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Date In: 23 [6] 8-16:26	Jeb description		Date & Time Complete	ed	Done	pi
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Veh No: SCE7171L	E-mail (within Shrs,)	AIC 2hrs)				i e
D.O.A: 23/6/18-8:50	i-Motor Claim Fo	orm	M /0999777-60	1 23/6	18 18	3:16
	i-Motor W/O (Wit					
OD TP Reporting Only	i-Photo Uploaded	i i		A STATE OF THE STA		######################################
TD I	Assessment/Survey	Report				
TP Insurer:	Ass't Report by Fa	x / Hand to C	wner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Γel:	Fax:		
TP Particulars: Veh No: Str 3	154x	INC()/Non-INC(
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: () C	over Type: ()	
Confirmed by : (De	ate:	Time:	10550000000000000000000000000000000000)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%	P: 21-79%. P: 9	30-100%]	7 10-0-0-12	
Year of Registration: ()	Warranty: YES ()/	NO()				
Excess: (\$) Loading: \$1,0	000 ()/\$2,000 ()				
General Remarks;-		(Next and				, š
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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.
- 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.
- 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.	o and a special
STATE OF THE PROPERTY OF THE PARTY OF THE PA	ACCIDENT STATEMENT
Date Of Report	23/06/2018 16:26
Date Of Accident	22/06/2018 18:50
Exact Location Of Accident	ALONG TUAS CHECKPOINT
Country/State of Loss	SINGAPORE
STANDAY SEEDINGS OF SECURITION	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE7171L
Insured/Policyholder	
Name Of Registered Owner	DINESH S/O BALASUBRAMANIAM
NRIC No	S8124456A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92232200
Alternative Phone No	OFFICE-92232200
Vehicle Particulars	
Manufacturer	BMW
Model	523I A
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

Policy Number 5089961861-01

Cover Note Number

Name of Driver GAYATHRI ARUMUGAM

NRIC No S8419890J Date Of Birth 22/06/1984 Occupation INDOOR Date Of Driving Pass 10/11/2009

Driving Experience 8 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81026654

Fax Number

Contact Number OFFICE-81026654

EMail Address NOEMAIL Address

BLK 536 SERANGOON NORTH AVENUE 4

#03-187

Postcode

550536

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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)

3

Passenger 1

NAME:

: FEMALE

Passenger 2

NAME:

GENDER:

. .

GENDER:

: FEMALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 2 TUAS CHECKPOINT AS IT WAS CONGESTED. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 TRYING CUT ONTO MY LANE WHICH RESULTING MY VEHICLE FRONT LEFT PORTION WAS DAMAGED.

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 Vehicle Make/Model/Colour

SLF3154X

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
 - (i) 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:

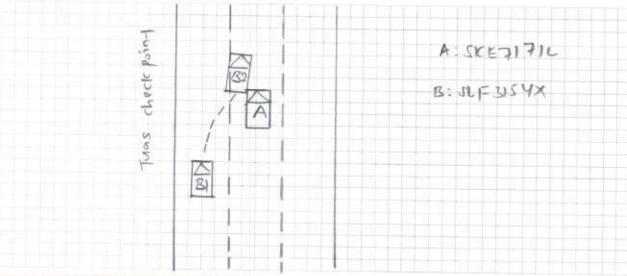
Policyholder's	Signature
Date & Time:	

Driver's Signature (If driver is not the policyholder)

Name:

NRIC/FIN No .:

Reporting Centre Personnells Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	
V((0) (1)	
1973-57-12	
CLARATION	

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

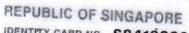
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





IDENTITY CARD NO. S8419890J





GAYATHRI ARUMUGAM

காயத்திரி ஆறுமுகம்

INDIAN / 22-06-1984

Country/Place of bi SINGAPORE



5173269

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

Motor Cars=< 3000kg with =<7 passengers, exclused the driver; and other motor vehicles =< 2500kg

NP 428A

21-05-2013

APT BLK 536 SERANGOON NORTH AVENUE 4 #03-187 SINGAPORE 550536

NRIC No: S8419890J

Date: 18/06/2018

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601			ALCOHOLD STREET	NAME OF STREET	+ C1	ange Lang	uage ,	Change Passwo	and the control of
My Desktop	Poli	cy Query							ASTAC COSESSION	e eria
Notice of Loss	Policy f	Vo.				Date of Accide	ent	22/06/	2018 18:50	1
	Vehicle	No.(For Motor)	SKE7171L							
					S	earch				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089961861- 01	DINESH S/O BALASUBRAMANIAM	S8124456A	GPC	drivo CLASSIC	SKE7171L	SKE7171	12/04/2018	11/04/2019
					Co	ntinue				

