NATIONAL, Assessment Co	nire Services	(14) CAS (4)					
Date In: 22/11/24	Job description	Date & Time Completed	Done	рy			
Ref No NA/07221011843/	SAS e-filing	q e					
Veh No GBB2283E	Fmail (within	Slars, AIC 2hrs)					
DOA 20/0/01 //	i-Motor Clai	m Form					
	(Within: OD 2hrs: TP 4hrs)						
OD TP ' Reporting Only	i-Photo Uplo	oaded					
TD	Assessment/St	arvey Report					
TP Insurer:	Ass't Report l	by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	ix:)			
TP Particulars: Veh No:	SKPE26E	INC()/Non-INC()					
Owner / Driver: (Tel)				
Policy No. ()	Period () Cover Type: ()				
Confirmed by : (Date: Time:)				
	-	WO): N: 0-20%; P: 21-79%. F: 80-10	0%]				
Year of Registration: () Warranty: YES ()/NO()					
Excess: (\$) Loading: General Remarks:-	\$1,000 () / \$2,000	()					
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions) / Courtesy Car ((> \$3000] ()					
MASTOURE	7	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30);	Amt (S) 1st Bill	Amt (\$) Add Bill			
Claimant's Particulars :-		3/11 10 ming 100	0) /\$45				
Driver/Owner:			\$120 \$30				
Contact No:		For claiming against INC Only (wef 10 Jan 2005 6) TR: Re-inspection	\$75				
Damaged Portion: 7) N1 : Idae DA + SMRT Survey \$160				41-1-1-1			
C Checked by (Engr-In-Charge):		8) NTUC Additional Services Oh* *NS: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination	\$5 \$10				
Auditors' Comments :-		*N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5					
at. 1:	TP (N11) : TP (N:m INC) against INC 9) N12: Idae Mobile	\$20 30	MAKENER- IN				
at, 2/3;		Invoice dated Fee Charges Invoice dated Fee Charges		10000000000000000000000000000000000000			

SN0921BM0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/11/2021 14:21 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (22/11/2021 14:21 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

 Any false reporting may be referred to the Police for investigation.
 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

22/11/2021 14:21 (SGT) 20/11/2021 11:05 (SGT) Singapore PIE(AIRPORT)SLIP RD INTO KPE(MCE) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB2282F

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

SYNERGY AVL PTE, LTD.

2XXXXX252E

saathish@synergyavl.com

(Phone) +65-90061057

+65-90061057

VEHICLE PARTICULARS

Manufacturer

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

your vehicle? Vehicle Category

Transmission CC

Renault

Kangoo

Employment

No - Reporting only

Commercial vehicle

Manual

1461

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

ThirdPartyFireTheft

No

DMCVSNW00102402102

DRIVER

Name of Driver

Passport No/FIN

DURAISAMY SAATHISH GXXXX019T



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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?

PASSENGER 1

Name GOPAL Gender Male

PASSENGER 2

Name DEEPAN Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20211122/2019

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

No No

14/09/1981 Outdoor 20/10/2014

7 YEARS AND 1 MONTH

Male

(Phone) +65-87862339

saathish@synergyavl.com

BLK 191 BUKIT BATOK WEST AVE 6

#16-47 650191 No Employee No

Chain Collision

Clear Dry

No

No

Yes

3

No

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

3

Yes

@ Accident report SN0921BM0005

Page 2 of 18

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP626E
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF5703Z

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)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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' 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 &

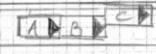
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE (AIRPORT) SCIP RD INTO KPE (MCE

A- GBB >282E B- SKP636E C- SLF5703Z



				March 1997				
0/5	rebu	do	the	police	report:	1/200/11/20	1/2019	
	6			/				
	-							
		-						
							11.000 - 11.000	
330.00								
		- Wrone sur-						
		-X						
		-						
								1000
								out said
			00 3-5-4					
			_					
								-
III			Silve					
-			1					-

Declaration

Time

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20211122/2019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 11:20			Vide Report No.: G/20211120/0121	Station Diary No.	
Informa	nt's Particu	ulars	是如果我可以为Fread	· 原理學院是公司書籍等。	
Name of Informant: DURAISAMY SAATHISH		Address: APT BLK 191 BUKIT BATOK WEST AVENUE 6 #16-47 SINGAPORE 650191			
ID Type / ID No.: FIN NO / G3078019T		T	Contact No.: Home/Office: Mobile: 87862339		
National INDIAN	ity:		Email:		
Sex: Age: Date of Birth: Male 40 14/08/1981		Date of Birth: 14/08/1981	Type of Informant: Driver		
Race: Indian			Language: Institution / School N		
Occupation: CONSTRUCTION			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambuland	Drink e Drive: No	Date/Time of Accident: 20/11/2021 11:05	Type of Location SLIP ROAD	
Weather:	1320	oad Surface:		Road Speed Limit:	
Clear Traffic Flow: One Way	10000	affic Control: ot Controlled		Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Head To Rear			Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB2282E	Van	RENAULT	KANGOO DCI70	Silver		0
SKP626E	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Blue		0
SLF5703Z	Lorry	ТОУОТА	PRIUS HYBRID 1.8 CVT	White		0





