The state of the s	e Services uni	/W		2.5	-
Date In: (05/10/2012 16:10,1	I deb description	Date 61	mu Complete	d Dons L	9.
REINO NBA/C122209840N	SAS e-filling "	1	•	1	
Val No. VQ. 58007	E-impil (within thee, A	(Calula)		1.	,
DON 03/10/2022 08:42	1-Motor Claim Fo	rin ,			
C.	hMotor W/O (wh	nia: QD inia; TF (11)			
OD (TP / Reporting Only	i-Photo Uploaded				
	Assessmen@Survey	Report	Wood Michael New	1	
The property	Ass't Report by En.	v. Hand to Owner/S	/1:32	-	
Preferred Wash INC Assign Wash / QW: (Tel		Fax:	
FF Perstautars: Veh No: S	MA 1020P	, INC(,)/Ner	-MC()		
Owner/ Driver: (Ten			
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	eriod: () Cover T		·	
Confirmed by t (- CHI I WOOD BE-II VIII I S SIII COM	116-	Times to s	0.10002	
	Note-list Status (WO)		-77%. 153	2417/27/1	The same and
Year of Registrations ()	Warranty: YES ()/	1			
CONTRACTOR OF THE PARTY OF THE	000()/52,000(1
	ESTELLA CONTRACTOR		San of care		
Walk-In Customer's Customer's Inf	COMMISSION BENEFITATIONS IN A PROPERTY OF THE PERSON NAMED IN CO.	mara scrimi rio i	2010.1080	711	
() Total Loss Cast : to e-mail Insti					
Drive-In ()/ Towed-In (): Invoid	te: YES()/NO((2) (1) (不) (表) (表) (表) (表) (表) (表) (表) (表) (表) (表	2.6		
Market Attached Attached		7			a very transfer
		Control of		1 Page Done	by
tem arici (and AUNG beiliner 6788,6616)		Control of		Anthony Done	by
Remarks: PARTING Editinar (9788) (1616) 1) Apply for Transport Allowance () /		Control of		Zaraga (Done	by
tem at laster P(ING her likes 6788:6616) 1) Apply for Transport Allowance () / 1) QC Check / Post Repair Inspection	Courtsey Car ()	Control of		1. P. A. Done	by
Remarks (2007) (ING hor liner (9788) (6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtsey Car ()	Control of		2 Done	by
Remarks (1999) (ING her lines (1998) (1916) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Uplacd Resurvey Photo [Repair Cost > 1] Injury :	Courtsey Car ()			La Done	397
(emarks is a D) (ING her lines (6788:0616) Apply for Transport Allowance () / CO Check / Post Repuir Inspection Upland Resurvey Photo (Repair Cost > 1 Injury :	Courtsey Car ()	Control of		Done Control	by and a second
Remarks (1999) (ING her lines (1998) (1916) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Uplacd Resurvey Photo [Repair Cost > 1] Injury :	Courtsey Car ()			La Cont	oy
(emarks is a D) (ING her lines (6788:0616) Apply for Transport Allowance () / CO Check / Post Repuir Inspection Upland Resurvey Photo (Repair Cost > 1 Injury :	Courtsey Car ()			Done	by and a second
Remarks (1999) (ING her lines (1998) (1916) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Uplacd Resurvey Photo [Repair Cost > 1] Injury :	Courtsey Car ()			Done	oy
Remarks (1999) (ING her lines (1998) (1916) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Uplacd Resurvey Photo [Repair Cost > 1] Injury :	Courtsey Car ()			Done	
Cemarics (1997) (ING her filmer 6788:6616) 1) Apply for Transport Allowance () / 2) QC Check / Pest Repair Inspection 3) Uplaced Resurvey Photo (Repair Cost > 1) Injury : Part Timal (Agtions 1997) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Courtesy Car ()		He Complete	Lone	NA-ALI
Kemarks in Page (ING her line; 6788; 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Peur Repuir Inspection 3) Uplacd Resurvey Phota (Repair Cost > 1) Injury : Actions Actions	Courtesy Car () () (3000] ()	Veice Proparation	Chaglung (Chaglung)		NA-ALI
Remarks (1992) (ING her liner 6788:6616) 1) Apply for Transport Allowance () / 2) QC Check / Peer Repair Inspection 3) Uplaced Resurvey Photo (Repair Cost > 1) Injury : Party Tunar (Agricus) (1992) (1992)	Courtesy Car () () (3000] ()	Voice Proparation AR: Accident Resorting DA. Danage Aritismee	Chr. (Native State	C (350)	NA-ALI
(Apply for Transport Allowance ()/ L) QC Check / Peur Repuir Inspection (b) Uploed Resurvey Photo (Repair Cost >) (Injury) Actions Actions	Courtesy Car () () (3000] ()	Veice Proparation AR: Accident Reserves FF: Towing Fee FF: Fellow Through Su	Checklist of the control of the character of the characte	C (350) 51/55 51/55 51/55	NA-US
