Date In: 23/45 an		NA118080855	
Date In: 23/6/8-09:29	Jeb description	Date &Time Completed	Done by
Ref No: NA/NC18011433/24	SAS e-filing		
Veh No: 4921362	E-mail (within Shrs, AIC 2hrs)		
D.O.A: >>1618-17: 40	i-Motor Claim Form	M/ 29 997 49-001	23/6/18 12:4
	i-Motor W/O (Within: OD 2hr		219/10 121
OD TP Reporting Only	i-Photo Uploaded	!	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	ıx:
TP Particulars: Veh No: 53	1067 INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) Per	riod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]
Year of Registration: ( ) V	Warranty: YES ( )/NO (	)	
	00()/\$2,000()		
General Remarks			
( ) Walk-In Customer: Customer's infor	mation strictly Confidential & St	rictly NO refer of repairer	W
( ) Total Loss Case : to e-mail Insure		Total Control	
Drive-In ( )/ Towed-In ( ); Invoice:			<u> </u>
Enve-in ( )/ / over-in ( ), invoice.	YES( )/NO( );T	owing Co: (	
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/Co	ourtesy Car ( )		Maddle to the total of the tota
2) QC Check / Post Repair Inspection	( )	<del>                                     </del>	
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3) Upload Resurvey Photo [Repair Cost > \$30			
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	23/06/2018 09:29
Date Of Accident	22/06/2018 17:40
Exact Location Of Accident	UPP PAYA LEBAR RD BEFORE JUNC LIM TECK BOO RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP2136Z
Insured/Policyholder	
Name Of Registered Owner	SRI AMBIKAS PTE LTD
Co Reg No	200509816W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62821234
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	YES
Policy Number	5087321921-01
Cover Note Number	
Driver	
Name of Driver	MEYAPPAN S/O JAGANATHAN
NRIC No	S1508197Z
Date Of Birth	09/12/1960

OUTDOOR

18/07/1983

MALE

NOEMAIL

34 YEARS AND 11 MONTHS

(LOCAL) +65-82395714

OFFICE-82395714

Address

BLK 204 SERANGOON CENTRAL

#07-102

Postcode

550204

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 - CHANGE/CROSS LANE

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?

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180622/2145.

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

SG5306Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

TANG KING YEW

NRIC/Passport Number

G6917229L

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.

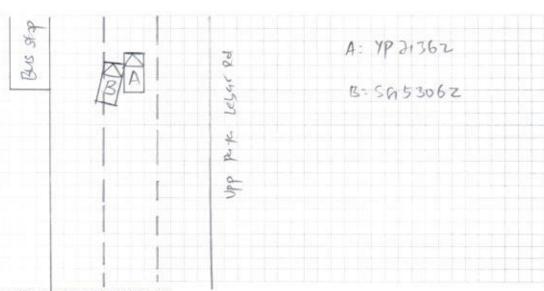
Date & Time:

Policyholder's Signati Date & Time: Driver's Signature (If driver is not the policyholder)

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

н



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+3	police	report	- T/2019	80622	2145.			
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DECLARATION

I/We declar to be larger ing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personne's Signature Name:

NRIC/FIN No.:





Report No. T/20180622/2145

# POLICE REPORT (NP299)

Police Station Of Origin Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Time Report Made	Vide Report No.			Station Diary No.		
22/06/2018 18:59						
Name Of Informant	Address					
MEYAPPAN S/O JAGANATHAN	APT BLK 204 SERANGOON CENTRAL #07-102 HD SERANGOON EST SINGAPORE 550204					
ID Type / ID No. NRIC NO / S1508197Z	Contact Home/C	Mobile 82395714	0001			
Nationality SINGAPORE CITIZEN	Email Address					
Occupation	Sex	Age	Date of Birth	Race		
Lorry driver	Male	57	09/12/1960	Indian		
Institution/School Name	Language English					
Date/Time Of Incident 22/06/2018 17:40	Location	Of Inciden	t			
Drief details	No. and the second					

## Brief details.

On the 22/06/2018 at about 5.40pm, I was travelling with my Lorry(YP2136Z) along Upper Paya Lebar Road > Paya Lebar Road, there's a bus(SG5306Z) stationary at the bus stop, when I was about to drive pass the bus, suddenly the bus started moving and turn out of the bus stop. In the result his bus right side mirror collided into my Lorry left side portion.

I am lodging this for insurances purposes.

