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TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	3
TP Particulars: Veh No: SE	2062M . INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period	1: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80	100%]	
Year of Registration: () War	rranty: YES () / NO ()		
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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.

5. 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	26/07/2018 15:28
Date Of Accident	11/07/2018 17:30
Exact Location Of Accident	LORONG 1 TOA PAYOH BEFORE LORONG 2 JUNCTION
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCQ9019M
Insured/Policyholder	
Name Of Registered Owner	G KALIMUTHU
NRIC No	S1599652H
Email Address	G.KALIMUTHU@BOLLORE.COM
Mobile Phone No	(LOCAL) +65-98206085
Alternative Phone No	OTHERS-98206085
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	TUCSON
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078241956-02
Cover Note Number	
Driver	
Name of Driver	G KALIMUTHU
NRIC No	S1599652H
Date Of Birth	10/12/1963
Occupation	INDOOR
Date Of Driving Pass	20/01/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98206085
Fax Number	
Contact Number	OTHERS-98206085
EMail Address	G.KALIMUTHU@BOLLORE.COM

Address

BLK 236 LORONG 1 TOA PAYOH

#06-50

Postcode

310236

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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?

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

PLEASE REFER TO SKETCH PLAN

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

SLE2062M

Vehicle Make/Model/Colour

HONDA HRV

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHAWAH SHOO

NRIC/Passport Number

S0874671J

Contact Number

98298315

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 companies.
- 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.
- 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:
 - (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
- 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.
- 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:

Delo Delo
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: KOSAL WANTED

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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.:

ocident MT/1003060 oxcy No.										
	5079241956-02	Wehicle No.	scoppier		Ġ	ST Registration No.				
Ycyholder Neme	G KALIMUTHU				89	dicybolder MRIC		\$1599652#		
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Accident Details		10-11-20								
port Date	16/07/2018 11:44	Accident Report Within 34 hrs.	Yes			ecidant Type		Collision - Has	d to Rear	
te of Accident	11/07/2019	Time of Accident his min	18:30		c	ountry of Accident		Singapore		
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If Registration No.			GST Sta	tus Verified		Tas				
dification History										
Policyholder Mailing Ad	dress									
Sdress 1	BLX 236 #06-50	Address 2	LORONG 1 TOA	PAYON		Address 3		SINGAPORE 3	110236	
odress 4		Address Type	Singapore addr	ets.		ost Code		310236		
nit fau.		Related Policy Number	5078341956-03							
○ OI Driver Info										
river Name	G KALIMUTHU	Driver Type	Main Driver							
mnamed driver Name		Driver NRIC	51599652H			Driver DOB		10/12/1963		
egister Date of Driver License	30701/1997	Driver Age	54			Orlving Expenence		31		
omact No.(Motrie)		Corract No.(Office)				Contact No.(Home)				
ddress I	BUI 236 V06-58	Address 2	LORDNE 1 TOA	PAYOR	9	Address 3		SINGAPORE :	110236	
ddress 4		Address Type	Singapore addr	155	- 3	Post Code		310236		
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Dues he own a Singapore Registered car?	Yes a two	Driver Venicle No.			19	Onver Insurer Com	DATA!			
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♥ Video List						
180	NAC_BUKIT_MERAH_800678 UKIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B. RAH)) on 26 Jul 2018 15:40	NRIC/ Driving Licerae	Normel	NRIC/ Driving License 2018-7-26	Edi
100	CIKET ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 26 Jul 2018 15:40	SAS	Normal.	5A5 2018-7-26	Edi
	NAC_BUKIT_MERAH_BODATO UNIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 26 Jul 2018 15:40	Photos	Normal	Phones 3018-7-36	Esti
		(NATIONAL ASSESSMENT CENTRE SERVICES (B RAHI) on 20 Jul 2018 15:40	Photos	Normal	Protos 2018-7-26	Edi
190	NAC_BURIT_HERAH_800676 UKIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (5 SAN)) on 26 Jul 2018 15:40	Photos	Normal	Protes 2018-7-28	Edi
1	NAC_BUKIT_MERAH_BOD676 URIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 36 Jul 2018 16:40	Photos	Normal	Photos 2018-7-26	Edi
	NAC_BUKIT_MERAH_B00676 UKIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAM)) on 26 Jul 2018 16:41	Photos	Normal	Prunus 2018-7-26	Edit
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	NAC_BUKIT_MERAH_800076	NATIONAL ASSESSMENT CENTRE SERVICES (B. RAH)) on 26 Jul 2018 15:41	Photoe	hormal	Photos 2018-7-26	Edit
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26/2018			Claim Handling(C	laim Task)		

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ACCIDENT STATEMENT

ACCI	DENT DATE: 11 107 2018 (DD/MM/YYY), TIME: (17:30)(HH:MM)
2001445 CH	TION: LOR I TOA PAYOH OPP Braddu MAT
	non.
1	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SCR 9019 M
	NEW C
1	CIPOLICY NUMBER: 5078241936-02
	d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT]
	dipolicy type: [COMPREHENSIVE / THIRD PART /
	F) MAKE & MODEL: HYMNDAT THOUGH F) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: DWVT PACIC OF OMIC
	HIPURPOSE OF USING AT ACCIDENT TIME.
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	A) NAME: 4- KALLMUTTH (MALE / FEMALE)
	BINRIC/FIN/PASSPORI: STOPE CONTACT:
	CIADDRESS: BLIC 236 #06-50 LOIC 1 COA PROJON.
0 8 8	
25 A	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
\$ Ho of passongs	DRIVER AS ABOVE (MALE / FEMALE)
(Including driver)	ojiname
() 3	D/INIC/FIN/F ASSI ON:
(1)	cJADDRESS:
	*d)DATE OF BIRTH: (LO / 12 / 1963)(DD/MM/YYYY)
F.	- LOCCUPATION: (INDOOR / OUTDOOR)
	FINATE OF DRIVING PACE
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
4500	IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	CIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS DICY
6.	WAS ANYBODY INJURED (YES / NO) NO
7.	a) REPORTED TO POLICE (YES / NO) ~ .
	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	THIRD PARTY VEHICLE
tho of possenger	CI VEHICLE NUMBER: MODEL: MODEL: MODEL
Clockeding driver	D) DRIVER'S NAME:
- Industrial all sad	C) NRIC/FIN/PASSPORT: SO 874671 J CONTACT: 9829 8311
(9.	THIRD PARTY VEHICLE
toleton of a construction of the construction	A) VEHICLE NUMBER: MODEL:
sy in at lancander	e) DRIVER'S NAME:
(Including drive	Dr. NRIC/FIN/PASSPORT:CONTACT:
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email = g Kalimuttun @ bollope com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1599652H



G KALIMUTHU



க காளிமுத்து

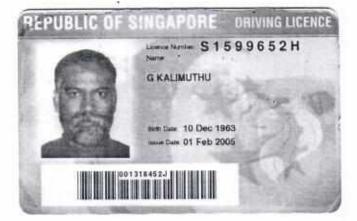
Rece INDIAN

Date of birth

10-12-1963

Country/Place of birth SINGAPORE





5404130



29-12-2014

APT BLK 236 LORONG 1 TOA PAYOH #06-50 SINGAPORE 310236

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor cars << 3000 kg with << 7 passangers, exclusive of the driver; and motor tractors /vehicles << 2500 kg



eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800576 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 11/07/2018 09:09 Vehicle No.(For Motor) SCQ9019M Search Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date 5078241956-G KALIMUTHU S1599652H GPC drivo PREMIUM SCQ9019M SCQ9019M 21/03/2018 20/03/2019 02 Continue