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SN0823320001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/03/2023 09:15 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/03/2023 09:15 (SGT))

SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the claims process.

1. Please report contently the details of the accusant to specify the Actual Driver
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

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 the ground will be proportionally the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will, for a fee, be made available upon application by interested parties.
7. By the ledge-month of this report to the insurance was included as a few properties.

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

02/03/2023 09:15 (SGT) Date of Submission Both Policyholder and Actual Driver Reported by 28/02/2023 18:10 (SGT) Date of Accident Bulim Ave. Singapore **Exact Location of Accident** SLIP ROAD TOWARDS JURONG WEST AVENUE 2 Additional Location Information Country/State of Loss

DETAILS OF OWN VEHICLE

SLD2787L Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? NIRMALA D/O KUNASEGARAN Name Of Registered Owner SXXXX160F NRIC No puppy_nrz@yahoo.com.sg Email Address (Phone) +65-91880865 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Wish Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1794

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number DMPCSNA00258002202

DRIVER

MURALI KRISNAN S/O RAJA KRISHNAN Name of Driver SXXXX650B NRIC No 25/08/1980 Date Of Birth Indoor Occupation

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	24/06/2004 18 YEARS AND 8 MONTHS Male (Phone) +65-93884406 - ravasagu@gmail.com BLK 540 JELAPANG ROAD #07-40 - 670540 No Spouse 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 Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
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 1 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	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No	- - - - Commercial vehicle MUHAMAD FAZDHLI BIN ISHAK

Contact Number	(Phone) +65-97420598
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 todgement 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/taw 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

Nirmala

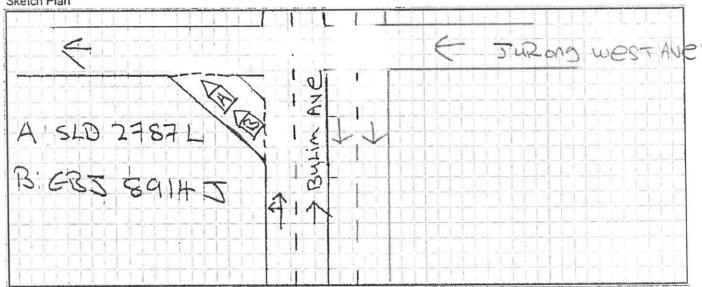
Policyholder's Signature / Date & Time

121/03/2023

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

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

Sketch Plan



Describe Circumstance of the Accident
I was waiting at filter of Bulim Ave to turn to Jurong West Ave 2 at about 1810hr on 28 Feb 2023. When red Van with VRN of GBJ 8914) hit the year of my vehicle
Jurong West Ave 2 at about 1810hr on 28 Feb 2023. When red
Van with VRN of GBJ 8914) hit the year of my vehicle
which has VKIV of SLUZ787). I came out of the Verila
and talk with the priver of GB) 8914). The Priver explained that
he misjudge and hit my cars rear. We exchange details and agreed to claim insurance.

Declaration

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

Nirmalah 1/3/23

Policyholder's Signature / Date & Time

01/03/2023

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

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

~

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Time of Accident: 18:10 (24-HR-FORMAT) Date of Accident: 28 / 02 2023 (dd/mm/yy) Vehicle No.: SLD2787L Vehicle Make & Model / Engine (cc): TOYOTA WISH 1.8 Private Hire: (Y N Exact location of Accident: Rulin IAVE' Toward JURONG WEST AVE 2 Policyholder's Name / IC No. :___NIRMALAH D/O KUNASEGARAN S8397160F ROC/UEN (Company) Driver's Name / IC No.: MURALI KRISHNAN S/O RAJA KRISHNAN S8026650B ____(As Above) [Company Contact No / Owner Contact No: 91880865 Driver's Contact No.: 93884406 Driver's Address: BLK 540 JELAPANG ROAD #07-40 S670540 Owner Email address : __PUPPY_NRZ@YAHOO.COM.SG Insurance Company: CHINA TAIPING DMPCSNA00258002202 Driver Email address : ____RAVASAGU@GMAIL.COM Relationship between Owner & Driver: (Please CIRCLE one only) Owner Spouse Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: Gender: Male / Female x() *Passenger Name: Gender: Male / Female x() Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Remarks: Anv Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: _____ Injured Person in Which Vehicle: ____ Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: \$9043955C Vehicle No: GBJ 8914 J 1. Driver's Name / IC No: My HAMAD FAZDALi Bin ISHAK Driver's Contact No: 9742 0598 Insurance Company: 2. Driver's Name / IC No (If Any): Vehicle No: ____Insurance Company : ____ Driver's Contact No: _____ *Independent Witness (If Any): ______ Contact No: _____ Preferred Workshop Name: ______ Contact No: _____



Motor Private Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Thed-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Thed-Party Risks and Compensation) Rules. 1960 Road Transport Act. 1987 (Malaysia) Motor Vehicles (Thed-Party Risks) Rules, 1959 (Malaysia)

MEXIVYE

R SN

AN0472A

Cov. Type C

CERTIFICATE No.

DMPCSNA00258002202

Engine No.: 2ZR1766572 Cha. No.:JTDGG20W50J004209

Index Mark and Registration Number of Vehicle

SLD27871

AUTOSAFE

2. Name of Policy Holder

NIRMALAH DIO KUNASEGARAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00)

10/12/2022

Named Drivers Ex Sect.1

\$\$750.00

Ordinance or Enactment

4. Date of Expiry of Insurance

Additional Ex Other than Named Drivers:

09/12/2023

Ex Sect. 1 - Age < x 25 Ex Sect. 1 - Age >= 26

EX ON WINDSCREEN .

\$\$3,000.00 \$\$500.00

* Age as at date of accident

5\$100.00

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 tutton 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 will be doubled). A Flat \$\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first \$\$500 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.: TOKYO CENTURY LEASING (S) PTE LTD

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 in 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: Authorised Officer

Authorised Signatory

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

\$ 6389 6111

C6222 1033 --

www.sg.cntaiping.com