Date In: 38 /4/18 - 11: 38	Jeb description		Date & Time Completed	Don	e pi.
Ref No: NA   INC 18007842/24	SAS e-filing				
Veh No: 67 41225	E-mail (within Shrs,	AIC 2hrs)	_		
D.O.A .: 27/4/18-08:05	i-Motor Claim F		MT 0992177-002	28/4/18	1-44
	i-Motor W/O (wi	thin: OD 2hrs			
OD / TP / Reporting Only	i-Photo Uploadeo	d .			
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa	x / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 5	V 4748X	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	) _	
Confirmed by : (	D	ate:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (WO)	: N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )	/NO(	)		0.000
	61,000 ( )/\$2,000 (	)			
General Remarks:-		(TYY2) 23 (**		TO STATE OF THE ST	
( ) Walk-In Customer : Customer's	1 1111	****			
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( ) Total Loss Case : to e-mail Ins			· · · · · · · · · · · · · · · · · · ·	ACCOUNTS OF THE SECOND	1
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Remarks:- (INC hotline: 6788 6616	)	100	Date&Time Completed	Don	e by
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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.

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 independent of this report to the insurers, you berefit copies of the report being made available.

<ol> <li>By the ladgement of this report to the insurers, you hereby consistoresaid.</li> </ol>	ent to the archiving of this report at the centre and to copies of the report being made available
NOT THE SECOND S	ACCIDENT STATEMENT
Date Of Report	28/04/2018 11:28
Date Of Accident	27/04/2018 08:05
Exact Location Of Accident	ALONG WOODLANDS AVE 12 BEFORE JUNC WOODLANDS AVE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GT4122S
Insured/Policyholder	
Name Of Registered Owner	THIAM BUILDING CONSTRUCTION PTE LTD
Co Reg No	199609217K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67528878
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

5096745528 Policy Number

Cover Note Number

Driver

PERUMAL SASIKUMAR Name of Driver

G7884784R Passport No/FIN 05/07/1985 Date Of Birth OUTDOOR Occupation 12/08/2017 Date Of Driving Pass

0 YEAR AND 8 MONTH **Driving Experience** 

MALE Gender

(LOCAL) +65-98194021 Mobile Number

Fax Number

OFFICE-98194021 Contact Number

NOEMAIL EMail Address

Address

10 ADMIRALTY STREET #06-85 NORTHLINK

Postcode

757695

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 - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : MALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU4748X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

#### 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.
- 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

SCRIBE CIRCONSTANCES OF THE A	GON SONAL V		
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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.:

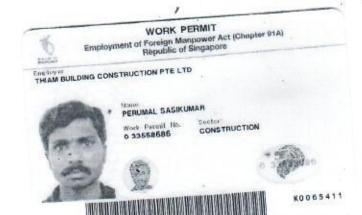
ON STATED DATE AND TIME, I SIGNALLED MY VEHICLE FROM LANE 1 TO LANE 2 ALONG WOODLANDS AVE 12. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

# ACCIDENT STATEMENT

		YYY), TIME: ( 08 : 05 ) (HH:MA	A) .
+	ACCOUNTS A DESCRIPTION OF THE PARTY OF THE P	the Area of the party of the second	
100	MON: Along Woodlands Ave 12	before junction wood	lands Ave >
	~ , .		3.1
1	DETAILS OF VEHICLE	mint.	•
8	a) VEHICLE NUMBER: 61 41215	- 12	
	b)INSURANCE COMPANY: NTUC		
*	C)POLICY NUMBER: 5 69 6745528	TO STORE STUES	τ\
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE ATTE	Mar.
	- WAVE & MODEL:	The state of the s	
	STYDE-ISALOON / COUPE / MPV /VAN / I	LORRY / MOTORCYCLE. / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMM	MERCIAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME	· Worlang	
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	M / REPORTING ONLY)	(8)
_	INSURED / POLICY HOLDER	140	
2.	ANAME: Thigh Brilding onsto	ACTION PIE (MALE / FEMALE)	0
121	b) NRIC/FIN/PASSPORT: 1996921716	CONTACT: 675288+	of the of
	c) ADDRESS:		= × HO OF
	CJADDKESS		- Justing d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER	. (Incoming a
3.			(-)
3.	a) NAME: Pernma   Saskumar	(MALE / FEMALE)	*male
	DINRIC/FIN/PASSPORT: 67884784 R	CONTACT: 98 19 403	-1
	c)ADDRESS:	•	
	C/ADDICEOU.		
	*d)DATE OF BIRTH: ( 5 / 7 / 1985)	(DD/MM/YYYY)	
•	ALOCCUPATION: (INDOOR / OUTDOOR)	120	43
	MYCHOC OF DDIVING EVPDEDIENCE	8 2017	
4.	WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES) NO	")
	IF NO. RELATIONSHIP OF THE DRIVER	WITH INSURED:	
5.	a) WEATHER CONDITION: (CLEAR / RAININ	NG / OTHERS	
	BIROAD SURFACE: (DRY / WET / OTHERS_		
6.	WAS ANYBODY INJURED (YES / NO)		
7.	a) REPORTED TO POLICE (YES / NO)	- 250 V	
	IF YES, PLEASE STATE WHICH POLICE STA	ATION:	
8.	THIRD PARTY VEHICLE		*Ho of passo
	a) VEHICLE NUMBER: 50 4748X	MODEL:	
	D) DRIVER'S NAME.		— Claduding do
	c) NRIC/FIN/PASSPORT:	CONTACT:	$-(\perp)$
9.	THIRD PARTY VEHICLE	WODEL.	
	d) VEHICLE NUMBER:	MODEL:	Ho of passi
1	e) DRIVER'S NAME:		(Including d
<b>3</b> 1	f) NRIC/FIN/PASSPORT:	CONTACT::-	— , Change
	The state of the s		(_,).
			+
	· Control of the cont	i i	7 T 194 C

