	ntre Services.   wel 1 Janies   N	NA 11000-1801	
Date In: 30   T   8 - 11: 4 6	Jcb description	Date & Time Completed	Done by
Ref No: 14 1N08 009788124	SAS e-filing		
Veh No: YP 19074	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/7/18-14:45	i-Motor Claim Form	M7/049 6542 - 001	30/5/18 19:
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h		11.9
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	ax:
TP Particulars: Veh No: 50	Taylik . INC (	)/Non-INC( )	0
Owner / Driver: (		Tel:	)
Policy No: (	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%1
Year of Registration: ( )		)	
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 ( )		
General Remarks:		A STATE OF THE STA	P3 ~ 14 mm -
( ) Walk-In Customer: Customer's in	was a character and a second control assessment and additional	st and the source combines in	All City of
1 \ 1 \ 2 \ 2		Date&Time Completed	
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
<ol> <li>QC Check / Post Repair Inspection</li> <li>Upload Resurvey Photo [Repair Cost &gt; 5]</li> </ol>	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]     Injury:	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$     Injury:	( )		
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QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$     Injury:	( )		D.P. Contrage.
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QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$     Injury:	( )		
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI 803381	( ) \$3000] ( )  Invoice Prep  1) AR : Accident F	aration Checklist Reporting (\$30);	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$ Injury:  Date/Time Actions  NAI 803384  alimant's Particulars:-	( ) \$3000] ( )  Invoice Prep  1) AR : Accident F 2) DA : Damage A	aration Checklist  Reporting (\$30);  ssessment (\$100); INC (\$80)	Anii (5) Anii fa Biji Add
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI %03384  mimant's Particulars::	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The	aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$80) a \$40/\$4 rough Survey \$12	Anit (\$) Amit Add
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$ Injury:  Date/Time Actions  NAI 803381  Limant's Particulars:- iver/Owner:	Invoice Prep  1) AR: Accident F 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age	aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$80) s \$40/\$4 ough Survey \$12 ough Survey (Resurvey) \$3 sinst INC Only (wef 10 Jan 2005)	Anit (\$) Amit Add
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Invoice Prep	aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$80) sough Survey \$12 rough Survey (Resurvey) \$3 sinst INC Only (wef 10 Jan 2005) on \$7 SMRT Survey \$16 al Services:  ar / Tpt Allowance \$ ordination \$1; r Inspection \$2 the Excess Coordination \$3 von INC) against INC \$2	Ani ((\$) Ami (iii Bill Add 15 00 0 5 0 5 0

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 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.
   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

ALL	DENI	SIA	EMEN

30/05/2018 11:46 Date Of Report 28/05/2018 14:45 Date Of Accident

158 KALLANG WAY LOADING BAY Exact Location Of Accident

SINGAPORE Country/State of Loss

### **DETAILS OF OWN VEHICLE**

YP1907Y Vehicle Registration Number

Insured/Policyholder

FARREL TRANSPORT & TRADING PTE LTD Name Of Registered Owner

201008016M Co Reg No NOEMAIL Email Address

(LOCAL) +65-96492506 Mobile Phone No OFFICE-96492506 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

FUSO FK62FMZ1RDEB Model

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?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5096823303 Policy Number

Cover Note Number

## Driver

SUPRAMANIAM S/O KOOLU Name of Driver

S6861811H NRIC No 11/04/1968 Date Of Birth OUTDOOR Occupation 17/11/2005 Date Of Driving Pass

12 YEARS AND 6 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-81856896

Fax Number

OFFICE-81856896 Contact Number

NOEMAIL **EMail Address** 

BLK 887 TAMPINES STREET 81 Address

#05-1008

520887 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

1

NO

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

CLEAR Weather Conditions DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

### **Details of Police Action**

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ABOUT TO REVERSED TO LOADING BAY LOT 4. VEHICLE B COMING FROM THE LEFT SIDE OF MY VEHICLE AND HE WAS TRYING TO OVERTAKE MY VEHICLE. IN A RESULT, VEHICLE B HIT ONTO MY FRONT LEFT PORTION.

