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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 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 repudiate policy ability.
- 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.
- 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 aforesaid.

AND AND POSSESSED FOR THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	20/12/2017 10:27
Date Of Accident	19/12/2017 19:30
Exact Location Of Accident	ALONG THOMSON RD TOWARDS BALESTIER RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB9084P
Insured/Policyholder	
Name Of Registered Owner	MARIA SOOSAI PACKIA GEORGE
NRIC No	G5221685R
Email Address	PACKIAGEORGE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91292940
Alternative Phone No	OTHERS-91292940
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (M)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5072965297-02
Cover Note Number	
Driver	
Name of Driver	MARIA SOOSAI PACKIA GEORGE
NRIC No	G5221685R
Date Of Birth	16/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91292940
Fax Number	
Contact Number	OTHERS-91292940
EMail Address	PACKIAGEORGE@GMAIL.COM

BLK 290 CHOA CHU KANG AVENUE 3 Address

#10-254

Postcode 680290

Was driver an employee of the Insured's Company NO

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

OWNER

NO

NO

YES

NO

1 NO

Was the accident reported to the police?

NO

Circumstances of Accident

ON 19/12/2017 AT ABOUT 1930HR I WAS AT THOMSON ROAD AND WANTED TO TURN RIGHT INTO BALESTIER ROAD.UPON REACHING THE JUNCTION TRAFFIC LIGHT WAS RED, SO I MOVE TO THE FRONT AND STOP ABOUT 1 OR 2 MINUTE THE LIGHT CHANGE TO GREEN, BEFORE I WANTED TO MOVE I FELT A BUMP FROM MY REAR. I LOOK BACK SAW A CAR SKP1900G BANG THE REAR OF MY MOTOR CYCLE FBB9084P. THE DAMAGE OF THE CAR WAS JUST A SCRATCH AND HE WANTED TO DHANGE THE WHOLE BUMPER.MY DAMAGE WAS REAR FOOT REST BREAK THAT ALL.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKP1900G

Vehicle Make/Model/Colour

WOLKS WAGEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97375367

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 5. 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:
 - (i) 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 CUXOL WITH 1003

SKETCH PLAN	Along	Mornofil	Romo Journa	8 BAUSTIAR	ROAD
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DESCRIBE CIRC	UMSTANCES OF	THE ACCIDENT			
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				/	
			/		
DECLARATION					
/We declare the	foregoing particulars	s are true in every res	spect.	aur solis	/2017
Policyholder's Sign Date & Time:		Driver's Signature (If driver is not the Date & Time:	policyholder)	Reporting Centre Personnel's Si Name: NRIC/FIN No.:	ignature AAAS

GIARMIC SketchPlanForm_V3

Claim Handling				
Accident MT/0974470				
Policy No.	5072965297-02	Vehicle No.	FBB9084P	GST Registration No.
Policyholder Name	MARIA SOOSAI PACKIA GEOR	GE		Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91292940	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	@ No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
→ Accident Details		30 CO 10 CO		Private Hire
Report Date	20/12/2017 11:36	Accident Report Within 24 hrs	Yes	O BO CALO PROCESSA INC
Date of Accident	19/12/2017			Accident Type
Reporting Centre	***************************************	Time of Accident hh:mm Orange Force	19:30	Country of Accident
Accident Location	ALONG THOMSON RD TOWARD			ICM No.
Benefits	ALONG THUMSON RD TOWARD	DS BALESTIER RD		
♥ Excess				
Own damage Excess				
	0.0			Windscreen Excess
Innamed Driver Excess		Outside Singapore OD Excess		
hird Party Excess	0.0	Outside Singapore TP Excess		
GST Registered Informa	ation	300		
ST Registered	No		GST Registration Date	
SST Registration No.			GST Status Verified	Yes
fodification History				
Policyholder Mailing Ad	dress			
Address 1	BLK 290 #10-254	Address 2	CHOA CHU KANG AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Init No.	09-483	Related Policy Number		Post Lode
OI Driver Info		Activities Fully Humber	5072965297-02	
Priver Name	MARIA SOOSAI PACKIA GEOGR	E Driver Type	Main Deliver	
Innamed driver Name		Driver NRIC	Main Driver	W077072222
egister Date of Driver License	24/07/2014		G5221685R	Driver DOB
Contact No.(Mobile)		Driver Age	34	Driving Experience
State of the state	91292940	Contact No.(Office)		Contact No.(Home)
ddress I	BLK 290 #10-254	Address 2	CHOA CHU KANG AVENUE 3	Address 3
ddress 4	0.70	Address Type	Singapore address	Post Code
Init No.	09-483			
loes he own a Singapore legistered car?	Yes @ No	Driver Vehicle No.	FBB9084P	Driver Insurer Company
eclaration				
reathalyser or Blood Test	0 mg	Any injury?	- Va. 6 to	
eading?		with sulferal.	Yes @ No	
odification History				
concerni michy				
Claim 001 OD-MX New				
aim Type *	OD-MX •	Insured Name	MARIA SOOSAI PACKIA GEORGI	Insured NRIC
ontact No.(Mobile)	91292940	Contact No.(Home)		Contact No.(Office)
mail Address		OI Vehicle Number	FBB9084P	TP Vehicle Number
aim Description	F889084P / SKP1900G ON 19 C			Name of Preferred Workshop
eferred Workshop Contact		Insured Liability •	Not at Fault +	
o. equire Finalisation	Yes •			
	production and the same of the	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report
ite Registered	20/12/2017 11:39	Claim Close Date		Date Received
	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired
Print AK letter				
			Save Submit	
Attachment				
9				
cident No.	MT/0974470	Claim No.	001	
ccident No. ast Doc. Received	MT/0974470 • Yes • No	Claim No. Upload Date	001 20/12/2017 11:42	

