from Jalan Pua Payoh came and hit on to my vehicle left portion. I wish to state that vehicle B came out from a minor road and there was give-way line on his road.

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.:

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()DATE OF ACCIDENT : 27/12/2020 TIME : 1350 HR.
LOCATION : K Jalan Toa Payoh. TOWACOS CTE & PIE (TUAS)VEHICLE NUMBER : GBJ 7879J MAKE / MODEL : TOYOTA HIACE Van Turbo 5DRMT
OWNER INSURED : A2 Hitech Pte Ltd
NRIC NO. : 201703825N CONTACT NUMBER: 9455 2277
INSURANCE COMP: China Taiping POLICY NUMBER: _____
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ()DRIVER NAME : ARIRAMAN MURUGAN NRIC NO.: G7697071N
ADDRESS: 35A Loe 22 Geylang POSTAL: 398692
CONTACT: 81572121 EMAIL: alexlim@azhitech.com GENDER: MALE
DOB: 3/6/1981 DATE OF PASS: 30/4/2013**(PLEASE TICK AND FILL THE RELEVANT CHOICES)**WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY (☒) YES () NO
IF NO, RELATION OF DRIVER WITH INSURED:
() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS
WEATHER CONDITION: () CLEAR () RAINING () DRIZZLING
ROAD SURFACE: (☒) DRY () WET () SLIPPERYWAS ANYBODY INJURED: (☒) YES () NO INJURIES SUSTAINED : Neck, back.
WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: _____
() YES (☒) NO POLICE REPORT NUMBER: _____
ANY VIDEO CAPTURED: () YES (☒) NO CONVEY BY AMBULANCE () YES (☒) NO
NUMBER OF PASSENGER INCLUDE DRIVER: Driver onlyPARTICULAR OF PASSENGER : _____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE**(THIRD PARTY PARTICULAR)**VEHICLE B SJP 5481J NAME /NRIC: _____ CONTACT: _____
VEHICLE C _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE D _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE E _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE F _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE G _____ NAME /NRIC: _____ CONTACT: _____**WITNESS (IF ANY)**

NAME: _____ HP NO.: _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*

Motor Commercial

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1959
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ300/C

R SN

AN0675A

Cov. Type: C

CERTIFICATE No.

DMCVSNW00069092001

Engine No.: 1KD2868211

Chassis No.: JTFHT02P000249474

1. Index Mark and Registration
Number of Vehicle

GBJ7879J

2. Name of Policy Holder

AZ HITECH PTE. LTD.

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

28/08/2020

4. Date of Expiry of Insurance

27/08/2021

Excess Sect 1. S\$500.00
EX ON WINDSCREEN. S\$100.00

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 Vehicle.

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.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED AS HP OWNER

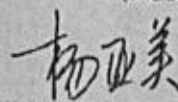
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: EZY-1 SERVICES PTE LTD
Authorised Officer



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	825N

Vehicle Details

Vehicle No.:	GBJ7879J
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	1KD2868211
Chassis No.:	JTFHT02P000249474
Maximum Power Output:	-
Open Market Value:	\$28,138.00
Original Registration Date:	28 Aug 2019
First Registration Date:	28 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$1,407.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	27 Aug 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$24,599.00
COE Rebate Amount:	\$21,087.00
Total Rebate Amount:	\$21,087.00

The information contained herein is correct as at 28 Dec 2020

OK

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 : SN0820C80009 Vehicle Registration No: GRJ 7879J
Name (as shown in NRIC) : ARIRAMAN MURUGAN NRIC/FIN/Passport No : GXXXX071N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 27/12/2020 Time of Accident : 13:50
Place of Accident : Jln DA Payoh Tampines
Insurance Company : China Insurance

(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:

MAKE A MODEL OF THE VEHICLE TO TOYOTA HIACE TURBO

Policyholder / Driver's Signature
Date:

29/12/2020
Reporting Centre Personnel's Signature
Name: Kasli