

SN: 022133000

Preferred Wkcp / INC Assign Wkcp / QW: ()		Tel: ()		Fax: ()	
TP Print/Supply: ()	Veh No: <u>YAN 1026A</u>	INC () / Non-INC ()			
Owner / Driver: ()		Tel: ()			
Policy No: ()	Period: ()	Cover Type: ()			
Confirmed by: ()		Date: ()		Time: ()	
Insured/Driver Liability: ()	[Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]				
Year of Registration: ()	Warranty: YES () / NO ()				
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()				

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO Refor of repairer.
() Total Loss Case : to e-mail Insurer URGENTLY,
Drive-In () / Towed-In () ; Invoice# VRS () / NO () ; Towing Co ()

Item	Unit	Quantity	Amount
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$9000) ()			

[illegible]

NA 2101525

NA 2101525	1) ALL Accident Reporting (\$30)	ING rate
	2) DA + Damage Assessment (\$100)	\$423.45
	3) TP + Towing Fee	\$130
	4) PF + Follow Through Survey	\$30
	5) PF + Follow Through Survey (Re-survey)	\$30
	Verbal Inquiries are not ING Only (over 10 Jan 2000)	\$75
	6) TIR + Inspection	\$160
	7) NI + Use DA + SMRT Survey	
	8) NTUC Additional Services	
	ONE	\$5
	* NS: Courtesy Car / Tpl Allowance	\$10
	* NS: Repair Coordination	\$25
	* NS: Post Repair Inspection	\$5
	* ND: DV / Collision Use Case Coordination	\$30
	TP (NI) + TP (DA) ING + Post Loss	\$0
	9) NI 31 day Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	03/03/2021 11:59 (SGT)
Date of Accident	02/03/2021 08:40 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV7911E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RODRIGUES LOUISE MARIANNE
NRIC No	SXXXX966A
Email Address	kugansenivasan@gmail.com
Mobile Phone No	(Phone) +65-98513717
Alternative Phone No	+65-81010441

VEHICLE PARTICULARS

Manufacturer	BMW
Model	318i
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00164932000
Cover Note Number	-

DRIVER

Name of Driver	KUGAN SENIVASAN
NRIC No	SXXXX506D

Date Of Driving Pass	17/09/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81010441
Alt. Phone Number	-
Email Address	kugansenivasan@gmail.com
Address	105 WEST COAST GROVE
Address complement	-
Postcode	127891
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	YN1026A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMALINGAM KESAVAN
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

IMPORTANT NOTICE

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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 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

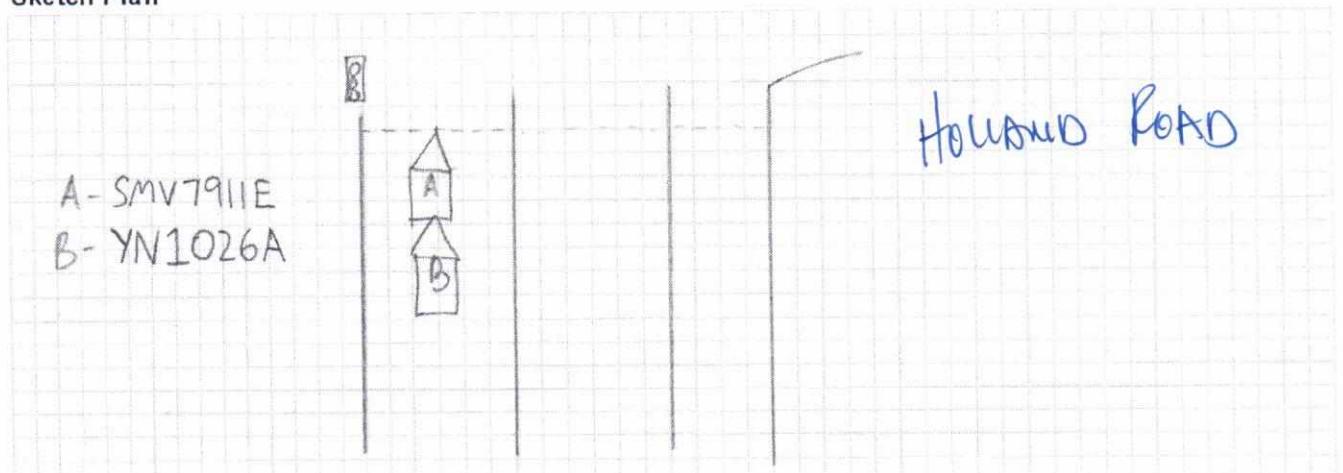
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Long 2/3/21
Policyholder's Signature / Date & Time 16:54

