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SN09219S0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/09/2021 17:13 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (28/09/2021 17:13 (SGT))



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 witholding 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

Additional Location Information ALJUNIED ROAD Country/State of Loss Singapore		
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DETAILS OF OWN VEHICLE

GBJ1646D

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	Yes EXCLUSIVE AUTO TRADING PTE LTD

Company Reg No 2XXXXX459K **Email Address** NGCHEELIAT@HOTMAIL.COM Mobile Phone No (Phone) +65-97309149 Alternative Phone No (Office) +65-97309149

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Toyota
Model	Dyna
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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual 2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00126442000
Cover Note Number	Seath to the Abel Suppleative Control Section Control Section (SASSIC ACTION)

DRIVER

Name of Driver	MALAICHAMY SRINIVASAN
Passport No/FIN	GXXXX541T

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	23/04/1986 Outdoor 25/01/2013 8 YEARS AND 8 MONTHS Male (Phone) +65-83036340 - NGCHEELIAT@HOTMAIL.COM 500 OLD CHUA CHU KANG ROAD - 698924 No Employee No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SGT1948X -

Vehicle Registration Number	SGT1948X
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	•
Contact Number	-
Address	-
Address complement	:=



Postcode	
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 companes.
- 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 irsurer, 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' law yers/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) admnistering 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

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Sketch Plan	
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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 fifth.

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT J(DD/MM/YYYY), TIME: (19: 20)(HH:MM) ACCIDENT DATE: (27) Aljunial road LOCATION: 1. DETAILS OF VEHICLE OB316461 a) VEHICLE NUMBER: b) INSURANCE COMPANY: DMCUSNW00 (26442000. CIPOLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) MPV /VAN (LORRY) MOTORCYCLE / OTHERS) f)TYPE: (SALOON / COUPE g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) 2. INSURED / POLICY HOLDER to Trading. A)NAME: Exclusive 4 201604959K CONTACT: 97309149 b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *Ho of passong& DRIVER Malaichamy Svinivasan a]NAME: (Including driver) b) NRIC/FIN/PASSPORT: old Chya Chy

*d)DATE OF BIRTH: (23 / 4 e OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /(NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WITH

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WE) / OTHERS

6. WAS ANYBODY INJURED (YES / 10)

7. a) REPORTED TO POLICE (YES / (NO) IF YES, PLEASE STATE WHICH POLICE STATION

8. THIRD PARTY VEHICLE * No of passenger a) VEHICLE NUMBER: b) DRIVER'S NAME: (Including driver)

c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

* No of passenger e) DRIVER'S NAME: (Induding driver) f) NRIC/FIN/PASSPORT:

CONTACT:

email = ng Cheeligt@hotmail.lom

CONTACT:

VIDEO =



中国太平保险(新加坡)有限公司

547457F

AND HOTA

Cov Type C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Role Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1859 (Malaysia)

CERTIFICATE No

DMCVSNW00126442000

Engine No. 1KD2837984

Cha. No. JTFAT35Y10K212347

AUTOSAFE

Name of Policy Holder

EXCLUSIVE AUTO TRADING PTE LTD

Effective date of the Commencement of Insurance to the purposes of the Regulations Ordinance in Engineeri

28/01/2021

Excess Sect 1

Excess Sect II

Date of Expiry of Insurance

27/01/2022

EX ON WINDSCREEN

Persons or Classins of Persons entitled to drive?

Any person who is driving on the Philopholisers order or with their permission or to whom the

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 And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident

(1) Use for racing, pace-making, reliability that or speed-resting

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

*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

issued By

雅華貨款私人有限公司 Hui Hua Credit Pter Ltd

CHINA TAIPING INSURANCE ISINGAPORE P'E LID

HUI HUA CREDIT PTE LTD

Authorised Officer

No. 1 Bukit Batok Crescent

#02-22 WCEGA Plaza Singapore 658064

Tel: 64696611 (5 Lines) Fax: 64698363

Authorised Signatory

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

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www.sq.untaiping.com