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Date In: 17/01/18							
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D.O.A. 13/01/18	0420	i-Motor Claim For		MI/0978324			
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Preferred Wksp / INC As	sign Wksp / QW: (161.	Fax:		
TP Particulars:	Veh No:	UNICNOWN	INC ()/Non-INC()		8	
Owner / Driver: (Tel:)	
Policy No: () Per	iod: ()_	Cover Type: (·	
Confirmed by	: (Da			100%]		
Insured/Driver Liabil		The second secon		0%; P: 21-79%. F: 80-		(12-13-X)	
Year of Registration:			NO ()			
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General Remarks:-	Light of Albert			A 12 th Confer of consider			
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Driver/Owner: Contact No: Damaged Portion:	s:-	3) (4) (5)	AR : Accide DA : Dama TF : Towin FT : Follow FT : Follow For claimin TR : Re-in: N1 : Idae D NTUC Ade OD* *N5: Court	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan pection A + SMRT Survey litional Services:- esy Car / Tpt Allowance	\$40/\$45 \$120 \$30 \$2005) \$75 \$160	2 23 100	4 77
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Driver/Owner: Contact No: Damaged Portion: QC Checked by (Eng	s:- n-In-Charge):	1) 2) 3) 4) 5) 6) 7)	AR: Accide DA: Dama TF: Towin FT: Follow FT: Follow FT: Re-ins N1: Idae E NTUC Add OD* *N5: Court *N6: Repa *N7: Fost *N8: DV / TP (N11)	ent Reporting (\$30); ge Assessment (\$100); INC gree -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan pection A + SMRT Survey litional Services:- esy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	\$40/\$45 \$120 \$30 \$30 \$75 \$160 \$5 \$10 \$25	2 23 100	Amt (3
Driver/Owner: Contact No: Damaged Portion: QC: Checked by (Eng	s:- n-In-Charge):	1) 2) 3) 4) 5) 6) 77 8	AR: Accide DA: Dama TF: Towin FT: Follow FT: Follow For claimin TR: Re-in: N1: Idac D NTUC Add OD.* *N5: Court *N6: Repa *N7: Fost *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC gree - Through Survey - Through Survey (Resurvey) gragainst INC Only (wef 10 Jan pection A + SMRT Survey litional Services:- esy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$100 \$25 \$50 \$20 \$30 \$200 \$30 \$25 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	2 23 100	Add B

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	17/01/2018 10:37
Date Of Accident	13/01/2018 04:20
Exact Location Of Accident	ALONG KJE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF4566H
Insured/Policyholder	
Name Of Registered Owner	KRINESH BALASAMY RENGARAJOO
NRIC No	S8820460C
Email Address	KRINESHBRENGARAJOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91254666
Alternative Phone No	OTHERS-91254666
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
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
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095403110
Cover Note Number	
Driver	

-	2.0			
D	ri	v	0	r
_		•	•	

Name of Driver KRINESH BALASAMY RENGARAJOO

NRIC No S8820460C Date Of Birth 04/06/1988 Occupation OUTDOOR Date Of Driving Pass 10/07/2013

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91254666

Fax Number

Contact Number OTHERS-91254666

KRINESHBRENGARAJOO@GMAIL.COM EMail Address

BLK 124 JURONG EAST ST 13 Address

#14-07

600124 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

RAINING Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180115/2122

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 31

No. Of Passenger (Including Driver)

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:
 - 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.

Account 16/01/18
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.:

SKETCH PLAN A-SJF45664 B-UNKNOWN

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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.:





T/20180115/2122

1 of 3

Report No. T/20180115/2122

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 15:57	Nade:	Vide Report No.: Station Diary					
Informa	nt's Partici	ulars	Contract of the Contract of th	Principle And Control				
Name of	Informant: H B RENG		Address: APT BLK 124 JURONG EAST ESTATE SINGAPORE 60012	ST 13 #14-07 JURONG EAST				
ID Type / ID No.: NRIC NO / S8820460C			Contact No.: Home/Office: Mobile: 91254666					
National	ity: ORE CITIZ	EN	Email:					
Sex: Male	Age: 29	Date of Birth: 04/06/1988	Type of Informant: Driver					
Race: Indian	Race:		Language:	Institution / School Name:				
Occupat	tion:	ec 11	Driving Licence Information: Class: 3	Date of Expiry:				

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2018 04:20	Type of Location Straight Road	
Location: Along Road 1 KRANJI EXP					
Weather: Raining		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:	
One Way	sion:		1.0	Anyone conveyed by	

