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.

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 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 28/03/2022 11:47 (SGT) Date of Accident 26/03/2022 12:21 (SGT) Exact Location of Accident Jln Rumah Tinggi, Singapore Additional Location Information **BLK 10** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2802D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MONZONE AIR-CONDITIONING PTE LTD Company Reg No 20010928W **Email Address** monzone@singnet.com.sq Mobile Phone No (Phone) +65-63651315 Alternative Phone No +65-63651315

VEHICLE PARTICULARS

Manufacturer

Model XZU700R 12FT WID CAB 5T MT 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 4009

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNA00119112101 Cover Note Number

DRIVER

Name of Driver VIJAY KUMAR S/O MICHAEL K.BALAN NRIC No. S8519537I

Date Of Birth 22/06/1985 Occupation Outdoor Date Of Driving Pass 28/07/2020 Driving experience 1 YEAR AND 8 MONTHS Gender Mobile Number (Phone) +65-98999913 Alt. Phone Number Email Address kasturi.v@yahoo.com Address BLK 34 MARSILING DR #05-393 Address complement Postcode 730034 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle 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** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 26/3/2022 AT ABOUT 1221HRS.I WAS TRAVELLING ALONG JLN RUMAH TINGGI (BLK 10) VEHICLE B WHO WAS TRAVELLING IN FRONT OF ME STOPPED, THEREFORE I FOLLOW SUITED CAME TO A STOP, WHEN SUDDENLY VEHICLE B STOP AGAIN, I THEN COLLIDED ONTO VEHICLE B. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSHC1183MVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryTaxiName 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

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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
- 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 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)

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (!) 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.
- 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:
 - (i) 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.

musi Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (BINCAPORE) PTE, LTD.

MZ407/C Motor Commercial

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

R SN

AN0707B

Engine No.: N04CWN10400 CERTIFICATE No. DMCVSNA00119112101 Cha. No.:JHHTCV3FX0K004298

1. Index Mark and Registration. YQ2802D ALITOGAFE Number of Vehicle

MONZONE AIR-CONDITIONING PTE LTD Z. Name of Policy Holder

 Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00)
 Ordinance or Enactment 29/09/2021 Excess All Claims 8\$2,000.00 EX ON WINDSCREEN . 8\$100.00

4. Date of Expiry of Insurance 28/09/2022

2. Persons or Classes of Persons entited to drive!
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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 eccident lose or damage.

6. Limitations as to use:

- Use in connection with the Policyholder's business and Hirer's Business.
 Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's
- (3) Use for social, domestic or pleasure purpose.

- The policy does not cover:

 (1) Use for moing, peac-maiding, reliability trial or speed-testing.

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

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

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

* 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.

Authorised Signatory

Issued By: Chua Suat Lay Sally Authorised Officer

Q63896111

6222 1033

@www.sq.cntaiping.com

China Taiping Insurance (Singapore) Ptc. Ltd. (Co. Reg. No. 200208384E)

★3 Anson Road #16-00 Springleaf Tower Singapore 079909































