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.

- 4. The issue and acceptance 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 05/10/2022 16:33 (SGT) Reported by Driver Date of Accident 04/10/2022 14:20 (SGT) Exact Location of Accident Yishun Ave 7, Singapore Additional Location Information Junction (near lamp post no 218) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6758C INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AVENUE ENGINEERING PTE LTD Company Reg No 200720196N Email Address annsim@avenue.com.sg Mobile Phone No (Phone) +65-96613312

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hino Model XZU710R-HKFMS3

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 Manual CC 4009

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNA00025472202

DRIVER

Name of Driver Nehru Balasubramanian Passport No/FIN G2151525L Date Of Birth 05/06/1992 Occupation Outdoor

Date Of Driving Pass 19/03/2020 Driving experience 2 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-86506276 Alt. Phone Number Email Address annsim@avenue.com.sg Address C/O 2 Sungei Kadut Street 4 Address complement 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 Type of Accident Collision - Cross Junction 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? 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) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gopikrishnan Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the 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 GBD2888Y

Toyota

Dyna

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Vellaichamy Selvakumar
Passport No/FIN	G8063117R
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 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 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.
- 6. 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.
- 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)

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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

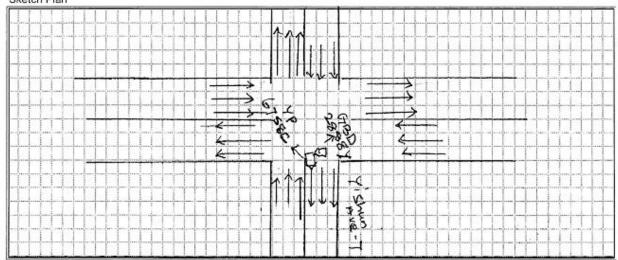
Policyholder's Date & Time

N.201 05/10/2022

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

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

Sketch Plan



1

ON	4/10/20	22 , at	2.20 Pm	I Pass	ed the	Jun ction	
			17 F SWA				8881
11. 4	1.100	+ x = 1 0 11	100 110000	2 01.	الأط المسيم	anto the	,
1 0,	1 00	t ten veit	no of my	1	700	0,0	
1641	bacca	Loxilo	2 of wit	10227			
organization of the state of th							
							-
	(T)		14				
s				ă .		71. 15	Ye. 15
		081					
7/2							
- 5600							

Declaration

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

Date & Time

05/10/2022

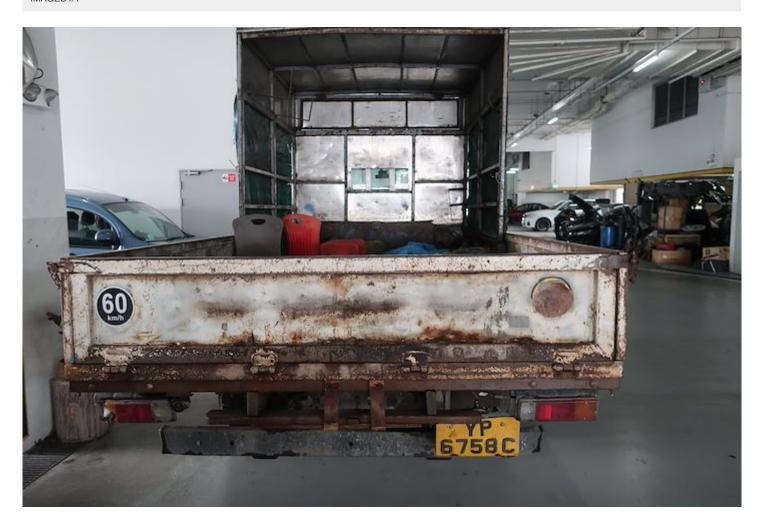
Driver's Signature (if driver is not the policyholder) / Date

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





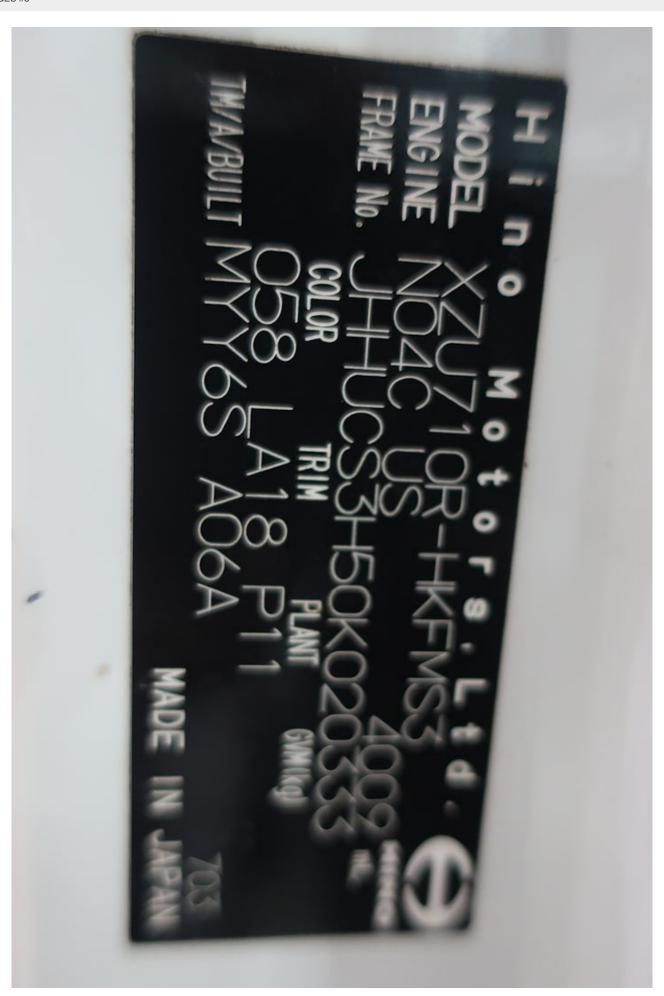
















中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Matar Commercial

MZ300/C

R SN

BR0057A

Cov. Type:T

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, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNA00025472202

Engine No.: N04CUS31646

1. Index Mark and Registration

YP6758C

Cha, No.:JHHUCS3H50K020333

Number of Vehicle

2. Name of Policy Holder

AVENUE ENGINEERING PTE LTD.

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

Persons or Classes of Persons entitled to drive*

20/02/2022 (00:00:00)

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD

4. Date of Expiry of Insurance

19/02/2023

3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tb.com.sa Tel: (65) 6742 6766 Fax: (65) 6742 6669

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:*

(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 testing.
(2) 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 (Malaysie), 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:

Tan Jia Hwel Authorised Officer

Authorised Signatory

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

© 6389 6111

曾6222 1033

@www.sg.cntaiping.com