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A:CCIDENT STATEMENT

ACCID	ENT DATE: (19 / 13 / 2:01+)(DD	/MM/YYYY), TIME:(_1º	1 · : 30)(HH:MM)
	ION: Thomson medical con		
LOCAT	ON: I homson madical cen	Tell to barry	TOTALOUST:
	2 1 November 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1.	DETAILS OF VEHICLE	-	. 3 1
	OVEHICLE NUMBER: FBB 9084	<u>P</u> .	- X2
	b)INSURANCE COMPANY: In CO	ne	_
740	DIPOLICY NUMBERS ENTERAGE	29702	
	d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD	PARTY FIRE &THEFT)
	ALMAKE & MODELL BAJAJ		
	TITYPE: (SALOON / COUPE / MPV /V	AN / LORRY / MOTO	RCYCLE. / OTHERS
	g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL / MOT	ORCYCLE)
	h) PURPOSE OF USING AT ACCIDEN	TTIME POINEL U	ce
	I) ARE YOU CLAIMING UNDER YOUR	COMMINSUE ANCE	YES/NOT
	IJARE YOU CLAIMING UNDER TOUR	SI AIL I BEBODTING	CHIVI
£31	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / KETOKING	ORCI
2,,	INSURED / POLICY HOLDER	C+5 + 90 - 5	ILLAIG / FEMALE!
	A) NAME: MARIA COOSAL PACKIA b) NRIO/FIN/PASSPORT: (1522	MOER CONT	10 9 13 979 UD
	CIADDRESS: BIK - 290 1+10	-754 chan (h	W Lana Dvoru 3
	Singa Poru 69	A2 90	IV EXILITING
	* CONTINUE TO 3,d IF DRIVER ALSO		
and the second		of Other Meteoria	188
*Ho of passongs	DRIVER : AS	Malle	(MALE / FEMALE)
(Including driver)	a)NAME:	177411	ACT:
1 2 27 (101.)	ONACCITIALI VOOLOKI	CON	ACI.
(1)	c)ADDRESS:		
M 50		ADL. USS BUILDING	VI .
**	*d) DATE OF BIRTH: (16) 04) 1	4 XM (DD/WW/111	<i>u</i>
· ·	e OCCUPATION: (INDOOR / OUT	24/5 Z /2014	
	HOATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF	THE INCHOEN'S CO	MPANY? (YES / NO)
4.	IF NO, RELATIONSHIP OF THE C	THE INSURED S CO	ED: aven
	a) WEATHER CONDITION: (CLEAR)	PAINING / OTHERS	, ,
5,	b) ROAD SURFACE: (DRYTWET / C	THERE	
10	b) ROAD SURFACE: (URT / WEI / C	7171010	
6.	WAS ANYBODY INJURED (YES / NO	1	1.05
//	IF YES, PLEASE STATE WHICH POL	ICE STATION:	· · · · · · · · · · · · · · · · · · ·
2	THIRD PARTY VEHICLE		
8,	a) VEHICLE NUMBER: SKR10	BOG MOD	EL: Volcussen
4 No of passenger			
(Induding driver)	b) DRIVER'S NAME:	007	ITACT: 97375367
	. C) MKICALINAL WOOLOW!		
2 - 4 × 8.	THIRD, P'ARTY VEHICLE d) VEHICLE NUMBER:	,мог	EL!
4 No of passinger	d) VEHICLE NUMBER:		* · ·
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email = : fax = :



S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
DAIYA ENGINEERING & CONSTRUCTION PTE LTD

Sector CONSTRUCTION



MARIA SOOSAI PACKIA GEORGE

MECHANICAL & ELECTRICAL (M&E) COORDINATOR

0.35982930



Date of Application 30-06-2017

25-07-2017 29-07-2019



L8169663





LAMINON G 5221685R

MARIA SOOSAI PACKIA GEORGE

Brm Date 16 Apr 1983 traue Date 24 Jul 2014 Valid Till 23 Jul 2019



VISIT PASS Immigration Regulations

MARIA SOOSAI PACKIA GEORGE



Date of Birth Sex

16-04-1983 M

Date of Issue Date of Expiry FIN

Nationality INDIAN

G5221685R 25-07-2017 29-07-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 24 Jul 2014
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Jul 2014

NP 4284





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND CO	MPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND CO	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	<u> </u>
MOTOR VEHICLES (THIRD PARTY RISKS) RULES.	1959 (MALAYSIA)

Certificate Number : 5072965297-02

Cover : Third Party

Index mark and Registration Number of Vehicle

: FBB9084P

Chassis Number

. FDD9004P

2. Name of Policyholder

: MD2DHDJZZNCH61459

3. Effective Date of Insurance

: MARIA SOOSAI PACKIA GEORGE

4 Eveler Date of Insurance

: 07 Sep 2017

4. Expiry Date of Insurance

: 06 Sep 2018

Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover
 - (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MARIA SOOSAI PACKIA GEOGRE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency

: VICOM LTD (00000614946)

Date of Issue

: 02 Sep 2017 11:43 hrs

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive