Date III. (a) 110 111 316 L	Jcb description	Date & Time Completed	Done py.
Date In: 343/18-16: 07	SAS e-filing		
Ref No: NA INC 80 13848 24	E-mail (within Shrs, AIC 2hrs)		
Veh No: GBE 17340	i-Motor Claim Form	M7/1005197-001	30/7/18 17:22
D.O.A: 30/4/07:35	i-Motor W/O (Within: OD 2		7.710 19
OD / TP / Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han-		
Preferred Wksp / INC Assign Wksp / QV			Fax:
	INC HOTTS H	()/Non-INC().	****
Owner / Driver: (-110-177-11	Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:	3
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO()	
	:\$1,000()/\$2,000()		CHERON THE REST.
General Remarks			See See
() Walk-In Customer : Customer	's information strictly Confidential &	Strictly NO refer of repairer.	WAR 150 PAGE
() Total Loss Case : to e-mail		*	
·		Towing Co: (.)
		Date&Time Completed	52502362.DC.
Remarks: (INC hotline: 6788 66		Datesciame Completat	A STATE OF THE PARTY OF THE PAR
1) Apply for Transport Allowance () / Courtesy Car ()		
0.000 1/2 2 17	()		(2)
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3) Upload Resurvey Photo [Repair Con	() st>\$3000] ()		
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Injury: Oate/Time Actions Al&04280	Invoice P	ent Reporting (\$30);	fit Bill Add
Injury: Oate/Time Actions Al&04280	Inveice P 1) AR: Accid 2) DA: Dame	ent Reporting (\$30); ge Assessment (\$100); INC (fit Bill Add
Oate/Time Actions Al&04280 itimant's Particulars:-	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow	ent Reporting (530); ge Assessment (5100); INC (32 Fee Survey	fit Bill Add 580) 40/545 \$120
Algoyago aimant's Particulars:- iver/Owner:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow	ent Reporting (530); ge Assessment (5100); INC (5 g Fee 5 v-Through Survey v-Through Survey (Resurvey)	fit Bill Add 580) 40/545 5120 530
Alloy280 Almant's Particulars:- iver/Owner: ntact No:	Invoice P 1) AR: Acid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in	ent Reporting (\$30); Ige Assessment (\$100); INC (\$100); Inc (\$100); INC (\$100); Inc (\$100);	
Alloy280 Almant's Particulars:- iver/Owner: ntact No:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I	ent Reporting (\$30); Ige Assessment (\$100); INC (\$100);	fit Bill Add 580) 40/545 \$120 \$30
Algoyago aimant's Particulars: iver/Owner: ntact No: maged Portion:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 3) NTUC Ade OD*	ent Reporting (\$30); Ige Assessment (\$100); INC (\$100);	
Alkoya80 Alkoya80 Alimant's Particulars: iver/Owner: intact No: amaged Portion:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OD: *N5: Court	ent Reporting (\$30); Ige Assessment (\$100); INC (\$100); Ige Fee S. V-Through Survey V-Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 20) Spection OA + SMRT Survey ditional Services:- Iges Car / Tpt Allowance	
Jakoyago Lumant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towin 4) FT: Follov 5) FT: Follov 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad OD!* *N5: Court *N6: Repa *N7: Fost	ent Reporting (\$30); Ige Assessment (\$100); INC against JNC Only (wef 10 Jan 20); Inc against	\$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10
Jaleoyago Injury: Date/Time Actions Inimant's Particulars:- river/Owner: Intact No: Imaged Portion: C Checked by (Engr-In-Charge): Inditors' Comments:-	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add QD* *N5: Court *N6: Reps *N7: Post *N8: DV /	ent Reporting (\$30); Ige Assessment (\$100); INC (\$100);	\$80) 40/545 \$120 \$30 25) \$75 \$160
Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add QD* *N5: Court *N6: Reps *N7: Post *N8: DV /	ent Reporting (\$30); Ige Assessment (\$100); INC (\$100); Ige Fee S. V-Through Survey V-Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 20) Spection OA + SMRT Survey ditional Services:- Icesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	\$80) 40/\$45 \$120 \$30 \$25) \$75 \$160 \$55 \$510 \$525 \$55 \$520 \$30

For give at the first

SINGAPORE ACCIDENT STATEMENT

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 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

ACC	DENI	SIA	EW	ENI

Date Of Report 30/07/2018 16:07 Date Of Accident 30/07/2018 07:35

SLIP RD SERANGOON AVE 1 TWDS BARTLEY RD Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

GBE1534U Vehicle Registration Number

Insured/Policyholder

V.K.A NEWS AGENCY Name Of Registered Owner

Co Reg No 53178466E NOEMAIL Email Address

Mobile Phone No

Alternative Phone No OFFICE-67118780

Vehicle Particulars

Manufacturer NISSAN

NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5 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?

REPORTING ONLY

If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5073705508-02

Cover Note Number

Driver

Name of Driver ANNAMALAI VEERAPANDIAN

NRIC No S7367218Z Date Of Birth 31/05/1973 OUTDOOR Occupation 31/08/2006 Date Of Driving Pass

Driving Experience 11 YEARS AND 10 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96165604

Fax Number

OFFICE-96165604 Contact Number

NOEMAIL EMail Address

Address BLK 41 CIRCUIT ROAD

#11-539

Postcode 370041

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 Registration Number of Driver's Own

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)

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, I WAS TRAVELLING ALONG SLIP RD SERANGOON AVE 1 TWDS BARTLEY RD. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B 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 SGU7330H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GOH SWEE HUAT

NRIC/Passport Number S1236050I

Contact Number

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.
- 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

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

graduation and the second control of the sec	
refor to studement.	

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:

A- Cerny

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

MCStartdillowroms tot

29

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7367218Z



Name

ANNAMALAI VEERAPANDIAN

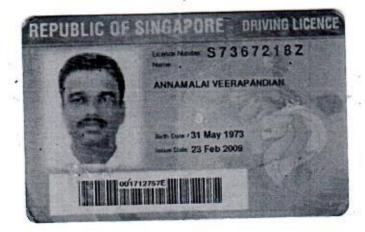
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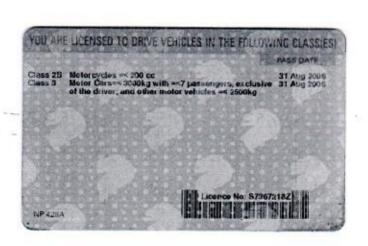
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Country of birth

INDIA







eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					7111	• Change	Language	• Change	e Password	› Log Out
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Notice of Loss	Policy No					Date	e of Accident	30	0/07/2018 07	7:35	
	Vehicle N	io.(For Motor)	GBE15	GBE1534U		Certificate Number					
						Search	1				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	073705508- 02		V.K.A. NEWS AGENCY	53178466E	GCV	Comprehensive	GBE1534U	GBE1534U	14/09/2017	13/09/2018
					1	Continue					

Policy No.	5073705508-02	Policyholder Name	V.K.A. NEW	S AGENCY	Policyholder NRIC	53178466E	
Certificate No.							
Address	BLK 41 #11-539 CIRCUIT ROAD	SINGAPORE	370041				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	11/09/2017	Effective Date	14/09/2017	00:00	Expiry Date	13/09/2018 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	YONG LEE SENG MOTOR PTE LT	Agent Tel.	68440123		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 41 #11-539	Addr	ess 2	CIRCUIT ROAD		Address 3	SINGAPORE 370041
Address 4		Addr	ess Type	Singapore address		Post Code	370041
Unit No.		Relai Num	ted Policy ber	5094768443			
D Insure	ed Object: GBE1534U						
	010 60/400 200						
□ Endor	sements						

aim Handling					
dent MT/1005197					
cy No.	9072709508-02	Vehicle No.	08E1534V	GST Registration No.	
incare No.					
	V.K.A. NEWS AGENCY			Policyholder NRJC	53178466E
and the same	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Leading	0
		Coreact No.(Office)	67118780	Contact No.(Home)	0
	0		67118780	eCode	Fig. 7
et Address		Special Remark	2002		Interest.
	No ○ Yes	TCA	® No ○Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
ort Date	30/07/2018 17:20	Accident Report Within 24 hrs.	Yes	Accident Type	Collegion - Head to Rear
	20/03/2010	Time of Accident hh:mm	07:35	Country of Accident	Singapore
e of Accident	30/07/2018		7//	ICM No.	
orting Centre		Orange Force		acre no.	
dent Location	SLIP RD SERANGOON AVE 1 TWDS BANTLEY	RD			
Benefits					
Excess					
n damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore CO Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa					
	No.		GST Registration Date		
T Registered T Registration No.	000		GST Status Verified	No	
diffication History			- Version and State Control		
A CONTRACTOR					
Barrier and the second	*****				
Policyholder Hailing Ad			CONCULT ROAD	Address 3	SINGAPORE 370041
Oress 1	BUK 41 #11-539	Address 2	CIRCUIT ROAD		
dress 4		Address Type	Singapore address	Post Code	370041
it No.		Related Policy Number	5094768443		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	ANNAMALAI VEERAPANDIAN	Driver NRIC	S7367218Z	Driver DOB	31/05/1973
gater Oate of Oriver License	31/08/2006	Driver Age	45	Driving Experience	11
ntact No.(Mobile)	96165604	Contact No.(Office)	0	Contact No. (Home)	0
		Address 2	CIRCUIT ROAD	Address 3	SINGAPORE 370041
dress 1	BLK 41			Post Code	370041
dress 4		Address Type	Singapore address	POST CODE	370041
e No.	11-539				
ex he own a Singapore gistered car?	○ Yes ® No	Oriver Vehicle No.		Briver Insurer Company	
gare co sar					
claration					
eathalyser or Stood Test	0 mg	Any injury?	○ Yes ® No		
ading?	o mg	red agent			
dification History					
1006 160					
Claim 001 New					
im Type +	OD-MX:	Insured Name	V.K.A. NEWS AGENCY	Insured NRIC	53178466E
				Contact No. (Office)	
ntact No.(Mobile)	84592616	Contact No. (Home)	CONTRACT	TP Vehicle Number	90U7330H
ai Address		OI Vehicle Number	GRE1534U	IF Venice Number	240132011
umant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
imant Name *	22	Claimant NR3C •		and bear made	
em Description	G8E1534U / SGU7330H QN 30 3ul 2018			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Fully at Fault		
Profession and the same	127	Preferend Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received
quire Finalisation	Yes		processes marks-up, meme unknown		30/07/2018 00:00
ite Registered	30/07/2018 17:22	Claim Close Date		Date Received	3010112010 00300
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Print AK letter					
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ccident No.	MT/1005197	Claim No.	901		
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