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SN0821AT0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 29/10/2021 17:24 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (29/10/2021 17:24 (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 <u>completed</u> by the <u>Policyholder and/or the Authorised Driver</u>

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

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 29/10/2021 17:24 (SGT) 23/10/2021 21:15 (SGT) Date of Accident Singapore Exact Location of Accident VICTORIA STREET TOWARDS OPHIR ROAD BEFORE ARAB Additional Location Information STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLF9160M Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? SYLLYS AUTO PTE LTD Name Of Registered Owner 2XXXXX359K Company Reg No CS8558CS@GMAIL.COM Email Address (Phone) +65-87601727 Mobile Phone No (Office) +65-87601727 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Axio Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto Transmission 1496 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy Policy Number DMHCSNW00007022100 Cover Note Number

DRIVER

SHATRIYAN RAJ S/O KUNALAN Name of Driver

NRIC No 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 Insurance Company of Other Vehicle Owned by Driver	SXXXX588F 17/12/1999 Outdoor 08/01/2019 2 YEARS AND 9 MONTHS Male (Phone) +65-87601727 - CS8558CS@GMAIL.COM BLK 616 WOODLANDS AVE 4 #07-561 730616 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
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? Police Station Name Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Woodlands Division Headquarters (Phone) +65-18004660000 1 Woodlands St 12 Singapore 738622 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	SJQ4164B -

Private car

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver	
Contact Number	-
Address	-
Address complement	-
Postcode	
Insurance Company Name	10
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



Page 3 of 17

IMPORTANT NOTICE

- 1. Please report correctly 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 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' 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) 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.

Solution Co

Policyholder's Signature / Date & Time

A

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ANDIOLIA ZHREET

A= SLF9160M 3=87Q4164B

escribe Circumstances of the Accident	
I WAS TRAVELLING ALONG MICTORIA STREET	T TOVAPOS
BPHIR PDAD.	
I WAS ABUE TO STOP IN TIME BUT THE EAR VEHICLE	SUPDINUM.
I WAS ABUE TO GTO P IN TIME BUT THE EAR VEHICL	LE BIZHIND ME
BANG INTO ME.	7
VEHICLE A: SUF9160M	
VEHICLE B: SJO4164B	
*	
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IWe declare the foregoing particulars are true in every respect.

201634359K Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 23 / 10 /2021 (dd/mm/yy) Time of Accident: 23 : 15 (24-HR-FORMAT)
Vehicle No.: SLF9160 M Vehicle Make & Model / Engine (cc): Private Hire: (Y/N)
Exact location of Accident: VICTORIA STREET TOWARDS DPHIK ROAD BEFORE ARAB STREET
Policyholder's Name / IC No. Syllys Auto Pte 1 & ROC/UEN (Company) 20(634359/
Driver's Name / IC No.: SHATKIYAN FAJ S/O KUNALAN S9941588F (As Above)
Driver's Contact No.: 8760 1727 Company Contact No / Owner Contact No:
Driver's Address: BLK 616 WOODLANDS AVENUE 4 407-S61 SINGAPORE 730616
Owner Email address: CS 8558 CS C GWAIL WM Insurance Company: China Taping
Driver Email address :
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
*Passenger Name: Gender: Male / Female x() *Passenger Name: Gender: Male / Female x()
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*Passenger Name: Gender: Male / Female x()
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*Passenger Name: Gender: Male / Female x() Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
*Passenger Name:
*Passenger Name:
*Passenger Name:
*Passenger Name: Gender: Male / Female x() Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Remarks: Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: Wood (and Div HQ) The Other Party(s) Details:
*Passenger Name: Gender: Male / Female x() Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Remarks: Anv Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: Woodland Div HQ
*Passenger Name:
*Passenger Name:
*Passenger Name:



1 of 2

Report No. L/20211026/7033

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Rep	ort No.		Station Diary No.	
26/10/2021 15:38					
Name Of Informant	Address				
SHATRIYAN RAJ S/O KUNALAN	N RAJ S/O KUNALAN 616 WOODLANDS AVENUE 4 #07-56		61 SINGAPORE		
	730616				
ID Type / ID No.	Contact No.		20120 10 10		
NRIC NO / S9941588F	Home/O	fice:	Mobile:		
	87601727				
Nationality	Email Ad				
SINGAPORE CITIZEN	SHATRIYANRAJKUNALAN@gmail.COM				
Occupation	Sex	Age	Date of Birth	Race	
National Service Full Time	Male	21	17/12/1999	Indian	
Institution/School Name	Language				
	English				
Date/Time Of Incident	Location Of Incident				
18/10/2021 11:00 - 26/10/2021 14:00 616 WOODLANDS AVENUE 4 #07-56		61 SINGAPORE			
	730616				

Brief details.

Good afternoon,

My name is shatriyan raj

I misplaced my license a few days back. I got into accident recently and will have to make a report to do a insurance claim. I lost it at little india but am not sure where at.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2021 15:38
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211026/7033

Person Name	SHATRIYAN RAJ S/O KUNA	LAN	
ID Type	NRIC NO	ID No	S9941588F
Gender	Male	Age	21
Race	Indian	Language	English
Occupation	National Service Full Time	Address	616 WOODLANDS AVENUE 4
			#07-561 SINGAPORE 730616
Mobile No	87601727	Is Informant A	Yes
		Victim?	
Person Name	SHATRIYAN RAJ S/O KUNA	LAN (Informant)	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2021 15:38
Officer In-Charge Of Case:	Classification Of Case:



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

Motor Hire Car

MZ407

14 SN

AN0567A

Cov. Type:T

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

DMHCSNW00007022100

Engine No.: 2NR6650713

1 Index Mark and Registration

Cha. No :NRE1610019924

Number of Vehicle

SLF9160M

2 Name of Policy Holder

SYLLYS AUTO PTE LTD

Effective date of the Commencement of I8/07/2021 Insurance for the purposes of the Regulations. (00.00:00) Ordinance or Enactment

18/07/2021

Excess Sect.II (Outside Singapore).

S\$1,250 00 S\$2,500 00

4 Date of Expery of Insurance

17/07/2022

5 Persons of Classes of Persons entitled to drive

Any employee or any person who is driving with 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 for the carriage of passengers or goods in connection with the Policyholder's business
 Use for social domestic pleasure purposes.

The Policy does not cover

The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Fosks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under those fleadings.

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 AUTOSHIELD 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

@63896111

6222 1033

www.sq.cntaiping.com