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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. 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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	19/05/2018 15:33
Date Of Accident	18/05/2018 19:30
Exact Location Of Accident	LENG KEE ROAD
Country/State of Loss	SINGAPORE
A STATE OF THE STA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT6259H
Insured/Policyholder	
Name Of Registered Owner	EXCEL MOTORING
Co Reg No	53180222A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88115028
Alternative Phone No	OFFICE-88115028
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
leet Policy	NO
Policy Number	5095127768-01
Cover Note Number	
Oriver	
Jame of Driver	RAMESH S/O MUTHU KUMAR
IRIC No	\$76254551
ate Of Birth	02/08/1976
Occupation	OUTDOOR
ate Of Driving Pass	09/04/2003
riving Experience	15 YEARS AND 1 MONTH
Control of the Contro	MALE
	(LOCAL) +65-88115028
ax Number	
	OTHERS-88115028
Mail Address	NOEMAIL

BLK 432C YISHUN AVENUE 1 Address

#05-545 763432

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

Postcode

OTHER - HIRER

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

#### 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?

NO

Was any injured conveyed to hospital by ambulance?

NO

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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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

SLS769Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PUAR CHENG LOONG

NRIC/Passport Number

S7614891J

Contact Number

96611093 / 66036114

Address

TRANS EUROKARS MAZDA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## **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.
- 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)
  - 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.:

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyhpider's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## REPUBLIC OF SINGAPORE

. IDENTITY CARD NO. \$76254551





Name.

### RAMESH S/O MUTHU KUMAR

Race

INDIAN

02-08-1976

Country of birth

SINGAPORE









**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 18/05/2018 19:30 Vehicle No.(For Motor) SJT6259H Search Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Insured Object Commence Product Cover Type Expiry Date Date 5095127768-EXCEL Third Party, Fire & Theft 53180222A GFT 01 MOTORING SJT6259H SJT6259H 10/03/2018 Continue

### 

Poli	cy Information				
Policy No.	5095127768-01	Policyholder Name	EXCEL MOTORING	Policyholde NRIC	53180222A
Address	210 TURF CLUB ROAD	#B-60 THE GRANDSTA	ND SINGAPORE 28799		
Product Name	FLEET INSURANCE	Plan	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Group Policy Flag	N
Policy issue Date	08/03/2018	Effective Date	10/03/2018 00:00	Expiry Date	
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0	EACCSS	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	1201
Co- insurance Flag	No		03774044	GST Flag	Υ
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	210 TURF CLUB ROAD	Address 2	#B-60 THE GRANDST	TAND Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5095049081-01		
	Object: SJT6259H				
▼ Endorse	ements				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
	10/03/2018 00:00	Basic Information Endorsement	000001286772719	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1.  SJS3694J 12-03-2018 \$1,861.18 In view of this amendment, an additional premium of \$1,861.18 (inclusive of GST) is payable under your policy. Please ignorable is premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC income" with your name and policy number indicated on the reverse of the cheque.

Alternatively, you could also make payment at any of our branches by cash or NETS.

## Claim Handling

Accident MT/0995048					
Policy No.	5095127768-01	Vehicle No.	SJT6259H	007.6	-
Policyholder Name	EXCEL MOTORING		557 52331	GST Registration No.	M
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	5
Contact No.(Mobile)	88115028	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	+ No Yes	TCA	No Yes	eCode	N
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Accident Details				Private Hire	Ye
Report Date	19/05/2018 16:35	Accident Report Within 24 hrs	Yes		
Date of Accident	18/05/2018	Time of Accident hh:mm	3 100%	Accident Type	Si
Reporting Centre			19:30	Country of Accident	Si
Accident Location	LENG KEE ROAD	Orange Force		ICM No.	
♥ Benefits					
⇒ Excess					
Own damage Excess	0.00	x 200-	(Applica-		
Unnamed Driver Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.0
Third Party Excess	1,500.00	Outside Singapore OD Excess	0.00		
GST Registered Inform		Outside Singapore TP Excess	1,500.00		
GST Registered	Yes				
GST Registration No.	M90371966R		GST Registration Date	09/01/2018	
Modification History	1130371300K		GST Status Verified	Yes	
Policyholder Mailing Ad	ddress				
Address 1	210 TURF CLUB ROAD				
Address 4	210 TORF CLUB ROAD	Address 2	#B-60 THE GRANDSTAND	Address 3	51/
Unit No.		Address Type	Singapore address	Post Code	287
OI Driver Info		Related Policy Number	5095049081-01		
Driver Name	Unnamed Driver				
Unnamed driver Name	RAMESH S/O MUTHU KUMAR	Driver Type	Unnamed Driver		
Register Date of Driver License		Driver NRIC	S7625455I	Driver DOB	02/
Contact No.(Mobile)		Driver Age	41	Driving Experience	15
Address 1	88115028 8/K 4336	Contact No.(Office)	0	Contact No.(Home)	0
Address 4	BLK 432C	Address 2	YISHUN AVENUE 1	Address 3	347
Init No.		Address Type	Singapore address	Post Code	763
Does he own a Singapore	*05-545				
Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	
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Claim 001 OD-MX New	ā l				
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aim Type *	OD-MX ▼	Insured Name	EXCEL MOTORING	Incurred Natio	-
ontact No.(Mobile)		Contact No.(Home)		Insured NRIC	5311
nail Address		Of Mahreta Name	SJT6259H	Contact No.(Office)	5311 5LS
aim Description	SJT6259H / SLS769Z ON 18 May 2018			TP Vehicle Number	SLS
eferred Workshop Contact		Insured Liability •	B. 40.0	Name of Preferred Workshop	
quire Finalisation	Yes •		Partially at Fault		
- CR			Preferred Workshop, Name unknown	GIA report	Rec
The state of the s	19/05/2018 16:46	Claim Close Date		Date Received	19/0
	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
		S	ave Submit		

# Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0995048

Claim No.

Last Doc. Received

Yes No

Upload Date

19/05/2018 16:40

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	Normal	•	NO	*	Please Select	Clear

Desc	Urgency	Category	Uploaded By/Date	achment
NRIC/ Driving Li	Normal	NRIC/ Driving License	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:46	
SAS 20	Normal	SAS	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:44	0
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Photos 20:	Normal	Photos	NAC_PAYA_UBI_BDD601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:42	2
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