NATIONAL Assessment Cen		Date & Time Completed	Done b	N.
Date in: 27 17-15:46	Jeb description	Date & Time Completed	2011	
Ref No: NA/WC17023331/24	SAS e-filing			
Veh No: SIC777917	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 22/11/17-11:45	i-Motor Claim Form	M710970816	ا درارد	9:37
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD / P Reporting Only	i-Photo Uploaded		1	
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	d to Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 50	FR731Y INC	()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: (Period: () Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$	\$1,000()/\$2,000()			
General Remarks:-			0.00	- Ew
() Walk-In Customar : Customer's	information strictly Confidential &	Strictly NO rafer of repaire	ſ.	
() Total Loss Case : to e-mail Ins				
and the second s		; Towing Co: (15)
		Date&Time Completed	Done	by
Remarks:- (INC horline: 6788 6610		L/Atex 111.10 Compay 5-2		
· · · · · · · · · · · · · · · · · · ·) / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		-	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:				
Date/Time Actions				A Property of
Pare take Treffers				
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344	Invoice	Preparation Checklist	Anit (S)	Amt (\$) Add Bill
NA1707216	The second secon	ident Reporting (\$30);	fst Bill	Aon Din
Claimant's Particulars :-	2) DA : Dan	nage Assessment (\$100); INC	(\$80)	
Driver/Owner:	3) TF : Tow	ing Fee ow-Through Survey	\$120	
	S) FT · Follo	ow-Through Survey (Resurvey)	\$30	
Contact No:	For claim 6) TR: Re-i	ing against INC Only (wef 10 Jan 3 aspection	\$75	
Damaged Portion:	7) N1 : Idao	DA + SMRT Survey	\$160	
	8) NTUCA	dditional Services.		
QC Checked by (Engr-In-Charge):	*N5: Cou	irtesy Cor / Tpt Allowance	\$5	
	•N6: Rep	eir Co-ordination t Repair Inspection	\$10 \$25	
Auditors! Comments :-	*N8: DV	/ Collect Excess Coordination	\$5	
Cat. 1:	TP (N11 9) N12: Ida) : TP (Non INC) against INC	30	
	Invoice date	ed Fee Char	EXPLOSE ! 23.33	4.
2at. 2/3;	Invoice date	ed Fee Chan	ged Carlo	

in protection of

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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 Authorised 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
- 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.

- 5. This report will be forwarded by the insurers of 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 appropriate to the insurers.

	ACCIDENT STATEMENT
Date Of Report	22/11/2017 15:46
Date Of Accident	22/11/2017 11:45
Exact Location Of Accident	JUNC TAMPINES AVE 10 & TAMPINES AVE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT7791T
Insured/Policyholder	
Name Of Registered Owner	SRI AMBIKAS PTE LTD
Co Reg No	200509816W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62821234
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5084986984-01
Cover Note Number	
Driver	
Name of Driver	P KOLANDAVELU
NRIC No	S1838519H
Date Of Birth	19/06/1959
Occupation	INDOOR
Date Of Driving Pass	17/05/2000
Driving Experience	17 YEARS AND 6 MONTHS
2000 89	(2.2.2.2.1.1)

MALE

(LOCAL) +65-90665051

OFFICE-90665051

NOEMAIL

49 TAI KENG GARDENS Address

535330 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

NO

NO

NO

YES

NO NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

NO Was any body injured in the Accident?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLF8731Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

JOO HEESUNG Name of Driver

S7586581C NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

2 No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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:
 - 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

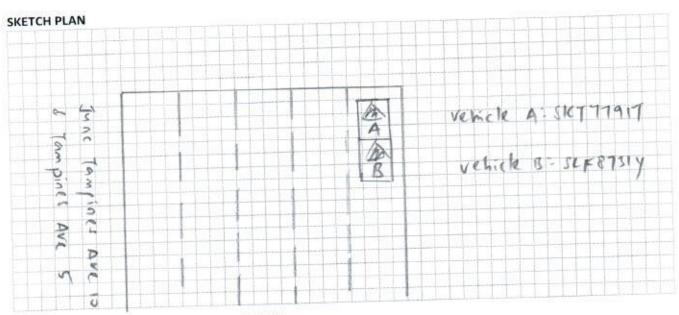
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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ortion.										

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

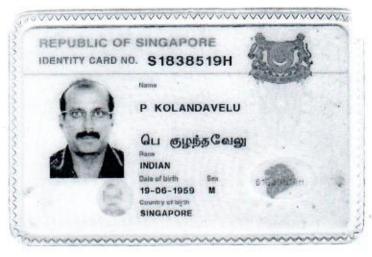
(If driver is not the policyholder)

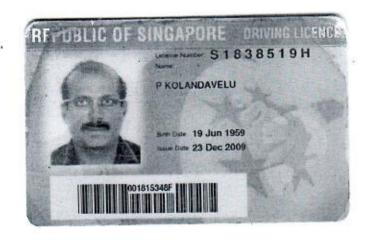
Date & Time:

Reporting Centre Personnel's Signature

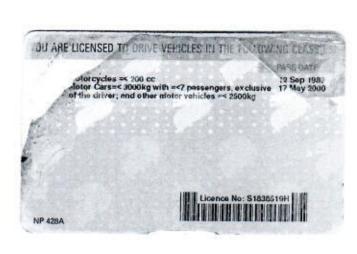
Name:

NRIC/FIN No.:









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Notice of Loss	Policy N	io.				Date of Accident 22/1			2017 11:45	
		No.(For Motor)	SKT7791T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084986984-01	SRI AMBIKAS PTE LTD	200509816W	GFT	drivo CLASSIC	SKT7791T	SKT7791T	13/10/2017	

Policy No.	5084986984-01	Policyholder Name	SRI AMBIKAS PTE LTD	Policyholder NRIC	200509816W
Address	24 NEW INDUSTRIAL ROAD #	1.50	DUSTRIAL BUILDING SI	NGAPORE 536210	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	06/09/2017	Effective Date	13/10/2017 00:00	Expiry Date	12/10/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
▽ Policy	holder Mailing Address				
Address 1	24 NEW INDUSTRIAL ROAD	Address 2	#04-01 PEI FU INDUS	TRIAL BUI Address 3	SINGAPORE 536210
Address 4		Address Type	Singapore address	Post Code	536210
Unit No.		Related Policy Number	5084986984-01		
▶ Insure	ed Object: SKT7791T				
₩ Endon	sements				
Sequen	Date of Endorsement	ndorsement Typ	e Endorsement Number	Endorsement Status	Endorsement Content

cident MT/0970816				GST Registration No.		
icy No.	5084986984-01	Vehicle No.	SKT7791T	Policyholder NRIC		
icyholder Name	GRI AMBIKAS PTE LTD		10 mm 122250	Leading		
oduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Contact No.(Home)		
ontact No.(Mobile)	0	Contact No.(Office)	62821234			
nail Address		Special Remark		eCode		
	No Yes	TCA	No ○ Yes	eCode Reason		
PK	No 168	NCD Entitlement(%)	0			
	No					
Accident Details	22/11/2017-19:34	Accident Report Within 24 hrs	Yes	Accident Type		
Epot a Done		Time of Accident hh:mm	11:45	Country of Accident		
	22/11/2017	Orange Force		ICM No.		
eporting Centre	JUNC TAMPINES AVE 10 & TAMPINES AVE 5	SOURCE COLOR				
	JUNC TAMPINES AVE TO & TAMPINES AVE					
⇒ Benefits						
₩ Excess	Ven 00	Additional Excess	0.00	Windscreen Excess		
Own damage Excess	600.00		600.00			
Innamed Driver Excess		Outside Singapore OD Excess	0.00			
Third Party Excess	0.00	Outside Singapore TP Excess				
	tion		act projetration Pate			
SST Registered	No		GST Registration Date GST Status Verified	No		
ST Registration No.			GOT AND TELEVISION			
Modification History						
		Address 2	#04-01 PEI FU INDUSTRIAL BUI	Address 3		
Address 1	24 NEW INDUSTRIAL ROAD		Singapore address	Post Code		
Address 4		Address Type	5084986984-01			
Unit No.		Related Policy Number	3004300304-02			
✓ OI Driver Info		V-200000-0000	Unnamed Driver			
Driver Name	Unnamed Driver	Driver Type	S1838519H	Driver DOB		
Unnamed driver Name	P KOLANDAVELU	Driver NRIC		Driving Experience		
Register Date of Driver License	17/05/2000	Driver Age	58	Contact No.(Home)		
Contact No.(Mobile)	90665051	Contact No.(Office)	0	Address 3		
Address 1	49 TAI KENG GARDENS	Address 2	TAI KENG GARDEN	Post Code		
Address 4		Address Type	Singapore address	rost code		
Unit No.						
Does he own a Singapore Registered car?	Yes 🖟 No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0.mg	Any injury?	Yes @ No			
Modification History	w					
Claim 001 OD-MX Ne						
Claim 001 00-MX Ne	op-mx ▼	Insured Name	SRI AMBIKAS PTE LTD	Insured NRIC		
	OD-MX ▼ 91985274	Insured Name Contact No.(Home)	SRI AMBIKAS PTE LTD	Contact No.(Office)		
Claim Type *	OD-FIX		SRI AMBIKAS PTE LTD SKT7791T	Contact No.(Office) TP Vehicle Number		
Claim Type * Contact No.(Mobile)	OD-FIX	Contact No.(Home)		Contact No.(Office)		
Claim Type * Contact No.(Mobile) Email Address	91985274	Contact No.(Home)		Contact No.(Office) TP Vehicle Number		
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	91985274 SKT7791T / SUF8731Y ON 22 Nov 2017	Contact No. (Home) OI Vehicle Number Insured Liability *	SKT7791T	Contact No.(Office) TP Vehicle Number		
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	91985274 SKT7791T / SLF8731Y ON 22 Nov 2917 Yes	Contact No.(Home) OI Vehicle Number	SKT7791T Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop		
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	91985274 SKT7791T / SLF8731Y ON 22 Nov 2017 Yes 22/11/2017 19:37	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	SKT7791T Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report		
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	91985274 SKT7791T / SLF8731Y ON 22 Nov 2917 Yes	Ol Vehicle Number Insured Liability * Preferend Repair Option	SKT7791T Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received		
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	91985274 SKT7791T / SLF8731Y ON 22 Nov 2017 Yes 22/11/2017 19:37	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	SKT7791T Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received		
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	91985274 SKT7791T / SLF8731Y ON 22 Nov 2017 Yes 22/11/2017 19:37	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	SKT7791T Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received		
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Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	91985274 SKT7791T / SLF8731Y ON 22 Nov 2017 Yes 22/11/2017 19:37 Jackson	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	SKT7791T Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received		
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	91985274 SKT7791T / SLF8731Y ON 22 Nov 2017 Yes 22/11/2017 19:37	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	SKT7791T Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received		

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