

Date In: 07/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016382/13	SAS e-filing		
Veh No: GV28264	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/09/18 0955	i-Motor Claim Form	MT/1010551 -	001
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Excess: (\$)      Loading : \$1,000 (    ) / \$2,000 (    )

## Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		
---	-----	--	--

[illegible]

Invoice dated	Fee charged	06/10/2015
---------------	-------------	------------



## 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 withholding 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	07/09/2018 17:15
Date Of Accident	07/09/2018 09:55
Exact Location Of Accident	PIE(TUAS)B4 STEVENS RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GV2826Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOVEN ELECTRIC (S) PTE LTD
Co Reg No	199500898Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62833181
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081700204-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	BALAKRISHNAN SHANMUGAM
NRIC No	S8285516E
Date Of Birth	23/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567455
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 341 UBI AVE 1 #10-917
Postcode	400341
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	
	NAME: : AH HEI
	GENDER: : MALE

#### 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

I WAS TRAVELLING STRAIGHT ALONG PIE(TUAS)B4 STEVENS RD EXIT ON THE 2ND LANE OF A4-LANES RD. INFRT OF MY VEH STOP AND I FOLLOWED SUIT, DUE TO THE ROAD SURFACE WET MY VEH DIDN'T STOP COMPLETELY AND HIT THE REAR PORTION OF VEH B. THERE'S NO ANY INJURY TO BOTH PARTY.

#### 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	SJV1282L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM KIM HOOK
NRIC/Passport Number	S2506756H
Contact Number	96881468
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**.
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.
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) 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
- (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.:

SKETCH PLAN

A - GV280BY  
B - SJV1582L

P1E (TUAS)

STEVEN RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8285516E



Name  
**BALAKRISHNAN SHANMUGAM**

பாலகிருஷ்ணன் சண்முகம்

Race  
**INDIAN**

Date of birth  
**23-10-1982**

Sex  
**M**

Country of birth  
**INDIA**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number  
**S8285516E**

Name  
**BALAKRISHNAN SHANMUGAM**

Birth Date  
**23 Oct 1982**

Issue Date  
**01 Mar 2010**




001634844F

9013416



NRIC No. **S8285516E**



Nationality  
**INDIAN**

Date of issue  
**13-03-2009**

APT BLK 341 UBI AVENUE 1 #10-917  
SINGAPORE 400341


NRIC No: **S8285516E** Date: **19/05/2018**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

PASS DATE  
**01 Mar 2010**

License No: **S8285516E**



NRIC No.

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5081700204-02

**Cover :** Third Party

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>GV2826Y</b>             |
| Chassis Number  | : JTFUF34Y003000006          |
| 2. Name of Policyholder   | : JOVEN ELECTRIC (S) PTE LTD |
| 3. Effective Date of Insurance  | : 14 Mar 2018                |
| 4. Expiry Date of Insurance   | : 13 Mar 2019                |
| 5. Persons or Classes of Persons entitled to drive#   |                              |
| (a) The Policyholder.   |                              |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                              |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                              |
| 6. Limitations as to Use#   |                              |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                              |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                              |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AUTO INSURANCE AGENCY (00000613840)  
 Date of Issue : 05 Mar 2018 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



## Claim Handling

## Accident MT/1010551

Policy No.	5081700204-02	Vehicle No.	GV2826Y	GST Registrat
Certificate No.				
Policyholder Name	JOVEN ELECTRIC (S) PTE LTD			Policyholder F
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Third Party	Loading
Contact No.(Mobile)	0	Contact No.(Office)	62833181	Contact No.(f
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

## ▼ Accident Details

Report Date	07/09/2018 17:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/09/2018	Time of Accident hh:mm	09:55	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE(TUAS)B4 STEVENS RD EXIT			

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	10 UBI CRESCENT #02-18	Address 2	UBI TECHPARK LOBBY B	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5081596488-02	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	BALAKRISHNAN SHANMUGAM	Driver NRIC	S8285516E	Driver DOB
Register Date of Driver License	01/03/2010	Driver Age	35	Driving Exper
Contact No.(Mobile)	98567455	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 341	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-917			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

## Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	96192620	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	GV2826Y / SJV1282L ON 7 Sept 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	07/09/2018 17:59
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

## Attachment



Accident No. MT/1010551 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 07/09/2018 00:00

Path \*

Category \*

Confid

Choose File No file chosen

Clear

Please Select ▼ NO

Choose File No file chosen

Clear

Please Select ▼ NO

Choose File No file chosen

Clear

Please Select ▼ NO

Choose File No file chosen

Clear

Please Select ▼ NO

Choose File No file chosen

Clear

Please Select ▼ NO

Choose File No file chosen

Clear

Please Select ▼ NO

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	Photos	Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	Photos	Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	Photos	Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	Photos	Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	Photos	Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 17:58	Photos	Normal	I

## Video List

Uploaded By/Date	Folder Date	File Name	
			
		Display in New Window	Scan and uploading