

Insurance Particulars		Invoice Preparation Charge		Total	
Policy No:		1) A/C: Accident Reporting (\$300)			
Insured Person:		2) DA: Damage Assessment (\$1000)	INC (\$50)		
Insured Vehicle:		3) TP: Towing Fee	\$100		
Insured Location:		4) PE: Follow-Through Survey	\$100		
Insured Date:		5) PE: Follow-Through Survey (Damage)	\$50		
Insured Time:		6) TR: Repairs	\$75		
Insured Amount:		7) N/A: DA + CHRT Survey	\$140		
Insured Status:		8) N/A: Additional Services			
Insured Notes:		9) N/A: Country Car / Test Allowance	\$50		
Insured Signature:		10) N/A: Repair Coordination	\$10		
Insured Stamp:		11) N/A: Post Repair Inspection	\$20		
Insured Date:		12) N/A: DV / Collect Wages Coordination	\$10		
Insured Time:		13) N/A: TP (Non-INC) Impairment	\$20		
Insured Amount:		14) N/A: TP (Non-INC) Impairment	\$20		
Insured Status:		15) N/A: TP (Non-INC) Impairment	\$20		
Insured Notes:		16) N/A: TP (Non-INC) Impairment	\$20		
Insured Signature:		17) N/A: TP (Non-INC) Impairment	\$20		
Insured Stamp:		18) N/A: TP (Non-INC) Impairment	\$20		
Insured Date:		19) N/A: TP (Non-INC) Impairment	\$20		
Insured Time:		20) N/A: TP (Non-INC) Impairment	\$20		
Insured Amount:		21) N/A: TP (Non-INC) Impairment	\$20		
Insured Status:		22) N/A: TP (Non-INC) Impairment	\$20		
Insured Notes:		23) N/A: TP (Non-INC) Impairment	\$20		
Insured Signature:		24) N/A: TP (Non-INC) Impairment	\$20		
Insured Stamp:		25) N/A: TP (Non-INC) Impairment	\$20		
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Insured Time:		27) N/A: TP (Non-INC) Impairment	\$20		
Insured Amount:		28) N/A: TP (Non-INC) Impairment	\$20		
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Insured Time:		97) N/A: TP (Non-INC) Impairment	\$20		
Insured Amount:		98) N/A: TP (Non-INC) Impairment	\$20		
Insured Status:		99) N/A: TP (Non-INC) Impairment	\$20		
Insured Notes:		100) N/A: TP (Non-INC) Impairment	\$20		



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	09/05/2023 14:55 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 20:20 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8303E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KANEGESWARY D/O PARADIDASON
NRIC No	SXXXX341Z
Email Address	rajkumarsinnathambi25@gmail.com
Mobile Phone No	(Phone) +65-85866798
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
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	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00182572200

DRIVER

Name of Driver	PARADIDASON S/O KRISHNASAMY
NRIC No	SXXXX292E
Date Of Birth	15/03/1960
Occupation	Outdoor



Date Of Driving Pass	16/07/2019
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90232578
Alt. Phone Number	-
Email Address	rajkumarsinnathambi25@gmail.com
Address	BLK 176 BOON LAY DRIVE #03-248
Address complement	-
Postcode	640176
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML1186Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ8027K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBJ4028T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

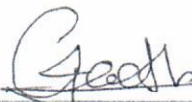
IMPORTANT NOTICE


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.

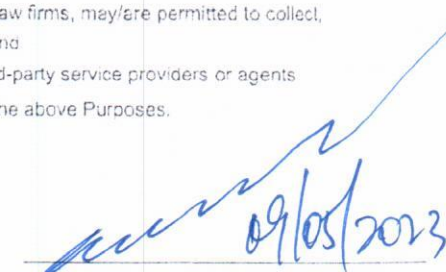
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

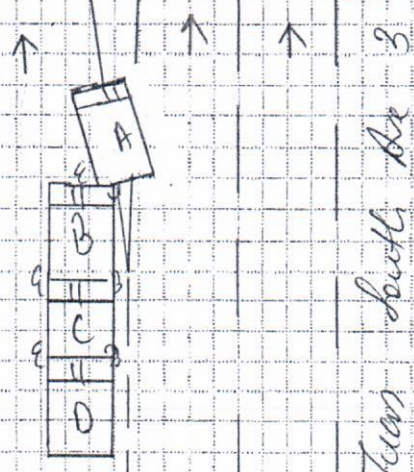
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan

	<p>A: PM Q.8303E</p> <p>B: PML 1186Z</p> <p>C: YQ 80JTK</p> <p>D: GBJ 4028T</p>
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Describe Circumstance of the Accident

I was travelling straight along Tuan South Ave
B. I was about to exit the expressway. I
slow down my vehicle to give way to oncoming
vehicles. Out of sudden, I felt an impact from
my vehicle rear portion. I realised I was involved
in a 4 car chain collision.

Declaration

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


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

3

Date of Accident

05/04/2023

Accident Time: 2020 (24-HR-FORMAT)

Accident Place

Tuas Smith Ave 3

Vehicle Reg. No (Car plate No.)

Sma 8303E

CC: 2500

Vehicle Make/Model: Bmw 523i

Insurance Company

China Tel. p.g

Policy No. DMPC SNW 00182572200

Name of Registered Owner

Company / Individual KANE G ESWARY D6 PARADIDASON

ID of Registered Owner

Co Reg No: Owner's NRIC No: 58818341Z

OWNER EMAIL ADDRESS:

Co Contact No: Owner's Contact No: 85866798

RAJKUMAR S INNATHAMBI 25@gmail.com

DRIVER'S Name

PARADIDASON S/O KRISHNASAMY

DRIVER'S NRIC No: 51416292E

DRIVER'S Date of Birth

15/03/1960

DRIVER'S License Pass Date 16/07/2019

Relationship bet. Owner & Driver

Spouse / Parents / Children / Sibling / Employee / Others:

DRIVER'S Address

176 Brn Lay Dr #03-348

DRIVER'S Contact No./ Alt No.

1) 90232578

DRIVER'S Occupation

INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address

Weather & Road Surface

CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type

Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 1

Name & Gender:

Was the accident reported to the police? YES / NO

Was there any video Captured by car camera? YES / NO

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Any injuries, if yes (name of the injured person)

Other Party Driver's Particulars (if any)

Vehicle Reg No: SML 1186Z (B)

Vehicle Reg No: YQ 8027K (C)

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS:

WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH

Motor Private Car

MX1/NDE

N SN

AN0420A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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)

CERTIFICATE No.

DMPCSNW00182572200

Engine No.: 07087681N52B25AF

Cha. No.: WBAFP32020C864032

1. Index Mark and Registration
Number of Vehicle

SMQ8303E

AUTOSAFE

=====

2. Name of Policy Holder

KANEGESWARY D/O PARADIDASON (NON-DRIVER)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment22/08/2022
(00 00 00)

Named Drivers Ex Sect. I

S\$1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any 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 *

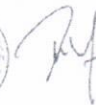
Use for social, domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of
goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.
Excess whichever is applicable for loss occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.
One time Waiver of Excess for the first S\$1,000 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.: SSL HOLDINGS 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 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).

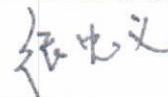
Please see reverse



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

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