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SN0823430007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/04/2023 16:41 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (03/04/2023 16:41 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTARY 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

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

03/04/2023 16:41 (SGT) Actual Driver 01/04/2023 00:20 (SGT) Sims Ave, Singapore BEFORE LORONG 27 GEYLANG Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GY2501T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes CONINT PTE LTD 1XXXXXX001M mickelrajsanthiagu3679@gmail.com (Phone) +65-88187063

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

Toyota Dyna

Employment

No - Claiming third party Commercial vehicle Manual 2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00007062307

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

SEPASTHY MICKELRAJ SANTHIARAJ GXXXX315X 03/06/1979 Outdoor

Date Of Driving Pass 10/04/2010 Driving experience 13 YEARS Gender Male Mobile Number (Phone) +65-83554315 Alt. Phone Number Email Address mickelrajsanthiagu3679@gmail.com Address 57 UBI CRESCENT #04-04 Address complement Postcode 408596 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 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230401/7040 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 FBU5931X

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

SEPASTHY MICKELRAJ SANTHIARAJ Name of injured person Gender (Phone) +65-83554315 Phone No Address Address Complement Post Code Approximate Age Years Old SERIOUS INJURIES Injuries Sustained Injured person in which vehicle? GY2501T Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report <u>correctly</u> 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
- 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
- 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)

Lunderstand, 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 insurers who have insured vehicle(s) involved in this addident (all insurer(s) who have insured vehicle(s) involved in this addident 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 divestigations 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/(aw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

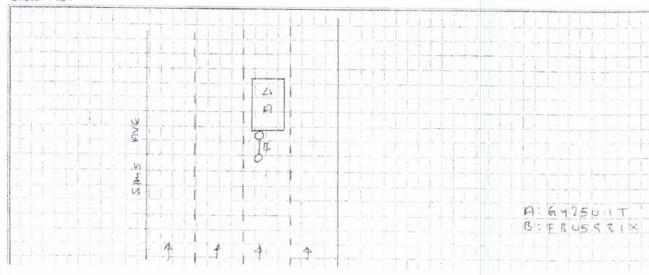
Pre Co

Policyholder's Signature / Date & Time

Diver's Signature (if driver is not the policyholder) i Date & Time

Will assed by Reporting Centre Personnel (Name as in NRICHO card)

Sketch Plan



Rober to police Report No: 7/20230401/71	040
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clare the foregoing particulars are true in every respect	

Policyholder's Signature / Date & Time

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



T/20230401/7040

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20230401/7040

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I				*****		
No. of Pedestrians Injured: NIL Use		Use of Pe	destriar	Cross	sing: NA	
Driver				dootrial	101033	ing, IVA
Name	SEPASTHY MICKELRAJ SANTHIAGU		THIAGU	ID No		G7395315X
Related Vehicle	GY2501T (Lorry)			Contact No.		83554315
Hospital/Clinic	NIL		***************************************	Class of Driving Licence & Expiry		Class: 3,4 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave 03		Degree of		Serious		

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT IN MY OWN LANE. OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR. I WENT DOWN AND SAW FBU5931X KNOCKED ONTO THE REAR PORTION OF MY VEHICLE. THE RIDER WAS CONVEYED. I FELT PAIN AFTER THE ACCIDENT AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM A DOCTOR AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230401/7040

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2023 15:44
Officer In Charge Of Case: TP / TPIB / MUHD SYARIFUDDIN MUHD AJMAIN Contact No.: 65476083	Classification Of Case:



VEHICLE NO: 642561T DATE OF ACCIDENT	MAKE & MODEL: 7640714 04N19. AUTO/MANUAL OI / 04 / 27. CC 25720
TIME OF ACCIDENT	
LOCATION OF ACCIDENT	OUZO AM/PM
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	The state of the s
	CONINT PTE LTD.
EMAIL	OFFICE: MOBILE: 8818 7063
NRIC	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY
FLEET POLICY	YES / NOY.
INCURENCE CO.	Chiha Taiping
TYPE OF COVERAGE	Chira Taiping Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	PMCVSN W0000 7062307
NAME OF DRIVER	AS ABOVE / SEPASTIY MICKELPAJ SANTHIA GL
NRIC	67395315X.
DATE OF BIRTH	03 / 06 / 79.
ANY PASSENGER	YES/NO: DRIVER ONCY.
NAME OF PASSENGER	VENCE ONCY.
GENDER OF PASSENGER	MALE / FEMALE.
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	10 / 09 / 10.
GENDER	MALE / FEMALE
CONTACT NO.	
EMAIL	Mobile 83554315. Office: Home:
ADDRESS	MICKELRAJSANTHIAGU3679 e GNAIL.Com
DOES DRIVER OWN OTHER VEHICLES?	57 UBI (RESCENT #09-04 5(408596)
RELATIONSHIP	NO / If yes, Reg No: INSURE: _
	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No/Iffes, Who? DRIVER - VEHL M - SERIOUS.
CONTACT NO.	
ROLICE REPORT	No / If yes, Where?
NOTICE OF INTENDED PROSECUTION?	No/ If yes, Who?
VEHICLE B NO.	FBU 5931 X. Any Passenger: PIDER ONLY.
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES (NO
WAS THERE ANY AUDIO RECORDED?	YES /(NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO.
WHO IS REPORTING	DRIVER/OWNER/BOTH
Original Language Used	English/ Mandarin/ Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

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

MZ300/C

SN

AN0056A

Cov. Type:F

CERTIFICATE No.

DMCVSNW00007062307

Engine No.: 5L5567356

Cha. No.: JTFUF34Y403010165

Index Mark and Registration

Number of Vehicle

GY2501T

2. Name of Policy Holder

CONINT PTE LTD

Effective date of the Commencement of

04/02/2023

Insurance for the purposes of the Regulations, (00.00:00) Ordinance or Enactment

4. Date of Expiry of Insurance

03/02/2024

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 Courl 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.
 - (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

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.

* 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: DAGLEN GI PTE LTD Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

© 6389 6111

6222 1033

www.sq.cntaiping.com

希 3 Anson Road #16-00 Springleaf Tower Singapore 079909