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Assessment/Survey Report Ass't Report by Fax / Hand to Owner/When Fax Tol: Fax			OD 2hrs, TP 4hrs)	
Preferred Wksp / INC Assign Wksp / OW:	TP Insurer:			
TP Particulars: Veh No: SIG Tel:	Professed Wksp / INC Assign Wksp / C	:W: (161;	Fax:
Delicy No: (Anna Control of the C	INC()/Non-INC()	
Policy No. Period. Period. Date: Titus.				
Confirmed by: Date: Insured/Driver Liability: % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-160%] Year of Registration: Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks:) Period: () Cover Type: ()
Insured/Driver Liability: ()
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Driver/Owner: 3) TF: Towing Fee 30.00	Claimant's Particulars	2) D	A: Damage Assessment (\$100); 119	
South Contact No:	**************************************	3) TI	F: Towing Fee	
Damaged Portion:	Driver/Owner:	4.17	r. Follow-Through Survey (Resurvey)	
Damaged Portion: 7) N1 : Idae DA + SMRT Survey 3100	Contact No:	Fo	or claiming against INC Only (wel 10 Jan	
QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N6: Repair Inspection \$25 *N7: Post Repair Inspection \$5 *N8: DV / Collect Excess Coordination \$5 *N8: DV / Collect Excess Coordination \$5	Damaged Portion:	71 N	11 : Idag DA + SMRT Survey	. \$160
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N7: Post Repair Inspection 3.5	OC Checked by (Engr-In-Charge		NS: Courtesy Car / Tpt Allowance	
Auditors' Comments: *N8: DV / Collect Excess Coordination TP (N11): TP (N2n INC) against INC 30 9) N12: Idae Mobile Invoice date/ Fee Chargesi			M7. Post Repair Inspection	
Onl. 1: 9) N12: Idae Mobile 30 Invoice date/ Fee Charges	Auditors' Comments :	***	NS: DV / Collect Excess Coordination	
Invoice dated Fee Charges		1 2	V12: Idae Niobile	
		Inv	oice dated	DASSING.



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 this Form by insurance companies is not an admission of policy hability of 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	14/03/2023 11:22 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 19:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE Expressway
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3823X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No	Yes ES Plumbing Pte Ltd 2XXXXX602R esplumbingpteltd@hotmail.com (Phone) +65-84307343

Toyota

VEHICLE PARTICULARS

Model	Down
Variant	Dyna
Exact purpose for which vehicle was being used at time of	-
accident	Employment
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Alternative Phone No

Manufacturer

Name of Insurance Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number		DMCVSNW00042222203

DRIVER

Name of Driver	Ramaiah Thevar Muruga Raj
Passport No/FIN	GXXXX860R
Date Of Birth	12/09/1974
Occupation	Outdoor

Day of Day of Day	10/08/2017
Date Of Driving Pass Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Gender	(Phone) +65-84307343
Mobile Number	(Filone) 100-04007010
Alt. Phone Number Email Address	esplumbingpteltd@hotmail.com
Address Address	7 Geylang East Avenue 1
Address complement	Tre Residences
Postcode	389782
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	
vehicle registration values of other	•
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Road Surface	,
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)	2
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	-
PASSENGER 1	
Name	Passenger
Gender	Male
Gelidei ,	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	The state of the s
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
Refer to Police Report No. T/20230311/2022	
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	SNG8516Z
Vehicle Manufacturer	= 0
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	- 2
Address	-
Address complement	2-1
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

	2023 MAD Miti Novo TITE
· LOCATION- KIN	2023 (DD/MM/7777), TIME (19 . 55) (HH:MM)
· LOCATION: Kallung	Paya Lebar Expressiony
1. DETAILS OF VEHICLE	
DIVERIOLE NUMBER	Cor
P) INSURANCE COMPA	(1) 3873 X
~ CIPOLICIO COMPA	W. CTI
CHOLICY NUMBER: DM	ICVSNW0004222203
B)MAKE & MODEL:	Toyota - Dyna - Auto MADUAL
INTE(SALDON / COU	PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)
9) VEHICLE CATEGORY:	PRIVATE / COMMOCIAL / MOTORCYCLE / OTHERS)
DARE YOU CAN WELL	ACCIDENT TIME WORKING
IF NO, PLEASE STATE IT	ACCIDENT TIME WORKING ADER YOUR OWN INSURANCE (YES/MO)
2. INSURED / POLICYCHOLD	TO THE OLD MAY KERORTING DNLY
A) NAME ES Plumb	DI 110
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(02)M DINRIC/FIN/PASSPORT: G	8386860R CONTACT 8430 7343
389 787	East Avenue I TDE D
1,707 + K/	Les dences
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Email = esplanbingpteltd @hotmail.com

Perso = Yes

SKETCHPLAN

MPORTA NOTICE

- Pleas Non partectly the details of the accident to speed up the claims process.
- This must be completed by the Policyholder and/or the Actual Driver.
- Two provided must be as truthful and accurate as possible. Any withit misrepresentation or withholding of material facts may allow INSUF Sompanies to repudiate policy liability
- The is 4and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 4
- ise reporting may be referred to the Traffic Police Department for investigation. Anv
- This remains the forwarded by the insurers to the GIA Records Management Centre established by the General insurance Association of Singer Ps (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By three "Gement of this report to the insurers, you hereby consent to the eroniving of this report at the centre and to copies of the negotie lang made available aforesaid
- 5. Consert Interthe Personal Data Protection Act (PDPA)

unidensia (Mikrowledge, agree and consentina):

