	utre Services				
Date In: 16/3/18-12:37	Jeb description	7-1112	Date & Time Completed	Done	pì.
Res No: NA MC1800 5014/24	SAS e-filing				
Veh No: SAM 89317	E-mail (within	Shrs, AIC 2hrs)			
D.O.A.; 15/3/18-20:15	i-Motor Clai	m Form	MT/0986297	16/3/18	3:53
	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)	HINNEY - XXXX	
OD : TP. Reporting Only	i-Photo Uplo	aded			10
	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 5	G3507E	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: () ,	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	gt.
Year of Registration: ()	Warranty: YES ()/NO()		
	1,000 ()/\$2,000	()			V-0750
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() Total Loss Case : to e-mail Ins	urer URGENTLY.		1 mm 1 d		
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1) Apply for Transport Allowance ()	/ Courtesy Car (,			
2) OC Charle / Bost 2 mais Inspection	()		1		- SCHOOL STATE
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QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	())			
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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 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,	
State of the second sec	ACCIDENT STATEMENT
Date Of Report	16/03/2018 12:37
Date Of Accident	15/03/2018 20:15
Exact Location Of Accident	ALONG WOODLANDS DR 44 OPP VISTA POINT
Country/State of Loss	SINGAPORE
Delan and the second se	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM8931J
Insured/Policyholder	
Name Of Registered Owner	ELROY VALET
Co Reg No	53335350E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number 5095457092

Cover Note Number

Driver

Name of Driver SURESH KUMAR S/O MARIAPPAN

 NRIC No
 S8818727Z

 Date Of Birth
 02/06/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/04/2009

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87505072

Fax Number

Contact Number OFFICE-87505072

EMail Address NOEMAIL

BLK 286 YISHUN AVENUE 6 Address

#03-96

760286 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

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2 YES 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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME: . .

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG WOODLANDS DR 44 WAITING THE TRAFFIC TO CLEAR AND TRYING TO MAKE A TURN TO VISTA POINT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJG3507E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category WEE GUO RUI Name of Driver S9520479A NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SURESH KUMAR S/O MARIAPPAN

Approximate Age

Injuries Sustain

HEADACHE

Injured person in which vehicle?

SGM8931J

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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.

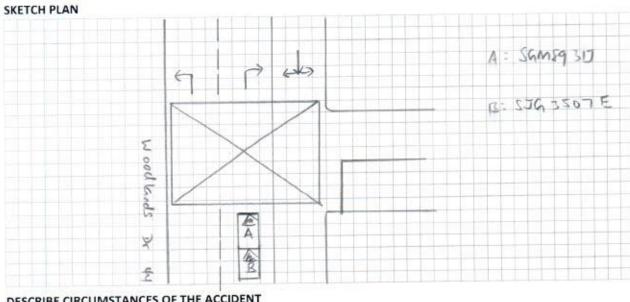
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



lefer to	fortement.	

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.:

REQUEST CRITERIA		
(You have requested to search on the	e following)	
Date of Request:	04/10/2016 10:01:07	
Requested Company Name:	ELROY VALET	
Requested Registration No.:	53335350E	
Client's Account Reference:	-	

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE INFORMATION

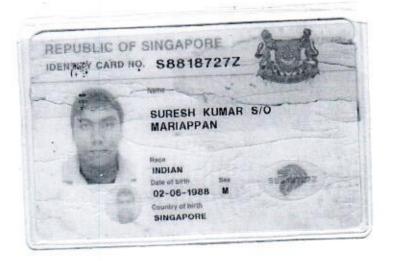


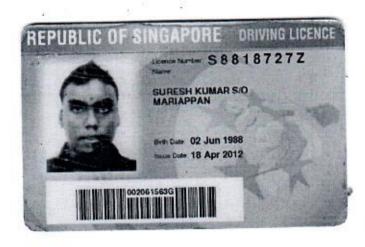
SEARCH RECORD	
Company Name:	ELROY VALET
Registration No.:	53335350E

