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TP Insurer:	Ass't Report by	Fax/Handte	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (V		Tel:	Fax:)
	BF 7210J.	INC ()/Non-INC()			
Owner / Driver: (Tel:)	
Policy No: () Period	i: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	e-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. F: 80	-100%]		
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Excess: (\$) Loading: \$1,000	()/\$2,000	()	The second secon			
General Remarks;-				District Co.	911.	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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.

- 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 aforesaid.
- aforesaid.

oforesaid.	ACCIDENT STATEMENT
	09/05/2018 10:43
Date Of Report Date Of Accident	08/05/2018 13:30
Exact Location Of Accident	GEYLANG EAST CENTRAL
	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC2335A
Insured/Policyholder	
Name Of Registered Owner	NICOLE RUTH RUKHMANI DEVI A
Co Reg No	S1534114I
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81233866
Vehicle Particulars	
	NISSAN
Manufacturer Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054996123-05
Cover Note Number	
Driver	
Name of Driver	RASHPAL SINGH
NRIC No	G7459918X
Date Of Birth	05/05/1986
Occupation	INDOOR
Date Of Driving Pass	17/11/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE

(LOCAL) +65-96490860

NOEMAIL

Address

100 LOR 23 GEYLANG #07-01

Postcode

388398

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

1

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

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)

1

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF7210J

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

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.
- 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 insurers) 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.

Rasthel Singh Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

SKETCH PLAN	1.1	
School.		
15:100		Aljunied Crescent.
wethodi		A = 5KC 2335A
lang.	E A	A = 5KC 2335A 8 = GBF 7210J
Seyla		Gaylang East Central

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the	alouve	stated	A donte &	tim	e , I	C 100	is tvo	nvella	ry orland
Beylang	East	Central.	Suddenly	I	fel	t av	· Ju	poict	from
the state	A I	realised	Vehicle	B	hit	onto	my	left	bention

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.:





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

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 motor cars with unladen weight =< 3000kg with =< 7 motor cars with unladen weight =< 7 motor cars with a motor cars with unladen weight =< 7 motor cars with unladen

17 Nov 2016 17 Nov 2016



VISIT PASS Immigration Regulations

RASHPAL SINGH



Date of Birth

INDIAN 05-05-1986 M Date of Issuin

Date of Expiry Q7459918X 26-07-2017 28-06-2018

MULTIPLE JOURNEY VISA ISSUED



NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_	800601					· (hange Lang	guage 'C	hange Passwor	d + Log Out
My Desktop	Polic	y Query				200	20 20	lea mero	040 40:28	
Notice of Loss	Policy N	0.				Date of Acc	ident	08/05/2	018 10:38	
	Vehicle	No.(For Motor)	SKC2335A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5054996123- 05	NICOLE RUTH RUKHMANI DEVI A	S1534114I	GPC	drivo CLASSIC	SKC2335A	SKC2335A	29/07/2017	28/07/2018

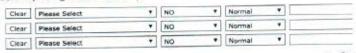
Claim Handling

- W			A department of		GST Registration No.	
cy No.	5054996123-05	Vehicle No.	SKC2335A		Policyholder NRIC	515341141
cyholder Name	NICOLE RUTH RUKHMANI DEVI A					9
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading Contact No.(Home)	*
ntact No.(Mobile)	81233866	Contact No.(Office)			eCode	No *
ail Address		Special Remark			eCode Reason	5-1
K	» No Yes	TCA	= No Yes			No
	No	NCD Entitlement(%)	50		Private Hire	-110
Accident Details						Collision - Change / Cro
	09/05/2018 17:17	Accident Report Within 24 hrs	Yes		Accident Type	Singapore
	08/05/2018	Time of Accident hh:mm	13:30		Country of Accident	Singapore
porting Centre		Orange Force			ICM No.	
	GEYLANG EAST CENTRAL					
cident Location	GET DATE EAST CENTRILE					
7 Benefits						
Excess		Additional Excess	0.00		Windscreen Excess	100.00
vn damage Excess	600.00		0.00	600.00		
named Driver Excess	500,00	Outside Singapore OD Excess		0.00		
rd Party Excess	0.00	Outside Singapore TP Excess		0.00		
GST Registered Informa	tion		GST Registr	ation Date		
T Registered	No		GST Status		Yes	
T Registration No.						
diffication History						
Policyholder Mailing Ad		**************************************	#08-06 HILLINGTO	N GREEN	Address 3	SINGAPORE 669615
idress 1	49 HILLVIEW AVENUE	Address 2	Singapore address	0.0000000000000000000000000000000000000	Post Code	669615
idress 4		Address Type				
nit No.	08-06	Related Policy Number	5054996123-05			
OI Driver Info						
nver Name	Unnamed Driver	Driver Type	Unnamed Driver		Data (200)	05/05/1986
named driver Name	RASHPAL SINGH	Driver NRIC	G7459918X		Driver DOB	1
egister Date of Driver License	17/11/2016	Driver Age	32		Driving Experience	1.0
ontact No.(Mobile)	96490860	Contact No.(Office)			Contact No.(Home)	SINGAPORE 388398
ddress 1	LOS LORONG 23 GEYLANG	Address 2	#07-01 D'CENTEN	VIAL	Address 3	
ddress 4		Address Type	Singapore address		Post Code	388398
Mon Can 4						
n # No	07-01					
init No.	07-01	Driver Vehicle No.			Driver Insurer Company	
nit No. loes he own a Singapore legistered car?	07-01 Yes • No	Driver Vehicle No.			Driver Insurer Company	
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Claim Handling(accident reporting Claim Task)

2/	9/2016		
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Attachment I		Uploaded By/Date	Category	P	Urgency	Description
42.4. 1.4.	NAC_PAYA_UEL_800601(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:27	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-9
15	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:26	SAS		Normal	SAS 2018-5-9
	NAC_PAYA_UBT_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:26	Photos		Normali	Photos 2018-5-9
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1	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:25	Photos		Normal	Photos 2018-5-9
5	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:25	Photos		Normal	Photos 2018-5-9
	Uploaded By/Date	Folder Date	File Name		9	Source

File Name Display in New Window Scan and uploading