SD0822960004-01 / Ding Auto Pte Ltd ENTRY DATE & TIME: 06/09/2022 16:47 (SGT) SUBMITTED BY: Nora/Rena VERSION: 2 (09/09/2022 16:58 (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 Actual 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

Date of Submission 06/09/2022 16:47 (SGT) Reported by Date of Accident 23/08/2022 13:45 (SGT) Exact Location of Accident Singapore Additional Location Information MUSTAFA CENTRE LOADING AREA Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4550X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KARTHIKA ENTERPRISES PTE LTD Company Reg No 200311912H Email Address KARTHIKAENT34@GMAIL.COM Mobile Phone No (Phone) +65-92394301 Alternative Phone No

VEHICLE PARTICULARS

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 No - Reporting only your vehicle? Vehicle Category Commercial vehicle

Transmission

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00094932202

Manual

2982

DRIVER

CC

Name of Driver LOGANATHAN KATHIRVEL Passport No/FIN G3317667N Date Of Birth 23/05/1994 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	27/11/2018 3 YEARS AND 9 MONTHS Male (Phone) +65-83556082 - KARTHIKAENT34@GMAIL.COM BLK 101 YISHUN AVENUE 5 #01-65 760101 No Employee 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
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	
REFER TO ADDENDUM FORM	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? DETAILS OF OTHER	Yes No VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	GBC6549E Commercial vehicle

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

- Please report <u>correctly</u> 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 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 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.
- 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' 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 taw yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

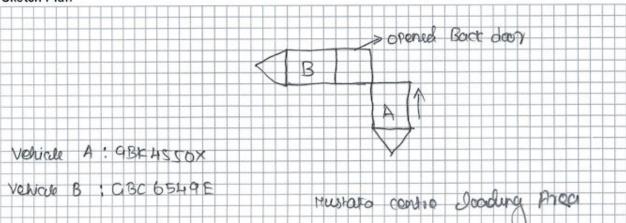
Policyholder's Sgriature Date &

PIN- 219796

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

Witnessed by Reporting Centre

Sketch Plan



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clarat	ion	
//	the foregoing particulars	are true in every respect.
12	15.5	
.VE · KARTA	PIN- 219796) []	1 70 1
134		John and
118	Signature Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