Details of V Vehicle No.	A SHARE THE PARTY OF THE PARTY	Make	Model	Color	Condition	No of Passenger
SJF4566H	Car	SUBARU	IMPREZA 5D 1.5R AWD 5MT	Black	Seriously Damaged	0

Annual Company of the	ehicle Insurance	THE RESERVE TO SERVE THE PARTY OF THE PARTY	Tan the	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	The second second second second
SJF4566H	NTUC Income Insurance Co-Operative Limited	5095403110	28/10/2017	28/05/2018





T/20180115/2122

2 of 3

Report No. T/20180115/2122

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

CONTINUATION OF REPORT

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver *	美加州学科研究院	CONTRACTOR	SULPATRICE			THE PROPERTY OF
Name	KRINESH B RENG		ID No.		S8820460C	
Related Vehicle	NIL			Conta	ct No.	91254666
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	_	NIL	

Brief Details.

13/01/2018 @0420HRS (KRANJI EXPRESSWAY)

I WAS TRAVELLING ALONG KJE, IT WAS RAINNING HEAVY. I WAS CHANGING LANE FROM THE SECOND LANE TO THE FIRST LANE TO OVERTAKE THE LORRY, WHILE OVERTAKE THE LORRY, HE ALSO TRY TO MAKE A LANE CHANGE AS WELL. WHEN THAT HAPPENED MY CAR LEFT OF THE CAR MAKE CONTACT WITH HIS REAR RIGHT OF THE LORRY. ON IMPACT MY CAR SKIDDED AND DID A 360 DEGREE TURN AND CAME IN CONTACT WITH THE CENTER DIVIDER BEFORE COMING TO A COMPLETE STOP ON LANE ONE. THE DRIVER OF THE LORRY CONTINUE FORWARD AND DID NOT STOP. I THEN TRY TO START MY CAR BUT I COULD NOT START AT ALL, I TRY TO PUSH THE CAR BUT IT DID NOT WORK AS WELL. ONE OF THE PASSERBY CAME TO HELP AND I CALLED FOR THE TOWING FOR MY VEHICLE AND I TOOK A RIDE FROM A PASSERBY.





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

3 of 3 Report No. T/20180115/2122

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.

Value of the second of the sec	
Signature Of Officer Recording The Report: TP /	Signature Of Info
KEE CHUAN JIA MARCUS	fran f
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2018 15:5
Officer In Charge Of Case: TP / GIT /	Classification Of
Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	
Authentication Stamp	

Date/Time:
15/01/2018 15:57

Classification Of Case:

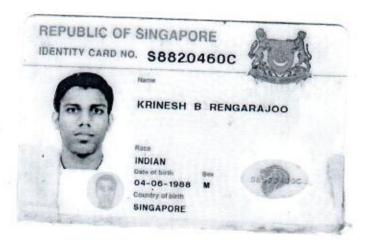
SINGAPORE
PULICE FURCE

Signature:

ACCIDENT STATEMENT

	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: STF 4566H.	
	BINSURANCE COMPANY: NTU C.	
	GIPOLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PA	RTY FIRE &THEFT)
	B)MAKE & MODEL Subaru Imprez 79 1.5	
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCY	CLE / OTHERS) Hatch
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORO	YCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL.	
	1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/I	101
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ON	
	2. INSURED / POLICY HOLDER	=
	A)NAME: Krinesh B Renggra100 (M.	ALE / FEMALE)
		91254666
	CIADDRESS: BLK 124 Jarong East Street 13.	
	#4-07.	
194	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
ic of passo	DRIVER a) NAME:	
nd day d	a]NAME:	ALE / FEMALE)
"County of	b)NRIC/FIN/PASSPORT:CONTACT:	raspe wat to make
(T)	c) ADDRESS:	
	*d) DATE OF BIRTH: (04 / 06 / 1988 ·) (DD/MM/YYYY)	1
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE: 4 1255.	
	 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPAN 	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	5. a) WEATHER CONDITION; (CLEAR RAINING) OTHERS	
	b)ROAD SURFACE: (DRY WED / OTHERS	
	6. WAS ANYBODY INJURED YES NO	
	7. a) REPORTED TO POLICE (YES) NO)	0-1:00
	IF YES, PLEASE STATE WHICH POLICE STATION: Traffic	rolice.
. 3		
	a) VEHICLE NUMBER: UNICADUM MODEL:	
duding dr	(ver) b) DRIVER'S NAME:	
	d) NRIC/FIN/PASSPORT:CONTACT:	
-	9. THIRD PARTY VEHICLE	
100	AL MELIOCIE VIII MEED.	
2 2 0000		
o el passe	a) DRIVER'S NAME:	

email = Krinesh b Renyarajoo @ Gmail.com.







