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# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 2. This Form must be completed by the Policyholder and/or the Authorised Driver

- 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 the region of 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 the region of 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 the contract of the contract o

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.
 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.

ACC	DENT	STAT	ΓEΜ	ENT
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08/03/2021 17:02 (SGT) Date of Submission 06/03/2021 15:30 (SGT) Date of Accident Seletar West Link, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

### DETAILS OF OWN VEHICLE

Employment

GBD9814P Vehicle Registration Number

INSURED/POLICYHOLDER

Yes YUEN MAI GLASS MERCHANT PTE LTD Is company? Name Of Registered Owner

Company Reg No SALES@YUENMAIGLASS.COM **Email Address** (Phone) +65-93887179 Mobile Phone No +65-93887179 Alternative Phone No

VEHICLE PARTICULARS

Nissan Manufacturer Cabstar 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

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMCVSNW00069312003 Policy Number

Cover Note Number

DRIVER

ARUMUGAM SELVAKUMAR Name of Driver GXXXX430T Work Permit No 10/05/1982 Date Of Birth Outdoor Occupation

Accident report SN092138000D

27/11/2018 Date Of Driving Pass 2 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-87373865 Mobile Number Alt. Phone Number SALES@YUENMAIGLASS.COM Email Address 4 LOYANG ST Address Address complement 508839 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SMM1088T Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address Address complement

Insurance Company Name

Postcode

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

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

ARUMUGAM SELVAKUMAR

BODY
GBD9814P
Yes
No

#### SKETCH PLAN

#### 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.
- 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, involces, 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:
  - 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:

MERC

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

grant Mr. Student VI

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Date & Time: WYHOB?	(If driver is no Date & Time:	ot the policyholder)	NRIC/FIN	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

AN0600A Cov. Type:C

CERTIFICATE OF INSURANCE
Valides (Third-Party Risks and Compensation) Act (Chapter 189)
acr Vehiclas (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehiclas (Third-Party Risks) Rules, 1959 (Malaysia)

Engine No.: ZD30347009K

Cha. No.: JN1SC2F24Z0857199

1 Index Mark and Registration

CERTIFICATE No.

GBD9814P

AUTOSAFE

2 Name of Policy Holder

Number of Vehicle

DMCVSNW00089312003

YUEN MAI GLASS MERCHANT PTE LTD

Effective date of the Convenicement of Insurance for the purposes of the Regulations. Ordinance or Enactment.

13/08/2020

Excess Sect I

\$\$500.00

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

12/08/2021

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 Vehicle.

6. Limitations as to use:"

Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 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: CS INSURANCE AGENCY PTE LTD

Authorised Officer

**Authorised Signatory** 

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

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**₽**6222 1033

www.sg.cntaiping.com

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Complete and submit this form to the individual insurance authorised reporting centre.
   Please report correctly on the details of the accident to speed up the claim process.
   This form must be filled up by the policy holder and/or authorised driver.
   Information provided must be accident 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.
   Any false reporting may be referred to the traffic police department for investigation.

### Accident details

and time of accident	Date: 06 0	203	11	(DD/MM/YY) T	ime: 15 30 ·	(HH:MM)
location of accident	seletar	West	link	towards	Yishun-	
location of accident	seletar	West	link	towards	Yishun.	

### Details of vehicle

Vehicle registration number	GB09814P.
Vehicle make and model	NISSAN CABSTOR.
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private A Commercial Motorcycle
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes □ No □ if no, please select:  Third part claim □ Reporting only □

#### Insurance information

Insurance company	GHA CHINA TAIPENG	
Policy number	DMCUSN W00069312003.	
Type of policy	Comprehensive   Third party fire & theft □	TP only

## Insured / Policy holder

	PTE LTD.
Name	YNEN MAI, GLASS MERCHANK Male & Female =
NRIC / Fin / Passport number	
Contact	9388 7179 1 MR KEF
Address	4 LOYANG ST \$508839 .

#### Same as insured above □ (skip to D.O.B) Driver

Name	ARUMUGAN SELVAKUMAR.	Male 🗹	Female 0
NRIC / Fin / Passport number	G 2748430T.		
Contact	8737 3865		
Address	4 LOYANG ST SGO8889.		
Email address	SALES & YHEN MAI GLASS. COM.		
Date of birth	1005 1982.		-
Occupation	Indoor  Outdoor		S. C. C.
Driving date pass	27112018		

# General information of the accident

Was driver an employee of the insured's company?	Yes e No Q If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No 27
Weather condition	Clear Raining Others:
Road surface	Dry e' Wet a (Inclusive of driver
No of passenger	t (Inclusive or driver
Passenger 1	
Name	ARYMUGAN SELVAKUMAR.
Gender	Male o Female o
Passenger 2	
Name	
Gender	Male   Female   Femal
Passenger 3	
Name	
Gender	Male a Female 6
Passenger 4	
Name	
Gender	Male D Female D
Passenger 5	
Name	Male   Female
	Male  Female

## Passenger 6

Name		
Gender	Male □ Female □	

## Other information

THE CHARLES AND ADDRESS OF THE PARTY AND ADDRE	De-200 - 200		
Was anybody injured?	Yese	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

# Details of police action

Reported to police?	Yes 🗆	No 🗷	If yes, please state which police station.
Police station name			

# Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	\$ SMM1088T.
Vehicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Venicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Vehicle make model  Third party vehicle 6	
Vehicle make model	
Vehicle make model  Third party vehicle 6	
Third party vehicle 6  Name Contact number	
Third party vehicle 6	

#### Witness 1 Name Witness 2 Name Injured person 1 ARUMUGAN SELVAKUMAR. Name BACK AND NECK . Injuries sustained GBD 9814P Which vehicle person in? Were seat belts worn? Yes No a Nove Yes 🗆 Was injured conveyed to hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? No a Yes 🗆 Were seat belts worn? No D Was injured conveyed to Yes 🗆 hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Noo Were seat belts worn? Yes 🗆 No a Yes a Was injured conveyed to hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? No a Yes 🗆 Were seat belts worn? No a Yes 🗆 Was injured conveyed to hospital by ambulance?