Witnessed by Reporting Centre Personnel





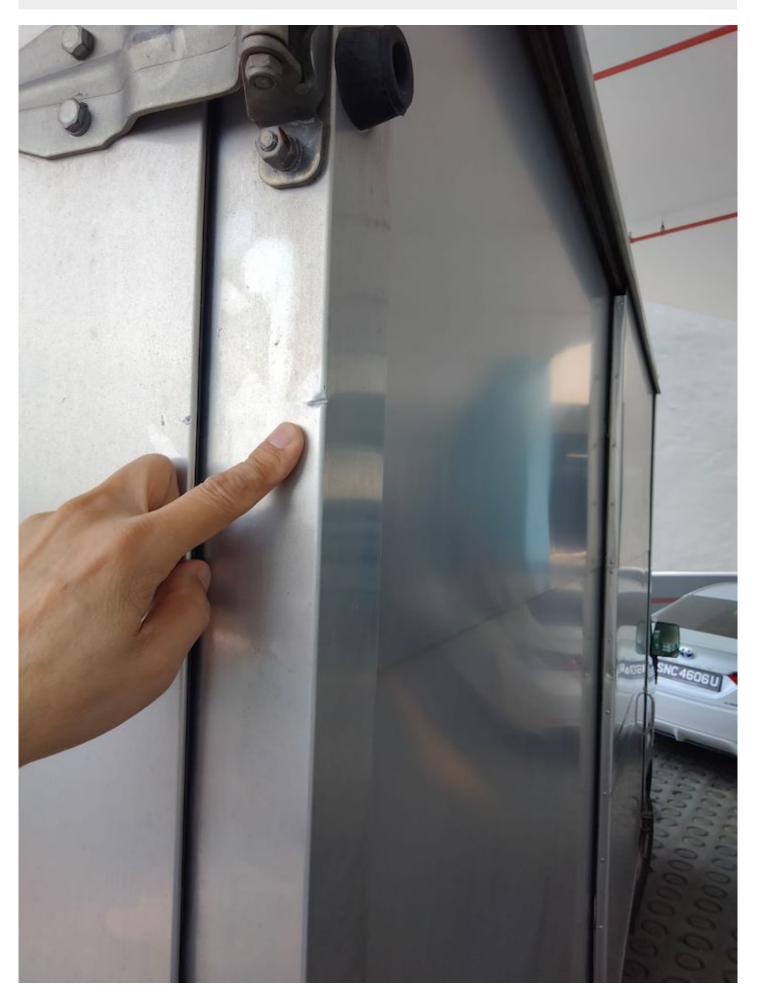




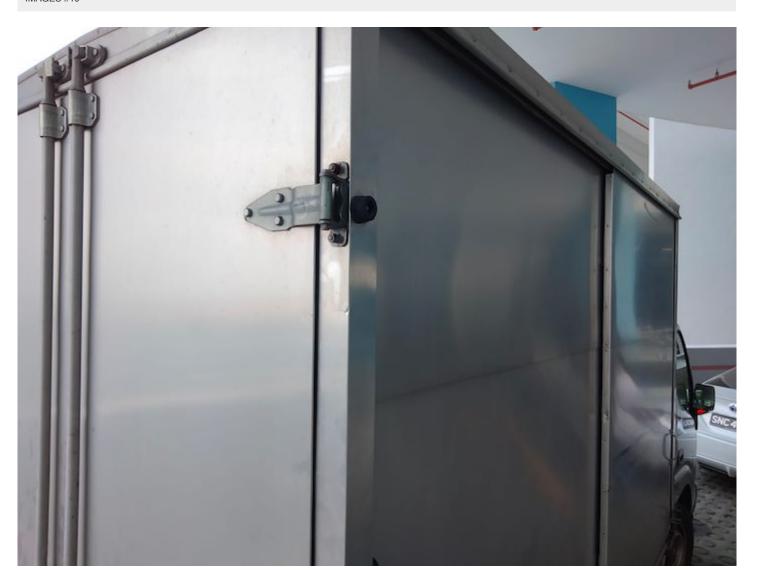




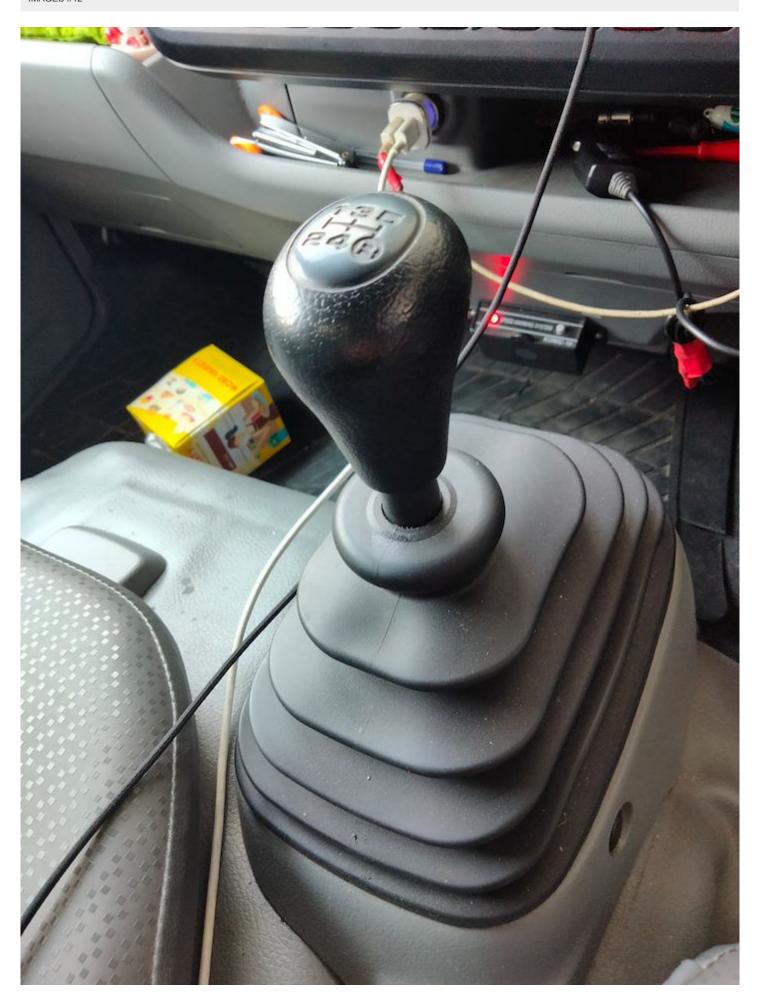














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDEN	DUM	
· (A)	PARTICULARS OF PERSON MAK	ING THE AMENDMENTS:	
Original Report No :	40000668905	Vehicle Registration No :	GBK 4550X
Name(as shown in NRIC):	LOGENATE PALICATHIRVE	C	
	(*Vehicle Driver / Vehicle Own	ner) (*) Please delete as ap	ppropriate
NRIC/Passport No :	G3317667N		
Address :	BIK 101 4 01 -	65	
Contact (Tel) :	83556082	(H/P):	92394301
(Email) :	Karthika ent 34 (grail con	
Date of Accident :	23/08/2022	Time of Accident :	13:45 hrs
Place of Accident :	Mustafa Compan	k Area	4. 10.
Insurance Company:	Chena Taiping		
the second secon	ADDITIONAL INFORMATION / A e above mentioned accident and :		litional information or make
After S	tooting thy long	and proporing	to recorse
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to gain my all	J	with The damer a	0
A way agroad	among us that The		
6. 1	0 - 1 - 1	(-10) A - O-	all and a

was a solight scratch that we both acknowledged As Ther was no Further

call from The Linner about This accident 2 did not make duny accident report

Signature of Vehicle Owner Driver

Date: 69/09/2022

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R

AN0677A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00094932202

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)

Engine No.: 1KDB035509

Cha. No.:JTFAT35Y60K215082

1. Index Mark and Registration

GBK4550X /

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

KARTHIKA ENTERPRISES PTE LTD /

Excess Sect 1.

\$\$500.00

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

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

06/08/2023 /

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

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

Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 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.

Authorised Signatory

Issued By: CVD AUTO PTE LTD **Authorised Officer**

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

Q6389 6111

6222 1033

www.sg.cntaiping.com