T/20211122/2019

2 of 3

Report No. T/20211122/2019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	on Involved	2 (CTA) (00 F.)	A Mary Sales	2014	17/45-20	
Any Pedestrian I	nvolved: No		A CONTRACTOR	COLD I		
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Driver	BASE WATER OF		0000116	uestria	II Cross	sing: NA
Name	DURAISAMY SAAT	THISH	DETAIL SHEET ON DESCRIPTION OF THE PERSON OF	ID No),	G3078019T
Related Vehicle	GBB2282E (Van)			Conta	act No.	87862339
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On Stated Date, Time and Location

As above mentioned, I was driving along PIE(AP) slip road into KPE(MCE) as i was about to enter the MCE tunnel I was at extreme right lane which after the first vehicle bearing plate number (SLF5703Z) about to filter lane on the left hand side but due to on coming traffic he applied the break causing the 2nd bearing plate number (SKP626E) and 3rd vehicle which is me to react immediately step on the e-brake but due to unable to react in time I collided to the rear of the 2nd vehicle rear side. Ambulance and Traffic police on scene and I received a case card to proceed to TPHQ to lodge a police report accordingly. Tha's all

IO In-Charge: IO Daniel Yan





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211122/2019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report TP / SCCPL MUHAMMAD SYAFIQ BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2021 11:20
Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:

ACCIDENT STATEMENT

ACCIE	DENT DATE: 20/1/ 2/)(DD/MM/Y)	YYY), TIME:(_//_:_OS_)(HH:MM)
LOCAT	ION: PIE	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: 988 32836	
±1	b)INSURANCE COMPANY: CHIMA c)POLICY NUMBER: AM CHIMALOGICA d)POLICY TYPE: (COMPREHENSIVE / THIRD I	PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: REVAUL KANGE f)TYPE:(SALOON / COUPE / MPV / VAN / LC	DRRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMME h) PURPOSE OF USING AT ACCIDENT TIME:_ i) ARE YOU CLAIMING UNDER YOUR OWN IN	
2.	IF NO, PLEASE STATE (THIRD PARTY CLAIM	REPORTING ONLY)
		(MALE / FEMALE) CONTACT: 9006/05/7
E E	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Ho of passenga (Including driver)	DRIVER	(MALE / FEMALE)
(<u>3</u>)	b) NRIC/FIN/PASSPORT: 630780197 c) ADDRESS: 858 191 BYELT BATTOE #16-47 (850191)	WEST AVE. C.
GOPAL(M)	*d)DATE OF BIRTH: (14 09 1986)(E) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INS	URED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER V	WITH INSURED:
6. 7.	b)ROAD SURFACE (DRY) WET / OTHERS_ WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATI THIRD PARTY VEHICLE □ VEHICLE NUMBER: SKP 636 €	ON:
(Including driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	CONTACT:
(_) 9. *No of passenger	THIRD PARTY VEHICLE d) VEHICLE NUMBER: SLF5 703 2	MODEL:
	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	CONTACT:
()	92 Xi	DONE ILLE
	: email = snathi	RSPU@LKKAUTO: CO.

VIDEO = NO



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Commercial

MZ300/C

R SN

CERTIFICATE OF INSURANCE

ner Vehicles (Trird-Party Risks and Compensation) Act (Chapter 11 Motor Vehicles (Trird-Party Risks and Compensation) Rules, 1960 Road Trirangort Act 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0576A Cov. Type F

CERTIFICATE No.

DMCVSNW00102402102

Engine No.: K9KW714D209654 Cha No VF1FC1EAF38795340

1 Index Mark and Registration

G862282E

Number of Vehicle

2 Name of Poscy Holder

SYNERGY AVL PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00) (00:00:00)

4. Cale of Expiry of insurance

25/09/2022

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

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 festing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. SPEED CREDIT PTE LTD 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 1967 (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

I MARKETING AGENCY

Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🕏 3 Anson Road #16-00 Springleaf Tower Singapore 0.79909

\$63896111

6222 1033

www.sg.cntaiping.com