Apply for Transport Allowance ()/ D CO Check / Pest Repair Inspection D) Uplact Resurvey Photo (Repair Cost >) Injury / Actions Actions MADON 777	Courtesy Car () () (3000] () (10 (1) (2) (3) (4) (5)	Noice Proparation An Accident Asserting DA: Denning Fill FT: Fellow Through Sui FT: Fellow Through Sui For ship in a sea of the	Checklist of the control of the character of the characte	C (350) 51/55 51/55 51/55	NA-ALI
Camarics (1997) (ING her liner 6788:6616) (I) Apply for Transport Allowance ()/ (I) QC Check / Peer Repair Inspection (I) Uplaced Resurvey Photo [Repair Cost > 6] (Injury : (Int) Tunar Agricus (Injury : (Courtesy Car () () (3000] () (10 (1) (1) (2) (3) (4) (5) (7)	Veice Propar Auon AR: Accident Resorting DA: Dennige Assistance IF: Fellow Through Sur FT: Fellow Through Sur FT: Fillow Through Sur NI 1 Has DA + Shift S	Checklistes (San San San San San San San San San San	C (350) 51/55 5105 330	NA-US
Remarks (1992) (ING her filter 6788; 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Peur Repair Inspection 3) Uplacd Resurvey Phota (Repair Cost > 1) Injury : Onto Tunal (Aggions) (1992) Liphanias Egraculius, 42-32-32-32-32-32-32-32-32-32-32-32-32-32	Courtesy Car () () (3000] () (10 (1) (1) (2) (3) (4) (5) (7)	Veite Proparation AR: Accident Reporting DA: Demographics Fr: Towing Fee Fr: Fellow Through Sur TR: Revaries and TR: Revaries and NI : Plant DA P Sur For	Checklistes (San San San San San San San San San San	C (355) 51653 536 52023 537	NA-ALI
Remarks (1992) (ING her line; 6788; 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Peur Repair Inspection 3) Upload Resurvey Photo (Repair Cost >) Injury / Part Tunni (Actions) Actions (Actions) Injury () Injury (Courtesy Car () () (3000] () (10 (1) (1) (2) (3) (4) (5) (7)	Veite Propar Auon AR: Accident Resorting DA: Demage Assistance FF: Fellow Through Sat FF: Fellow Through Sat FF: Filley Through Sat FF: Filley Through Sat FR: Filley Through Sat Residence Through Sat NI: Contray Care Ton	Checklistes (32) (310)	C (355) 51(54) 51(54) 51(54) 5165 5169	NA-ALI
Remarks (1992) (ING herither 6788:6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Peer Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 6 Injury : Party Juna (Agricultural Cost > 6 Agricultural Cost > 6	Courtesy Car () () (3000] () (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	Noice Proparation An Accident Exercise Fr. Fellow Private Sur FT. Follow Through Sur FT.	Chr. (Ring)	C (354) 51/545 51/545 51/545 51/545 51/545	NA-ALI
Kemapis in a QUNG her liner 6788: 6616) 1) Apply for Transport Allowance () / 2) QC Check / Pest Repair Inspection 3) Uplacd Resurvey Photo (Repair Cost >) Injury : Actions Actions Actions Actions Tons Tuns Actio	Courtesy Car () () (3000] () () () () () () () () () ()	Voice Proparation AR: Accident Resorting DA: Denning Artistment FF: Fellow Thomas Sui FF: Spille Thomas Sui TR: Re- appears NI slike DA + Shiff Sui NI C Addition Sui NI C Consider Care The Following Suident NI Following Suident NI C Consider Care The Following Suident NI C Consider Care The Following Suident The Following Suide	Checkliston (320) (3100) (3	(C (350) 570,545 510,545 510,545 510,545 510,545 510,545 510,545 510,545 510,545	NAME OF THE PARTY
Remarks (1997) (ING horitage 6788; 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Uplaced Resurvey Photo (Repair Cost > 1) Injury : Part Tunnt Actions (1997) Injury : Prince No. Injury : Injury : Prince No. Injury : I	Courtesy Car () () (3000] () (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	Voice Proparation AR: Accident Resorting AR: Accident Resorting Fr: Fellow Through Sut Fr: Fellow Through Sut Fr: Fallow Through Sut Fr: Follow Through Sut TR: Follow Through Sut TR: Follow Through Sut TNI Follow	Checkliston (320) (3100) (3	(C (354) 310,543 5150 310,543 5150 310,543 5150	NAME OF THE PARTY