K 2/3/21 16:54
Driver's Signature (If driver is not the policyholder) / Date & Time

03/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: SMV 7911E ACCIDENT DATE & TIME: 2nd March 2021, 840am
 CONTACT NUMBER: 8101 0441 / 98513717 E-MAIL ADDRESS: kuganserivasan@gmail.com
 LOCATION: Holland Road

It was around 840am on 2nd March 2021. I was driving on the extreme left lane, along Holland Road towards Farrer Road; on my way to the NUS, Bukit Timah Campus. I am very familiar with the route and I was aware that there was a 60 km/h speed limit on that stretch. When I was approaching Holland Road junction of North Buona Vista Road, I slowed down to 45-50 km/h as I was aware of the multiple police cameras in the area. Just at the point of the final arrow marking on the road, the light turned amber and I braked and came to a halt just before the stop line - as I did not want to run the risk of beating the red light. Just as my car came to a halt, the small lorry (Registration Number: YN1026A) which was behind me smashed into the rear of my car - shooting my car forward roughly 3 metres. The lorry came to a stop and ended up at the stop line. The rear of my car, including the left tail light was smashed. The rear windshield of my car had also been smashed. The driver of the lorry and I exchanged particulars and took photos of the incident afterwards.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

() Claim Own Policy

☒ Claim Third Party

() Claim OD/TP at other workshop

() Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Louky 2/3/21

Policyholder's Signature / Date & Time
 16:54

KP 2/3/21 16:54

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

02/03/2021
 Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

Date Of Accident : 02/03/2021

Time Of Accident: 08:40am

Exact Location Of Accident : Holland Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number : SMV7911E

Insured/Policyholder

Name Of Registered Owner : Rodrigues Louise Marianne

NRIC No : S1657966A

Email Address :

Mobile Phone No : (LOCAL) +65 - 98513717

Vehicle Particulars

Manufacturer : BMW

Model : 318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL

Type of Claims / Report : Third party

Vehicle Category : Private

Insurance Company

Name of Insurance Company : China Taiping

Type Of Coverage : comp

Policy Number :

Driver

Name of Driver : Kugan Senivasan

NRIC No : S9925506D

Date Of Birth : 07/08/1999

Occupation : indoor

Date Of Driving Pass : 17/09/2020

Gender : Male

Mobile Number : (Local) +65- 81010441

Email Address : kugansenivasan@gmail.com

Address : 105 west coast grove singapore 127891

Was driver an employee of the Insured's Company : No

If No, Relationship of the Driver with the Insured : CHILDREN

General Information of the Accident

Type Of Accident : Head to rear

Weather Conditions : Clear

Road Surface : Dry

Other Information

Was any foreign vehicle involved in this accident? : no

Was anybody injured in the Accident? : no

Was any other material or property damaged? : yes

Was there any video captured by Car Camera? : no

Number of Passengers (Including Driver) : 1

Name of Passengers:

Details of Police Action

Was the accident reported to the police? : no

If Yes, Please state which Police Station :no

Was notice of intended Prosecution given? : no

If Yes, against whom? :no

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number : YN1026A

Vehicle Make/Model/Colour :Lorry

Name of Driver :Ramalingam Kesavan

NRIC/Passport Number :

Contact Number :

Address :

Insurance Company Name :

Details of Witness

Name :

Phone Number :

Email Address :

Motor Private Car

MX1E

E SN

BR0056A

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.

DMPCSNW00164932000

Engine No.: B0431930N46B20BZ

Cha. No.:WBAPF72030FG90178

 1. Index Mark and Registration
 Number of Vehicle

SMV7911E

AUTOSAFE

=====

2. Name of Policy Holder

RODRIGUES LOUISE MARIANNE

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

 06/11/2020
 (11:20:48)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

05/11/2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

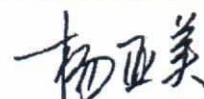
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: _____
 Moses Chia Wen Jye
 Authorised Officer



Authorised Signatory