- (a) My Instal Piting workshop and the General insurance Association of Singapora ("GIA") may/are permitted to collect, use, discisse and/or prodet try personal data/personal information set out in this (form) and any other personal information provided by me or possessed imaginetic foolectively the "Personal Information"; and disclose and transfer such Personal information to all insurer(s) who have irraited vehicle(s) involved in this applicant (all insurer(s) who have insured vehicle(s) involved in this applicant shall be collectively. Three to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant powermment gency/authority (such as the police), for the purposa(s) of:
- To process in the rolling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to ha claims:
- (i) investiga \$10the accident antiformy dains;
- iii) carrying. Of and/ordealing with my instructions or responding to any enquiries by me:
- (v) administ thing my claims (including the malling of correspondence, statements, involces, reports or notices to me, which could involve disclosure of shain personal data about me to bring about delivery of the same as wall as on the external cover of envelopes/mail rackages); B Nov
- Wicomplying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- b) all insurer (I who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, ise, disclose alder process my Personal Information for one or more of the above Purposes; and
- of my Person of information mayican be disclosed by any of the Insurers and/or GIA to their third-pany service providers or agents including the it by (w firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ketch Plan

Actual Driver's Signature (if driver is not the

14103/2023 Witnessed by Reporting Centre Personnel

143 2023 policyholder) / Date & Time (Neme as in NRIC/ID card)

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Refer to Police Report No	Tipledanasis	
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eclaration		
Ve declare the foregoing particulars are true in every respect.		
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Police Station Of Origin: Geylang N.P.C

1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

1 013 Report No. T/20230311/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2023 11:39		lade:	Vide Report No.: Station Diary No.:		
Informan	t's Particu	lars de approve	de esse de la comission de la comission de la	1600年 59 经验证证证	
Name of I	nformant: THEVAR	MURUGA RAJ	Address: 7 GEYLANG EAST AVENUE	1 TRE RESIDENCES	
	G8386860	R	SINGAPORE 389782 Contact No.: Home/Office: 84307343	Mobile:	
Nationalit INDIAN	y:		Email:	MODILE.	
Sex: Male.	Age: 48	Date of Birth: 12/09/1974	Type of Informant:		
Race:			Language: English	Institution / School Name:	
Occupation: Building construction engineer		n engineer	Driving Licence Information: Class: 2B,3	Date of Expiry: 22/06/2025	

Type of Accident:	Non-Injury Others	Drivi Drivi No	9:	Date/Time of Accident: 10/03/2023 19:55	Type of Location: Straight Road
Location: KALLANG PAY Weather: Clear	'A LEBAR EXPRES	Road Surfac			Road Speed Limit:
Traffic Flow: One Way		Traffic Contraction Traffic Light		g	Traffic Volume: Moderate
Type of Collisio	n: g Vehicles - Head T	4世代表于5年	中国西西	The state of the state of	Anyone conveyed by

Details of V	ehicle Involve	d all was separated by	Aug Ball	Winds with	Lar Land	A CONTRACTOR OF THE REAL PROPERTY.
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ3823X	Lorry'	TOYOTA		Grey	No Damage	1
SNG8516Z	Car	BMW		White	Slightly : Damaged	0

Any Pedestrian Involved: No	A THE SETTING SOME FOR A PARTY OF A
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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Report No. T/20230311/2022

Police Station Of Origin; Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver	Explanation and	Servence :	Mary Hallon	Age in	dy's	With The Court
Name	RAMAIAH THEVAR MURUGA RAJ					G8386860R
Related Vehicle	NIL				ct No.	84307343
Hospital/Clinic	. NIL				of g ce & Date	Class: 2B,3 Date of Expiry: 22/06/2025
Date Treatment	NIL THE STATE OF T	-1,	Date Disc	ischarge NIL		
	ted Medical Leave	NIL	Degree o	f Injury	NIL	THE STATE OF THE S
The second secon	" Take the comment		the state of the	1. P. C. 10	Add to be	A CHANGE AND THE
Name	Unknown			ID No.		NIL
Related Vehicle	NIL	THE STATE	Contact No.		87498335	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	Date Disc			NIL		
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL		

Brief Details.

On 10/03/2023 at about 07:55pm, I was driving my company vehicle GBJ3823X Toyota/Grey along Sims Ave. Intront ahead of my vehicle was in stationary manner due to slow movement of traffic. As I my lorry was in stationary manner, a few minutes later, my vehicle felt an impact. I realised that there was a vehicle SNG8516Z BMW/white had hit onto my rear right side of my vehicle.

Both involved parties came to a stop and checked the vehicle. I wish to state that my vehicle there was no damage and I am not injured. For the other parties vehicle damages was on his left side of his vehicle and the driver was seen not injured.

The said driver only exchanged the contact detail and left the scene.





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 3 of 3 Report No. T/20230311/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SGT 3 MUHAMMAD DJAMADIL BIN SIDIK	Signature Of Informant:				
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2023 11:39				
Officer In Charge Of Case: TP / GIA / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:				
NP168 SIGNATURE SIGNATURE					

Motor Commercial

MZ300/C

SN

AN0397A

Cov. Type:C

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, 1987 (Mallaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Melaysia)

CERTIFICATE No.

DMCVSNW00042222203

Engine No.: 1KD2836341

1 Index Mark and Registration

Cha. No.: KDY2318036657

GBJ3823X

AUTOSAFE

Number of Vehicle

SHEERISKE

2. Name of Policy Holder ---

ES PLUMBING PTE LTD

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

09/04/2022 (00:00:00)

Excess Sect 1.

\$\$500.00

EX ON WINDSCREEN .

8\$100.00

4. Date of Expiry of Insurance

08/04/2023

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

6 Limitations as to use:

(1) Use in connection with the Policyholder's business.

4

(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

(4) 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.

HIRE PURCHASE CO.: INDEX CREDIT PTE LTD AS HP OWNER

* 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: INDEX AGENCY PTE LTD

Authorised Officer

Authorised Signatory