### 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

**SLT6411K** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

CHAN MUN YEW ROY (CHEN WENYAO ROY) Name of Driver

NRIC/Passport Number S7518123Z

Contact Number

Address 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) 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:
  - (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

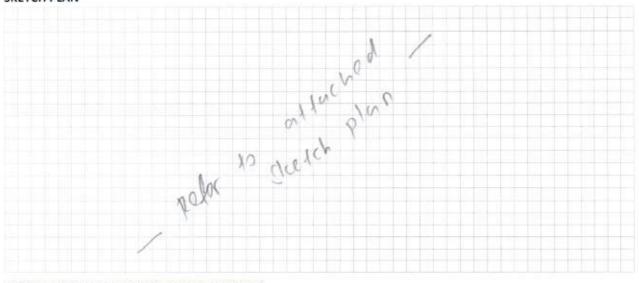
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

01

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

Refer to	state ment.	
		_
		_

DECLARATION

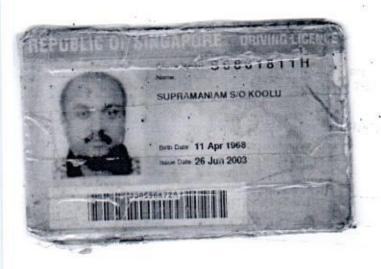
I/We declare the foregoing particulars are true in every respect.

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.:

public Strownson, VI

2

A: YPI92Y B. SLTGVIIK H Μ A



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6861811H





SUPRAMANIAM S/O KOOLU

சுப்பரம**ணி**யம்

INDIAN

Date of Byth Sex 11-04-1968 M

MALAYSIA

558840 TH







olicy No.	509682	3303	Policyholder Name	FARREL TR	ANSPORT & TRADING	Policyholder NRIC	201008016M	
ddress	33 MAR	IAM WALK SINGAPORE	07154					
roduct	FLEET I	INSURANCE	Plan			Group Policy Flag	N	
olicy	18/12/	2017	Effective	21/12/201	7 00:00	Expiry Date	30/10/2018 2	13:59
sue ate	10/12/	2017	Date	22/20/				
xcess ype			All Claim Excess					
hird arty	0		Own damage Excess	1500		Windscreen Excess	100	
xcess dditional			os	840.52				
xcess outside			Premium Outside					www.socionalonicalonicalonicalonical
ingapore D xcess			Singapore TP Excess				Youn	g/Inexperience Driver Excess
igent	REV A	UTO PTE LTD	Agent Tel.	68444477		GST Flag	Y	
nsurance Plag Open Policy ofo Certificate ofo	No							
538 V/s	holder	Mailing Address	***	2	SINGAPORE 50715	A	Address 3	
Address 1 Address 4		33 MARIAM WALK		ess 2 ess Type	Singapore address		Post Code	507154
				ted Policy	5096823303			
Jnit No.	ad Obio	07-27 ect: YP1907Y	Num	ber	3090023303			
<b>▽</b> Endor			Endorsem	ent Tune	Endorsement Number	er Endorse	ement Status	Endorsement Content
Seque	······································	23/02/2018 00:00	Basic Inform Endorsemen	ation	000001286761819	The State of the S	nent Take	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, YP2007M 07-04-2018 \$1,286.46 2. GBA4533Z 13-04-2018 \$659.94 3. YP1907Y 19-04-2018 \$1,211.88 In view of this amendment, an additional premium of \$3,158.28 (inclusive of GST) is payable under your policy. Please ignore this 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 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.
								Thank you for giving us the opportunity to serve you. We confirm that the following vehicles are subject to Endorsement M42(/ – EQUIPMENT AND THIRD-PARTY WORKING RISKS: VEHICLE NUMBER EFFECTIVE DATE PREMIT (INCL GST) 1. YM8291) 11-03-20