Sequen	ce Date of Endorsemen	t E	ndorseme	nt Type	Endorsement	Status	Endorsement Content
Endors	ements						
1 Insure	d Object: SKE7171L						
Init No.		Relate Number	d Policy er	5089961861-01			
ddress 4		Addres	ss Type	Singapore address	- 5	Post Code	510531
ddress 1	BLK 531 #01-306	Addre	ss 2	PASIR RIS DRIVE 1	A 8	Address 3	SINGAPORE 510531
Policyl	nolder Mailing Address						
Certificate nfo							
open olicy nfo							
Co- nsurance Flag	No						
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220)	GST Flag	Y	
Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Excess Dutside	0	OS Premium	0				
Third Party Excess Additional	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type		All Claim Excess					
Policy issue Date	05/04/2018	Effective Date	12/04/20	18 00:00	Expiry Date	11/04/2019	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 531 #01-306 PASIR RIS DE	RIVE 1 SINGAR	ORE 5105	31			
		Name	DINESH	S/O BALASUBRAMANIA	Policyholder NRIC	S8124456A	

Continue Cancel

ccident MT/0999777					
Policy No.	5089961861-01	Vehicle No.	SKE7171L	Part No.	
Policyholder Name	DINESH S/O BALASUBRAMANIAM	7,070/00/00/00	CONTRACTOR AND A	GST Registration No.	
Product Cade	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	S8124456A
Contact No.(Mobile)	92232200	Contact No.(Office)	Drivo CLASSIC	Loading	0
mail Address			0	Contact No.(Home)	0
DFK.	® No ○ Yes	Special Remark	0.2002945	eCode	10. 🕶
CD Protestion		TCA.	® No ○ Yes	eCode Reason	
	740	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
eport Date	23/06/2018 18:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
late of Accident	22/06/2016	Time of Acoident hhumm	18:50	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	aingapore
codent Location	ALONG TUAS CHECKPOINT	ă III		ICH NO.	
W Benefits					
♥ Excess					
wn damage Excess	600.00		-		
nnamed Driver Excess		Additional Excess	0	Windscreen Excess	100.00
	500.00	Outside Singapore OD Excess	600.00		
ord Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform					
IT Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History				3783	
Policyholder Mailing A	ddress				
Odresa 1	BLK S31 ±01-306	Address 2	PASIR RIS DRIVE 1	Address 3	SINGAPORE 510531
ddress 4		Address Type	Singapore address	Post Code	510531
NI NO.		Related Policy Number	5089961861-01	5.195.505-	910931
OI Driver Info		Darwin San Callage Back Call			
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	GAYATHRI ARUMUGAM	Onver NICE	S8419890)	Debine BOD	- ANGESTON 1
gister Date of Driver License		Driver Age	34	Driver DOB	22/06/1984
ritact No (Moore)	81029654			Driving Expenence	8
odress 1	BLK 536	Contact No.(Office)	0	Contact No.(Home)	0
	per 330	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550536
loress 4		Address Type	Singapore address	Post Code	550536
n No.	03-187				Service services
	○ Yes ® No	Oriver Venicle No.		Driver Insurer Company	
gistered car?	○ Yes ® No	Orivor Vehicle No.		Driver Insurer Company	
gistered car? Staration nathalyser or Blood Test			Out the	Driver Insurer Company	
gistered car? Claration Bathalyser or Blood Test	○ Yes ® No O mg	Oriver Venicle No. Any, Injury?	○ Yes ⊕ No.	Driver Insurer Company	
oes he own a Singapore egistered car? Islanation eathalyser or Blood Test ading?			○ Yes ⊕ No.	Driver Insurer Company	
gistered car? Claration Bathalyser or Blood Test			○ Y46 ⊕ No.	Driver Insurer Company	
claration claration blood Test ading? dification History			○ Yes ⊕ No.	Driver Insurer Company	
Interior arthur			○ Yee ® No.	Driver Insurer Company	
Jaration althalyser or Blood Test ding? effication History talm 001 New		Arry Ingury?			
Jaration Jar	0 mg	Arry Injury? Insured Name	DINESH S/O BALASUBRAMANIA	Insured NRIC	56124456A
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