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

05/10/2022 16:01 (SGT) 03/10/2022 08:45 (SGT) Yishun Ave 1, Singapore YISHUN DAM Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YQ5808T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No

Alternative Phone No

Yes

EVER-SHINE FOOD SUPPLIER PTE. LTD.

2XXXXX935H

deepsmugundh@gmail.com

(Phone) +65-84691309

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

Toyota Dyna

Employment

No - Reporting only Commercial vehicle

Manual 2982

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00036162200

DRIVER

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

KARMEGAM MUGUNDHAN DEEPAK

GXXXX615W

08/08/1986

Outdoor



24/07/2020 Date Of Driving Pass 2 YEARS AND 3 MONTHS Driving experience Male Gender (Phone) +65-84691309 Mobile Number Alt. Phone Number deepsmugundh@gmail.com Email Address BLK 790 CHOA CHU KANG NORTH 6 #04-236 Address Address complement 680790 Postcode 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 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 No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Contact Number	(Phone) +65-98159535
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 correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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' lawyers/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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

5/10/22 (15:10)

Describe Circumstance of the Accident				
SNA 1020 P Moved so ion suddenly the Cor Sto Ine on the	ic, t	he o jr	Cer in	ndrand to moved stop
on time hit on the	Cox	rear	Porti	m.
Devlaration				

I/We declare the foregoing particulars are true in every respect.

ACCIDENT'STATEMENT

Acci	DENT DATE:	103.110.120	22)(DD/M	WYXXXX),	TIME:(0	8: 45	M:HH)	1}.
	TION:	7ishun'	Ave			'-,		Ö
1,		E NUMBER: Y		the same of the sa			x 4	,
¥	CIPOLICY	NCE COMPANY 'NUMBER: DM ('TYPE: (COMPRE	VSNW CHENSIVE / TH	IRD PARTY	1622	PARTY FI	RE &THEFT)
W2	f)TYPE:(SA	MODEL: (COON / COUPE E CATEGORY: (P	/MPV/VAN	/LORRY/	MOTOR /MOTO	CYCLE./	OTHERS)	٠.
****	I) ARE YOU IF NO, PI	SE OF USING AT A J CLAIMING UND LEASE STATE (THII	ACCIDENT TIP DER YOUP OV RD PARTY CL	ME: WO WN INSURA	NCEITE	s/NOT	-	
2	A)NAMEL	POLICY HOLDE FYOY Sh IN/PASSPORT: SS:21	The too	d Su 77	liex	MALE / F	EMALE!	9
tho of passanger (Including driver.)	DRIVER	WE TO S.d IF DRIVE ARMEGA	n Mucou	NDHAN GISW	DEET al	MALE / I	EMALE!	23
	FIDATE S WAS DRI IF NO, R GIWEATH	IVER AN EMPLO ELATIONSHIP (ER CONDITION:	R/OUTDOO R/OUTDOO SC 21 YES OF THE OF THE DRIV (CLEAR / RA	(DD/M) R) YU 202 YER WITH	o'S COM	PANY? (Λεελ μο	>
- 6. 7.	WAS ANY	SURFACE: (DRY , 'BODY INJURED TED TO POUCE (PLEASE STATE WH	YES / NO)				• •	
. No of pascenger	THIRD PA	RTY VEHICLE CLE NUMBER:	SNA 10	ZOP EHUR	116		Parent of January	
Including driver)	' c) NRIC	Z/FIN/PASSPORTS RTY VEHICLE CLE NUMBER:	57139	138 H.	WODEL		1595	35
6 No of passanger (Including driver	el DRIV	'ER'S NAME: :/FIN/PASSPORT			_CONT	ACT:		_,
()		(4)			Y			9

email = deeps mugundh @gmail.com



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Motor Commercial

MZ300/C

N SN

AN0679A

Cov. Type:C

CERTIFICATE OF INSURANCE

poor vemicies (Trind-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Engine No.: 1GD8862028

CERTIFICATE No.

DMCVSNW00036162200

Cha. No.: JHHAGV4680K001622

Index Mark and Registration

YO5808T

2. Name of Policy Holder

EVER-SHINE FOOD SUPPLIER PTE, LTD.

17/03/2022

Excess Sect L. EX ON WINDSCREEN . \$\$1,000.00 S\$100.00

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

4. Date of Expiry of Insurance

16/03/2023

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 Vehicle:

- 6. Limitations as to use "
- 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.

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.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK 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: ABWIN 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

Q 6389 6111

6222 1033

www.sg.cntaiping.com