dent MT/0996542					
44	7.0000000000	102000		cer automorphism	20100001614
icy No.	5096823303	Vehicle No.	YP1907Y	GST Registration No.	201008016M
scyholder Name	FARREL TRANSPORT & TRADING PTE. LTD			Policyholder NRIC	201008016M
duct Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	96492506	Contact No.(Office)	0	Contact No.[Home]	0
nail Address		Special Remark		eCode	[aμ. ♥.
K	® No ○ Yes	TDA	® No ○Yes	eCode Reason	
D Protection	No.	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	30/05/2018 19:33	Academ Report Wehin 24 hrs	Yes	Accident Type	Damaged whilst parked
te of Accident	28/05/2019	Time of Accident hh:mm	14:45	Country of Acadent	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	158 KALLANG WAY LOADING BAY				
Benefits					
Excess					
	* F00.40	Additional Excess		Windscreen Excess	100.00
in damage Excess	1,500.00			Windscreen Excess	400,00
named Driver Excess		Outside Singapore OO Excess			
nd Party Excess	0.00	Outside Singapore TP Escass			
GST Registered Informa	ition				
T Registered	Yes		GST Registration Date	01/08/2011	
T Registration No.	20100001644		GST Status Ventied	yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	33 MARIAN WALK	Address 2	SINGAPORE 507154	Address 3	
intess 4		Address Type	Singapore address	Post Code	507154
NT NO.	07-27	Related Policy Number	5096823303	1999/10/1997	417240655000
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OI Driver Info	anii X				
iver Name	Unnamed Driver	Driver Type	Unnamed Driver	4000000	11000000
named driver Name	SUPRAMANIAM S/O KOOLU	Driver NRIC	56861811H	Driver DDS	11/04/1968
gister Date of Driver License	17/11/2005	Driver Age	50	Oriving Experience	12
intact No (Mobile)	01056096	Contact No.(Office)	0	Contact No.(Home)	0
tdress 1	BLK 687	Address 2	TAMPINES STREET 81	Address 3	SIWGAPORE 520887
Idress 4		Address Type	Singapore address	Post Code	520887
nt No.	05-1008	- CONTROL AND CO			10000000
oes he own a Singapore					
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
			CLYCPA VVI		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes  No		
reathalyser or Blood Test eacing?	0 mg	Any injury?	○ Yes <b>®</b> No		
reathalyser or Blood Test reading <sup>3</sup>	0 mg	Any injury?	○ Yes <b>®</b> No		
eathalyser or Blood Test acting? diffication History	0 mg	Any injury?	○ Yes  No		
eathalyser or Blood Test acting? diffication History	0 mg	Any injury?	○ Yes  No		
eathalyser or Blood Test acting? diffication History	0 mg	Any injury?	○ Yes <b>®</b> No		
eathalyser or Blood Test acting 1 diffication History Claim 001 New	0 mg	Any injury?	○ Yes  No  FARREL TRANSPORT & TRADON	Insured NRIC	201008016M
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eathalyser or Blood Test acting?  diffication History  Claim 001 New  aim Type *  ottact No.(Moorle)	3.5000000	Insured Name Contact No.(Home)	FARREL TRANSPORT & TRADEN(	Contact No.(Office)	
eathalyser or Blood Test acting?  diffication History  Claim 001 New  aim Type * ntest No (Moorle)	OD-MX   V     96492506	Insured Name	\$770000T098	Contact No.(Office) TP Vehicle Number	201008016M SLT6411K
eathalyser or Blood Test acting?  diffication History  Claim 001 New  aim Type * intect No (Mobile) half Address aim Description	OD-MX V	Insured Name Contact No. (Home) Of Vehicle Number	FARREL TRANSPORT & TRADEN() YP1907Y	Contact No.(Office)	
reathalyser or Blood Test reading?  control History  Claim 001 New  aim Type *  onter No. (Mobile)  naim Description  eferred Workshop Contact	OD-MX   V     96492506	Insured Name Contact No.(Home)	FARREL TRANSPORT & TRADEN(	Contact No.(Office) TP Vehicle Number	
eathalyser or Blood Test rading?  Claim 001 New  Type * ontact No. (Mobile) nell Address aum Description elemed Workshop Contact of the Conta	OD-MX   V     96492506	Insured Name Contact No. (Home) Of Vehicle Number	FARREL TRANSPORT & TRADEN() YP1907Y	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	
eathalyser or Blood Test acting?  Idification History  Claim 001 New  ant Type * ontact No. (Mobile) natl Address and Description eletered Workshop Contact orgains Finalisation	OD-MX 96492506 YP1907Y / SLT6411K ON 28 May 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Lability *	FARREL TRANSPORT & TRADONO YP1907Y Mon at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLT6411X
eathalyser or Blood Test acting?  diffication History  Claim 001 New  aim Type * inters No.(Mobile) aim Address aim Description eferred Workshop Contact origine Finalisation are Registered.	OD-MX 96492506 VP1907Y / SLT6411K ON 28 May 2018 Ves. V 30/05/2018 19:35	Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preference Repair Option	FARREL TRANSPORT & TRADONO YP1907Y Mon at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GSA report	SLT6411K
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