	ntre Services. puet a Jamos M	NH 11007	
Date In: 1/6/18/17:06	Jeb description	Date &Time Completed	Done by
Res No: NA IN C 1801 0746/24	SAS e-filing	1 0	
Veh No: 6BDZ034D	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1/6/18-09:55	i-Motor Claim Form	MT10997431-001	4/6/18 21:17
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
m	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: 50	6XIIIRD INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
) [Note-Est. Status (WO): N: 0-2		00%1
		:0%, P. 21-79%. F. 50-1	0078]
Year of Registration: ()	Warranty: YES ()/NO ()	
	31,000 ()/\$2,000 ()		
General Remarks:-			
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() Total Loss Case : to e-mail Ins	surer URGENTLY.		20
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
 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

	ACCIDENT STATEMENT
Date Of Report	05/06/2018 15:06
Date Of Accident	05/06/2018 09:55
Exact Location Of Accident	ALONG HILLSIDE DR BESIDE HILLSIDE WORLD ACADEMY
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD5024D
Insured/Policyholder	
Name Of Registered Owner	L-ONYX PRIVATE LIMITED
Co Reg No	200807912G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62801828
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 3.0 DIESEL M/T
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075516143-02
Cover Note Number	
Driver	
Name of Driver	NAGARAJAN SENTHILKUMAR
Passport No/FIN	G6620039L
Date Of Birth	30/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93585407
Fax Number	
	Company of the Compan

OFFICE-93585407

NOEMAIL

Address BLK 30 DEFU LANE 10

#01-116

Postcode 539211

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

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?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

2

NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

YES

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 TIME, MY VEHICLE WAS STATIONARY ALONG HILLSIDE DR AS THERE WAS A VEHICLE COMING OUT FROM HILLSIDE WORLD ACADEMY. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SGX1118D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver VIVIAN LAI
NRIC/Passport Number S9075339H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Name:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

kefer to	statement.			
			/	
		/		
	/			

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.:



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

L-ONYX PRIVATE LIMITED



NAGARAJAN SENTHILKUMAR

West Penal III.

CONSTRUCTION

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K0121492







eBao Tech							THE REAL PROPERTY.	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					Change Lan	guage	· Change Passwo	rd Log Out
My Desktop	Policy Query								
	Policy No.				Date of Acc	ident	04/0	6/2018 09:55	
	Vehicle No.(For Motor)	GBD5024D							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5075516143- 02	L-ONYX PRIVATE LIMITED	200807912G	GCV	Comprehensive	GBD5024D	GBD5024	D 12/11/2017	11/11/2018
				1	Continue				

olicy No.	5075516143-02	Policyholder Name			Policyholder NRIC	200807912G			
Address	BLK 30 #01-116 DEFU LANE 10	SINGAPORE 539211							
Product Name	ne COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N				
Policy ssue Date	31/10/2017	Effective Date	12/11/2017	00:00	Expiry Date	11/11/2018 2	23:59		
Excess Type		All Claim Excess							
Third Party Excess	0.0	Own damage Excess	600		Windscreen Excess	100.0			
Additional Excess		OS Premium	0						
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess		
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65433303		GST Flag	Y			
Co- insurance Flag	No								
Open Policy Info									
Certificate Info									
	holder Mailing Address								
Address 1	BLK 30 #01-116	Addre	ess 2	DEFU LANE 10		Address 3	SINGAPORE 539211		
Address 4		Addre	ess Type	Singapore address		Post Code	539211		
Unit No.		Relat Numb	ed Policy per	5069583352-03					
D Insure	ed Object: GBD5024D								
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	Sequence Date of Endorsement		Endorsement Type			t Status	Endorsement Content		

cident MT/0997431								
icy No.	5075516143-02	Vehicle No.	G8D5024D	GS	T Registration No.		2008079120	
icyholder Name	L-ONYK PRIVATE LIMITED			Pol	licyholder NR3C		2008079120	
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GST Registered Informa	etion				Caprocores			
Registered	Yes		GST Registration Date		12/05/2006			
Registration No.	200807912G		GST Status Verified		Yes			
dification History								
Policyholder Mailing Ad	dress							
ress 1	BLK 30 e01-116	Address 2	DEFU LANE 10	Ad	Idress 3		SINGAPORE	539211
	Charles Charles Light		Singapore address		et Code		539211	
treos 4		Address Type		P0	and the same			
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OI Driver Info								
ver Name	Unnamed Driver	Driver Type	Unnamed Oriver					
named driver Name	NAGARAJAN SENTHELKUMAR	Driver NRIC	G8620039L	Dri	Iver DOB		30/05/1979	
poter Date of Driver License	02/03/2018	Driver Age	39	Dri	lying Experience		ō .	
Hact No.(Mobile)	93585407	Contact No.(Office)	0		intact No.(Home)		0	
dress 1	BUK 30	Address 2	DEPU LANE 10	Ad	3dress 3		DEFU INDU	STRIAL ESTATE
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