Registration Date:	22/04/2016
Name Effective Date:	22/04/2016
Company Type/Constitution:	Sole Proprietor
Registered Address:	162 YISHUN STREET 11 , 04 - 270 - 760162 SINGAPORE
Change Address Date:	16/06/2016
Company Status:	LIVE
Status Effective Date:	22/04/2016
Registered Activities:	1. 52219 - SUPPORTING SERVICES TO LAND TRANSPORT NEC (-) 2. 49219 - PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (-)
Expiry Date:	22/04/2017
Renewal Date:	

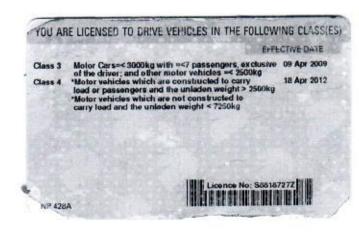
Previous Name Effective Date

Officer Name/ Address/ Change Address Date	Identity No./ PA Reg. No.	Position	Appointment Date	Cessation Date	Nationality/Country of Incorporation
SURESH KUMAR 162 YISHUN STREET 11 , 04 - 270 - 760162, SINGAPORE	S8818727Z	OWNER	22/04/2016	-)	SINGAPORE CITIZEN









eBao Tech							Gene	ralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage ,	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	0.				Date of Acc	ident	15/03/	2018 20:15	
	Vehicle	No.(For Motor)	SGM8931J							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095457092	ELROY VALET	53335350E	GPC	drivo CLASSIC	SGM8931J	SGM89313	01/11/2017	31/10/2018
					1	Continue				

	Pol	icy	Inf	form	ation
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Sequen	ce Date of Endorsement	Endors	ement Type	Endorsement Status	Endorsement Content
▼ Endors	sements				
) Insure	d Object: SGM8931J				
Unit No.	04-270	Related Policy Number	5095457092		
Address 4		Address Type	Singapore address	Post Code	760162
Address 1	BLK 162 #04-270	Address 2	YISHUN STREET 11	Address 3	SINGAPORE 760162
Policyl	holder Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No				
Agent	META AGENCY PTE, LTD.	Agent Tel.	98585076	GST Flag	Υ
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	72022747000	223
Additional Excess	O	Premium	0		
Third Party Excess	1500	Own damage Excess OS	2000	Windscreen Excess	100
Policy ssue Date	31/10/2017	Date Our	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress	BLK 162 #04-270 YISHUN ST	REET 11 SINGAR	PORE 760162		
olicy No.	5095457092	Policyholder Name	ELROT VALET	Policyholder NRIC	53335350E