email = Thiam @thap1.com.sg





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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 12 Aug 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

VISIT PASS Immigration Regulations 67-12-2017

PERUMAL SASIKUMAR



G7884784R

05-07-1985

INDIAN

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.



NP 428A

<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		The second				Change Lan	guage	Change Passwo	rd • Log Out
My Desktop Notice of Loss	Polic	y Query					27/25	27/04	/2018 08:05	
Natice of Loss	Policy N Vehicle	o. No.(For Motor)	GT4122S			Date of Acc	ident	27704	2016 06.05	-
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5096745528	THIAM BUILDING CONSTRUCTION PTE LTD	199609217K	GFT	Third Party	GT4122S	GT41225	15/12/2017	
						Continue				

olicy No.	5096745528	Policyholder Name	THIAM BU	ILDING CONSTRUCTIO	Policyholder NRIC	199609217K	
ddress	10 ADMIRALTY STREET #06-85	NORTH LINK E	BUILDING S	INGAPORE 757695			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	14/12/2017	Effective Date	15/12/201	7 00:00	Expiry Date	18/07/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Agent	RC2 PTE. LTD.	Agent Tel.	68461786		GST Flag	Y	
Co- insurance	RC2 PTE. LTD.	Agent Tel.	68461786		GST Flag	Y	
Co- insurance Flag Open Policy		Agent Tel.	68461786		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	68461786		GST Flag	Y	
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im Handling								
ident HT/0992127								
icy No.	5096745526	Vehicle No.	GT41229		T Registration No.		99609217K	
cyholder Name	THEAM BUILDING CONSTRUCTION PTE LTD			Pal	lcyholder NRIC	1	99609217K	
fuct Code	PLEET INSURANCE	Cover Type	Third Party	Los	ading	a		
tact No.(Mobile)	NA	Contact No. (Office)		Co	ntact No.(Home)			
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iii Aulgress	Caracterists	TCA	® No ○Yes		ode Reason			
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orting Centre		Orange Force		10	M No.			
dent Location	WOODLANDS AVE 12 TOWARDS SLE							
Benefits								
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damage Excess	0.00	Additional Excess		W	indscreen Excess	9	0.00	
armed Driver Excess		Outside Singapore DD Excess						
d Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Informa								
	Yes		<b>GST Registration Date</b>		24/12/1996			
Registered Registration No.	199609217K		GST Status Ventied		No			
Registration No. Incation History								
Policyholder Hailing Ad		Address 2	#06-85 NORTH LINK BUILDING	Ar	toresa 3	- 8	SINGAPORE 757695	
ress 1	10 ADMIRALTY STREET				oat Code		757695	
ress 4		Address Type	Singapore address	::0		44	NO NOTES	
t No.	06-85	Related Policy Number	5096809478					
OI Driver Info								
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		Driver Age			nving Experience			
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NAC\_PAYA\_UBI\_BOOKOT[ NATYONAL ASSESSMENT CENTRE SERVICES) on 28 Ap

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Video List						
-	NAC_PAYA_UBI_800601( NATIO	MAI, ASSESSMENT CENTRE SERVICES) on 28 Ap r 2018 11:43	Photos	Normal	Priotos 2018-4-28	Edit
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