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1) Apply for Transport Allowance ()	/ Courtesy Car ()			1	v.J.
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3) Upload Resurvey Photo [Repair Cost >	. 23000].;;; ()	,	,		11.100
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SN0822910005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/09/2022 11:44 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/09/2022 11:44 (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.

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.
 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.

7. By the lodgement of this report to the insurers, you nereby consent to the archiving	of this report at the centre and to copies of the report being made available aloresaid.
ACCIDENT	STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	01/09/2022 11:44 (SGT) Driver 30/08/2022 18:30 (SGT) PIE, Singapore TOWARDS TPE Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	XE7463R
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes TPW ENGINEERING PTE. LTD. 2XXXXX298N peishan@tpw.com.sg (Phone) +65-83898515
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	CAMC HN3251X40C3M6 - Employment No - Claiming third party Commercial vehicle Manual 11813
INSURANCE COMPANY	
Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number

DMCVSNW00092622200

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

KUMARAVELU SANKARALINGAM FXXXX851N 18/06/1969 Outdoor

Date Of Driving Pass 08/07/2014 Driving experience 8 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-83898515 Alt. Phone Number Email Address peishan@tpw.com.sg Address BLK 4 CHANGI VILLAGE ROAD #01-2086 Address complement Postcode 500004 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Weather Conditions DRIZZLING Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No 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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SND1883A

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 JOEL GABRIEL SUNDRAM

 NRIC No
 SXXXX691I

Contact Number	(Phone) +65-9062855
Address	2
Address complement	-
Postcode	5
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 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.
- 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)

l 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 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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

Vehicle A: XE 7463R Vehicle B: SND1883 14

	70 Average and American department of the Accident
UN	30 August 2022 at award 650 pm. I was driving along PIE towards TPE due to heavy traff
1	have slow down my rehicle to a stop. As the traffic started maining. I was about to move of
and .	suddenly felt an impact from the near of my vehicle (XE 7463R). When I alighted
low.	my vehicle, I realised while & (SND1883H) had collided outs the man of my vehicle.
	wish to state that the other driver ack me to faster sign on a piece of paper
uhich	I don't understand what was written on it.
-	
-	

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



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 8 / 2022 (dd/mm/yy)	Time of Accident: 18:30 (24-HR-FORMAT)
Vehicle No.: XE 7463 R Vehicle Make & Model:	Came HH 3251 x 40 C3M6
*Transmission : o Manual o Auto *C.c:	12-80
Exact location of Accident: PIE toward TPE	
Policyholder's Name: TPW Engineering Ptz Ltd	
*Policyholder's email address :peishan @+pw. com	1 · Sq
Driver's Name: Kumaravela Sankavalingan	NRIC/FIN/REG No.: F 8(2085) N
*Driver's email address: peishan @tpw. com.sq	
Driver's Contact No.: 8389 8515	Company Contact No (If any):
Date of birth: 18 6 1969 Driving	Pass Date: 8/7/2014
Driver's Address: Buc 4 Change Village Road, Hol -	2086 (s) - 500004 500004
Insurance Company: China Taiping	
Policy No.: DMCUSNW 000926 pa200 Type of Covera	
Relationship between Owner & Driver: (Please CIRCLE one on	
Owner /Spouse / Children / Friend / Parents / Sibling / Relative &	Employee Hirer or Others specify:
What do you wish to claim? (Please TICK one only)	
o Own Insurance / o Other Vehicle (The one you want to claim	against)/ø Reporting (For Record Purpose)
Tyce of Accident	
o Chain Collision o Head To Rear of Side Swipe o Other	
Occupation (nature job) o Indoor / Outdoor *No. of	Passengers / Including Driver): puson
*Passanger Name:	Gender: Male / Female
*Passanger Name:	Gender: Male / Female
Weather condition & Road conditions? (On the day of accident	
o Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzli	ng & Wet / Others:
Was there any video captured by your car Car camera? O Yes /	
Any Injuries: o Yes / v No (If YES) Injured Person' Name:	
njuries Sustain : Injured Pe	rson in Which Vehicle:
Police Report field: o Yes / o No (If YES) Which Police Station: _	
The Other Party (S)	
. Driver's Name / IC No: Joe Gabriel Sundram 394	7691 I Vehicle No: SND 1883A
Driver's Contact No: 9062 8552 Insu	rance Company :
2. Driver's Name / IC No (If Any):	Vehicle No:
Driver's Contact No: Insu	
Independent Witness (If Any):	Contact No:
referred Workshop Name:	



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

CERTIFICATE OF INSURANCE

SN

AN0707B Cov. Type:C

MZ301/C

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 1/ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 Road Transport Act. 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00092622200

Engine No.: CM6D2840060121B01062

Cha. No.:LZ5N2DD31MB010091

Index Mark and Registration

XE7463R

AUTOSAFF

Number of Vehicle Name of Policy Holder

4 Date of Expiry of Insurance

TPW ENGINEERING PTE. LTD.

Effective date of the Commencement of insurance for the purposes of the Regulations. Ordinance or Enactment

26/07/2022 (09:09:48)

Excess Sect I.

EX ON WINDSCREEN .

S\$2,000.00 S\$100.00

25/07/2023

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission

permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes.

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 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 *

(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

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 Use for the carriage of passengers for hire or reward.

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.

Issued By

Chua Suat Lay Sally Authorised Officer

Authorised Signatory

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

C 6389 6111

6222 1033

www.sg.cntaiping.com