Continue Cancel

cident MT/0986297								
	5096457092	Vehicle No.	SGM8931)		T Registration No.	52,00	enene	
	ELROY VALET				Ecyholder NRIC		\$350E	
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		ading	0		
	0	Contact No.(Office)	0		ncact No.(Home) ode	THE N	7	
nail Address		Special Remark	1200200		ode Reason	1000		
K	No ○ Yes	TCA	® No. ○ Yes			Yes		
D Protection	No	NCD Entitlement(%)	10	Pri	wate Hire	163		
Accident Details					and the Toron	CARR	ion - Head to Rear	
port Date	16/03/2018 13:47	Acadent Report Within 24 hrs.	Ven		cident Type			
ata of Accident	15/03/2018	Time of Accident hhomm	20:15		untry of Accident	Sing	spore	
porting Centre		Orange Force		10	M No.			
	ALONG WOODLANDS DR 44 OPP VISTA POI	NT						
P Benefits								
F Excess				100020 120	indscreen Excess		100.6	00
wn damage Excess	2,000.00	Additional Excess		110	Indistreen Excess			
nnemed Driver Excess		Outside Singapore OD Excess		2,000.00				
hird Party Excess	1,500.00	Outside Singagore TP Excess		1,500.00				
GST Registered Informa			OST Registra	ation Date				
ST Registered	No.		GST Status		No			
ST Registration No. additionation History								
Policyholder Hailing Ad	dress						GAPORE 760162	
doress 1	BUK 162 #04-270	Address 2	YISHUN STREET 11	***	ddress 3		GAPORE 760162 1162	
daress 4		Address Type	Singapore address		ost Code	760	1162	
Init No.	04-270	Related Policy Number	5095457092					
□ OI Driver Info								
oriver Name	Unnamed Driver	Driver Type	Unnamed Driver 588187272		oriver DOB	02/	06/1988	
Innamed driver Name	SURESH KUMAR S/O MARTAPPA	Driver NRIC Driver Age	29		onving Expenence	8		
tegister Date of Driver License		Contact No.(Office)	0		Contact No. (Home)	0		
Comect No (Mobile)	67505072 BLK 286	Address 2	YISHUN AVENUE 6	,	viddress 3	SIN	VGAPORE 760286	
Address 1	ELX 200	Address Type	Singapore address		Post Code	760	0286	
Address 4								
DOMESTIC	03-96							
unit No. Does he own a Singapore Registered car?	03-96 ○ Yes ® No	Driver Vehicle No.			Driver Insurer Compa	eny		
Does he own a Singapore Registered car?		Driver Vehicle No.			Driver Insurer Compa	eny		
Does he own a Singapore		Driver Vehicle No. Any injury?	® Yes ○ No	,	Oriver Insurer Comp	eny		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No	100000000000000000000000000000000000000	® Yes ○ No		Driver Insurer Compi	eny		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	100000000000000000000000000000000000000	® Yes ○ No		Drives Insurer Compi	bny		
Claim 001 New	○ Yes ® No 0 mg	Any injury?	-5400.55		onver Insurer Compi		2325350E	
Does He own a Singapore Registered Car? Reclaration Breathalpser or Blood Test Reading? Claim 001 New Claim Type *	○ Yes ® No	Any injury? 3 naured Name	Yes ○ No ELROY VALET NIL				2)35350e	
Does He own a Singapore Registered Car? Declaration Breathlyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Motile)	○ Yes ® No 0 mg	Any injury?	BLROY VALET		Insured NRIC	52	335350E G3507E	
Does He own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pp. * Contact No. (Mobile) Email Address	O mg	Any injury? Insured Name Contact No.(Home)	ELROY VALET		Insured NRIC Contact No.(Office)	53		
oos he own a Singapore registered car? reclaration breathelyser or Blood Test reading? Claim 091 New Claim Type * Contact No. (Mobile) Emai Address Claim Description	○ Yes ® No 0 mg	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	ELROY VALET NIL SGM8931)		Insured NRIIC Contact No.(Office) TP Vehicle Number	53		
ooes he own a Singapore requirered car? Inectaration Preathalyser or Blood Test keeding? Claim 001 New Claim 17pe * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Confact No.	O mg O mg OD-MK ✓ SGM89311 / SXGJS07E ON 15 Mer 2018	Any injury? Insured Name Comact No.(Home) Ob Vehicle Number Insured Liability *	ELROY VALET NIL SGM89313	V	Insured NRIIC Contact No.(Office) TP Vehicle Number	53 Sarkshap		
ooes he own a Singapone requirered car? eclaration breathelyser or Blood Test reading) Anothication History Claims 001 New Contact No. (Mobile) Email Andrews Claim Description Preferred Workshop Cornact No. Reguire Finalisation	Ong One Omg One Omy SGM89311 / SX31507E ON 15 Mar 2018 Yes ▼	Any injury? Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Preferend Repair Option	ELROY VALET NIL SGM89313	nog, Name unknown	Insured NRIC Centact No.(Office) TP Vehicle Number Name of Preferred V	53 53 Forkshop	G3507E	
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Attachment		tploaded By/Date	Category	8	Urgency	Description	Sent? Action (CO)
X25,008	NAC_PAYA_UBI_600601(NAT)O	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-16	Edit
19	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:54	SAS		Normal	SAS 2018-3-16	Edit
5	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53		Photos		Normal	Photos 2010-3-16	Edit
4	NAC_PAYA_UBI_800001(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma + 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
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6	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53	Photos		Normal	Photos 2015-3-16	Edit
7	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
100	NAC_PAYA_UBI_800501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
	NAC_PAYA_UBI_BOOSO1(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
5.7	NAC_PAYA_UB]_BD0G01(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Ma 7 2018 12:53	Photos		Normal	Photos 2018-3-16	Edit
1	NAC_PAYA_URI_800503(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Ma + 3018 13:53	Photos		Normal	Photos 2018-3-16	Edit
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
3	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma + 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
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A S	NAC_PAYA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 13:53	Photos		Normal	Photos 2018-3-16	Edit
₩ Video List	upmaded By/Date	Folder Date	File Name		?	Source	Action