

NATIONAL Assessment Centre Services. (April 1, 2000)

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 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. 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	03/01/2023 18:28 (SGT)
Reported by	Both
Date of Accident	03/01/2023 07:00 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 5, Singapore
Additional Location Information	INZ RESIDENCES CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7895H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PIRAGASAM S/O MUNISAMY
NRIC No	SXXXX907A
Email Address	piravijeya@gmail.com
Mobile Phone No	(Phone) +65-96330464
Alternative Phone No	+65-97838360

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00060092200

DRIVER

Name of Driver	VIJEYALETCHIMI D/O NADASAN
NRIC No	SXXXX259I
Date Of Birth	04/11/1967
Occupation	Indoor

Date Of Driving Pass	19/04/1994
Driving experience	28 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94598228
Alt. Phone Number	-
Email Address	piravijeya@gmail.com
Address	68 CHOA CHU KANG AVENUE 5 #07-15
Address complement	-
Postcode	688195
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1370A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90703511

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Veh A: SLL 7895H
Veh B: SLK 1370A

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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)

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

"I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

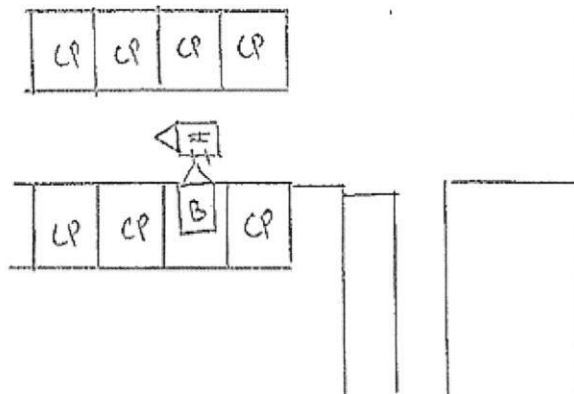
Diogasm
Policyholder's Signature / Date & Time

h/m 03/01/2023 1000 AM
Driver's Signature (if driver is not the policyholder) / Date & Time

03/01/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

TRIZ RESIDENCES CAR PARK



A) SLL 7895H

B) SLK 1370A

Describe Circumstances of the Accident

Veh A SL2 7895H

Veh B SLK 1370A

The accident happened at 700 am and I was on my way to work which starts at 800 am. The incident took place in my carpark. I was driving up the slope and stopped at the stop line to let the car on my right to pass. I checked left and right and it was clear so I proceeded. As I was turning left (correct direction of the car) a car came out of the lot while I was turning and hit the side of my car. Her car was parked and I was driving straight. Her front (no plate) hit the side of my car at the passenger side.

Declaration

We declare the foregoing particulars are true in every respect.

P. G. G. G.
Policyholder's Signature / Date & Time

W. M. V. 03/01/2023 1000am
Driver's Signature (If driver is not the policyholder) / Date & Time

W. M. V. 03/01/2023
Witnessed by Reporting Centre Personnel

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Remark: 0700 AM

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 03/01/2023

*Time of Accident: 0700 AM

*Accident Location: IN 2 Residences Car Park.

Vehicle Details

*Vehicle Number: S2L 7895H * Make & Model: Honda Vezel 1.5 X CVT Eng Cap: 1496
* Purpose Being Used At Time Of Accident: Personal / Private Use

Insured / Policyholder

*Owner Name: Piragasam S/o Munisamy *NRIC: S1669907A
*Address: 68 Choa Chu Kang Ave 5, #07-151 S(688195)
*Email: piravijaya@gmail.com *HP: 97838360/96330464
*Occupation: Senior Technician (Indoor / Outdoor) *Tel / H / Other: 96330464

Driver () same as above

*Driver Name: Vijayalatchimi D/o Nadasan *NRIC: S1807259J
*Address: Same as above
*Date of Birth: 04/11/1967 *Driving Pass Date: 19/4/1994 *HP: 97838360
*Email: piravijaya@gmail.com *Gender: Male / Female
*Occupation: Sonographer (Indoor / Outdoor) *Tel / H / Other: 94598228
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: wife)

Passengers Details

*P/Name: (Male/Female) *P/Name: (Male/Female)
*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: China Taiping *Coverage: C / TPFT / TPO *Policy No: DMPLSNW00060092200

Detail of other vehicle / Property 1

Vehicle No.: S2K 1370 A
Make & Model:
Vehicle Category:
Name of Driver:
NRIC :
HP : 90703511
No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:
Make & Model:
Vehicle Category:
Name of Driver:
NRIC :
HP :
No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes (No) (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:
*Weather conditions: Clear / Raining / others: *Any video cam: Yes (No)
*Road Surface: Dry / Wet / others:
*Witness: Yes / No (Name: NRIC: HP:)
*Accident reported to police: Yes (No) *Summon against whom:
*Injured party: Yes (No) *No. of passengers (include driver):
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0720A

Cov. Type: C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No	DMPCSNW00060092200	Engine No.: L15B403293	Cha. No.: RU11208292
1. Index Mark and Registration Number of Vehicle	SIL7805H	AUTOSAFE	*****
2. Name of Policy Holder	PIRAGASAM S/O MUNISAMY		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10/03/2022 (00 00:00)	Named Drivers Ex Sect. 1	\$S1,500.00
4. Date of Expiry of Insurance	00/03/2023	Additional Ex Other than Named Drivers:	
		Ex Sect. 1 - Age <= 25	\$S3,000.00
		Ex Sect. 1 - Age >= 25	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00
5. Persons or Classes of Persons entitled to drive:			
(a) The Policyholder.			
(b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.			
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.			
One limit Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.			
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 1967 (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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ACCORD MOTOR 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

6359 6111

6222 1033

www.sg.cntaiping.com