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

EFFECTIVE DATE

3 Motor care with unleden weight =< 3000kg with =< 7 10 Jul 2013

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg</p>

Licence No:S8820460C

NP 428A

tello, NAC_PAYA_UBI_80	0601					•	Change Lan	guage >	Change Passwor	d Log O
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Ac	cident	13/01/2	2018 04:20	
	Vehicle	No.(For Motor)	SJF4566H							
					[Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5095403110	KRINESH BALASAMY RENGARAJOO	S8820460C	GPC	Third Party	SJF4566H	SJF4566H	28/10/2017	28/05/2018

Claim Handling

Policyholder Name	ident MT/0978324					
Troposed Code	cy No. 5	5095403110	Vehicle No.	SJF4566H	GST Registration No.	
Contact No. (Misselle) \$1234666 Contact No. (Missel) \$0 Contact No. (Misselle) \$1234666 Contact No. (Misselle) \$124466 Contact No. (Misselle) \$124466 Contact No. (Misselle) \$124407 Ves Ves Contact No. (Misselle) \$124407 Ves V	cyholder Name K	RINESH BALASAMY RENGARAJOO			Policyholder NRIC	588
	duct Code F	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Text	ntact No.(Mobile)	91254666	Contact No.(Office)	0	Contact No.(Home)	0
No	ail Address		Special Remark		eCode	No
Accident Parison Page	ć	■ No Yes	TCA	⊛ No ○ Yes	eCode Reason	
Report Date	D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
No desire of Accident (accident in 1/01/2018) We GST Registered Information CGT R	Accident Details					
Date of Accident 13/01/2018 Time of Accident Namm Orange Force Orange Force Orange Force CAUNTY of Accident Namm Orange Force Address S Address S 0.00 Additional Excess 0.00 Outside Singapore Ob Excess 0.00 Outside Singapore TP Excess 1.500.00 Outside Singapore TP Outside Singapore TP Outside Singapore TP Outside Singapore TP	oort Date	17/01/2018 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Oth
Col No. Color Control Color			Time of Accident hh:mm	04:20	Country of Accident	Sin
Accident Location ALDNG KIE # Benefits # Excess Down damage Excess 0.00 Additional Excess 0.00 Windscreen Excess 0			Orange Force		ICM No.	
# Benefits # Excess # Connainange Excess 0.00 Additional Excess 0.00 Windscreen Excess 0.		ALONG KIE	17 15 TO 1 T			
Own damage Excess 0.00 Additional Excess 0.00 Windscreen Excess 0.00 Windscreen Excess 0.00 Windscreen Excess 0.00 Outside Singapore DE Excess 0.00 Uside Singapore TP Excess 1.500.00 Uside Singapore Address 3.500.00 Uside Singapore Any Injury? Uside Singapore Address 3.500.00 Uside Singapore Address 3.500.00 Uside Singapore Address 3.500.00 Uside Singapore Singapore Singapore Address 3.500.00 Uside Singapore Si		LONG NO.				
Dunamed Driver Excess 0.00 Additional Excess 0.00 Windscreen Excess 0.00 Unamed Driver Excess 0.00 Unamed Driver Excess 1,500.00 Untide Singapore OD Excess 0.00 Unamed Driver Excess 1,500.00 Untide Singapore TP Excess 1,500.00 Untide Driver Excess 1,500.00 Untide Singapore TP Excess 1,500.00 Until PERCENTION No. GST Registration Date GST Status Verified No. Modification Instery **Policyholder Mailing Address **Address 1 124 JURONG EAST STREET 13 Address 2 #14-07 IVORY HEIGHTS Address 3 Address 4 Address 17pe Singapore address Ppst Code Until No. Related Policy Number 5095403110 Until No. Policy Final Driver Info **Driver Name KRINESH B RENGARAJOO Driver Type Main Driver Univer Name Register Date of Driver Info **Driver Name 10,077,2013 Driver Age 29 Driving Experi Contact No.(Holde) 91254666 Contact No.(Holde) 91254666 Contact No.(Holde) 9254668 Singapore Address 1 124 JURONG EAST STREET 13 Address 2 IVORY HEIGHTS Address 3 Address 3 Individe Singapore Registered car? **Policyholder Version Singapore Registered Carr?** **West No. #14-07 Does he own a Singapore Registered Carr?** **West No. #14-07 Does he own a Singapore Registered Carr?** **West No. #14-07 Driver Vehicle No. #14-07 Driver No. #14-07 Driver No. #14-07 Driver No. #14-07 Drive						
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