Signature Of Officer Recording The Report:  TP / TONG HWEE SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2018 18:59
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

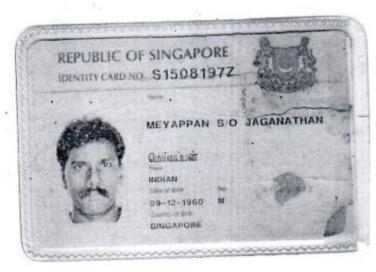
Report No. T/20180622/2145

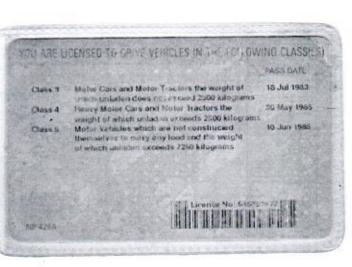
That's all.

TP / TONG HWEE SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2018 18:59
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp









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Natice of Loss	Policy f	Vo.				Date of Acc	ident	22/0	6/2018 17:40	
	Vehicle	No.(For Motor)	YP2136Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087321921- 01	SRI AMBIKAS PTE LTD	200509816W	GFT	Comprehensive	YP2136Z	YP2136Z		
						Continue				

Policy No.	5087321921-01	Policyholder Name	SRI AMBIKAS PTE LTD	Policyholder	20050981	6W
Address	24 NEW INDUSTRIAL ROAD	110000000000000000000000000000000000000	DUSTRIAL BUILDING SINGAPO	NRIC RF 536210		
Product Name	FLEET INSURANCE	Plan	a constant o sandar o	Group Policy Flag	N	
Policy issue Date	06/09/2017	Effective Date	13/10/2017 00:00		12/10/201	8 23:59
Excess Type		All Claim Excess				
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00	
Additional Excess		OS Premium	0	-75555		
Outside Singapore OD Excess		Outside Singapore TP Excess			Yo	ung/Inexperience Driver Excess
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nit No.		Related	Policy	Po	st Code	536210
Insured	Object: YP2136Z	Numbe	5084986984-01			
<b>₽</b> Endorse						
Ser Marson						
Sequenc	e Date of Endorsement	Endorsement	Type Endorsement Numbe	r Endorseme	ent Status	Endorsement Content
Sequenc	Date of Endorsement  13/10/2017 00:00	Endorsement  Basic Informatio Endorsement		Endorsement Endorsement Effective		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) a follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JAANPR75HJ7100223 20-03-2018 \$901.74 In view of this amendment, an additional premiu of \$901.74 (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 payment, please issue the cheque favour of "NTUC Income" with you 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.

cident MT/0999749		P. D. S. P. Walter	10/00 www.16	III	HYBOGINEY
Hoy No.	5087321921-01	Vehicle No.	YP2136Z	GST Registration No.	200509816W
Noyhalder Name	BRI AMBIKAS PTE LTD			Pakcyholder NRIC	200509816W
oduct Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
artact No.(Mobile)	D	Contact No.(Office)	62821234	Contact No.(Home)	0
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CD Protection	No	recar gradienteria, vey		(60000000ES)	
Accident Details					
sport Date	23/06/2018 12:39	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Change / Cross lane
ite of Accident	22/06/2018	Time of Accident hh:mm	17:40	Country of Academ	Singapore
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ind Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa					
	Yes		GST Registration Date	15/08/2005	
T Registered	200509816W		GST Status Verified	Yes	
ST Registration No.	TODEDARTON			43107	
odification History					
Policyholder Mailing Ad		99900090	AND AND PROPERTY MANAGEMENT AND	Address 3	SINGAPORE 536210
dress 1	24 NEW INDUSTRIAL ROAD	Address 2	#04-01 PET FU INDUSTRIAL BU		
sdress 4		Address Type	Singapore address	Post Code	536210
net Nes		Relacest Policy Number	5084956984-01		
U OI Driver Info					
over Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MEYAPPAN S/O JAGANATHAN	Driver NRIC	\$15081972	Driver DOB	09/12/1960
		Driver Age	57	Driving Experience	34
gister Date of Driver License					
intact No.(Mobile)	82395714	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 204	Address 2	SERANGOON CENTRAL	Address 3	SINGAPORE 550204
23.045/20					
doress.4.		Address Type	Singapore address	Post Code	550204
	07-102	Address Type	Singapore address	Post Code	550204
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