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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.

aforesaid.	450 03 10 10 10 10
Ninterior Acception to the control	ACCIDENT STATEMENT
Date Of Report	08/09/2018 14:15
Date Of Accident	07/09/2018 21:30
Exact Location Of Accident	HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ1419L
Insured/Policyholder	
Name Of Registered Owner	VINOD S/O VYTHILINGAM THIGARAJAH
NRIC No	S8121933H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96315413
Alternative Phone No	OTHERS-96315413
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	NO
Policy Number	5065787345-04
Cover Note Number	
Driver	

Name of Driver VINOD S/O VYTHILINGAM THIGARAJAH
NRIC No S8121933H

 Date Of Birth
 05/07/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 24/07/2003

Driving Experience 15 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96315413

Fax Number

Contact Number OTHERS-96315413

EMail Address NOEMAIL

BLK 715 HOUGANG AVENUE 2 Address

#10-351 530715

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions DRIZZLING 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 YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJH5077K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ABDUL AZIZ BIN ABDULLAH

NRIC/Passport Number S1311614H

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.

Policyholder's Signature

Date & Time: 08 Sep-2018

2 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18 Sep 2018

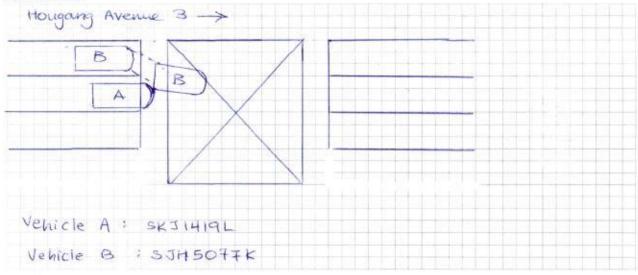
2-pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(On 07 Sep 2018 at around 9.30pm, I was driving along
	lougang Avenue 3 and was maintaining a straight course
_	in my lane, when vehicle B while approaching the traffic junti
	had suddenly cut into my lane and join braked at the traffic
	junction area.
_	As it was a suddently more by vehicle B, I had applied
	my brakes but due to the proximity was unable to stop i
	time and had contacted vehicle B at the right tail side.
	There were road works ahead of the junction and the
	left lake that vehicle B was travelling on was closed ahear
	This might be the reason why wehide B had cut into my
_	lane and realised it was a traffic junction and applied
	sudden brakes.
_	

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 Rersonnel's Signature

Name: NRIC/FIN No.:

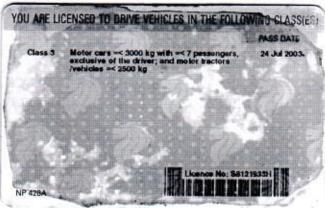
GIARME SERVINE INFORM VI

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eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			The second second			• Change	Languag	e • Chan	ge Password	Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy No					Date of Accident			07/09/2018 21:30		_
	Vehicle i	No.(For Motor)	SKJ14	19L		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5065787345- 04		VINOD S/O VYTHILINGAM THIGARAJAH	S8121933H	GPC	drivo CLASSIC	SK)1419	SK)1419L	02/06/2018	01/06/2019
	8-11-		1 1 1 1 1 1			Continue]				

Policy No.	5065787345-04	Policyholder Name	VINOD S/O VYTHILINGAM	THIG Policyholder	S8121933H
Certificate No.					
Address	BLK 715 #10-351 HOUGANG AV	E 2 SINGAPOR	RE 530715		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/05/2018	Effective Date	02/06/2018 00:00	Expiry Date	01/06/2019 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 715 #10-351	Address 2	HOUGANG AVE 2	Address 3	SINGAPORE 530715
Address 4		Address Type	Singapore address	Post Code	530715
Unit No.		Related Policy Number	5065787345-04		
) Insure	d Object: SKJ1419L	ALTO STORY			
□ Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endor	sement Status	Endorsement Content

Continue Cancel

Claim Handling						
Accident MT/1010664	nontro de la companya del companya del companya de la companya de	1	VI. (045 104 (000) 11 11	Where you have an Alberta		
Policy No.	5065787345-04	Vehicle No.	SKJ1419L	GST Registration No.		
Certificate No.						
Policyholder Name	VINOD S/O VYTHILINGAM THIGARAJAH			Policyholder NRIC	S81	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No. (Mobile)	96315413	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	No	
KFK	● No ○ Yes	TCA	® No ○ Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No	
Report Date	10/09/2018 09:42	Accident Report Within 24 hrs	Yes	Accident Type	Colli	
Date of Accident	07/09/2018	Time of Accident hh:mm	21:30	Country of Accident	Sing	
Reporting Centre		Orange Force		ICM No.		
Accident Location	HOUGANG AVENUE 3					
♥ Excess						
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00			
Third Party Excess	0.00	Outside Singapore TP Excess	0.00			
♥ Benefits	0.00	Outside singapore in Excess	0.00			
	-11					
GST Registered Informa			2000			
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	6.0		
Modification History			GST Status Vermed	Yes		
Policyholder Mailing Ad	dress					
Address 1	BLK 715 #10-351	Address 2	HOUGANG AVE 2	Address 3	SIN	
Address 4	555,122,710,501	Address Type	Singapore address	Post Code	530	
Unit No.		Related Policy Number	5065787345-04	Total Good	230	
♥ OI Driver Info		related Forey Hamber	3003707343-04			
Driver Name	VINOD S/O VYTHILINGAM THIGARAJAH	Driver Time	Main Driver		_	
Unnamed driver Name	VINDO SYO VITRILINGAM INIGANOGAN	Driver Type Driver NRIC		Driver DOB	200	
	er me meet		S8121933H		05/	
Register Date of Driver License	05/09/2005	Driver Age	37	Driving Experience	13	
Contact No.(Mobile)	96315413	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 715	Address 2	HOUGANG AVE 2	Address 3	200	
Address 4	01074427	Address Type	Singapore address	Post Code	530	
Unit No. Does he own a Singapore	#10-351					
Registered car?	○ Yes ■ No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No			
Modification History						
Claim 001 OD-MX New						
-a-wan mark						
Claim Type •	OD-MX	Insured Name	VINOD S/O VYTHILINGAM THIG	Insured NRIC	581	
Contact No.(Mobile)	96315413	Contact No.(Home)	62839546	Contact No.(Office)		
Email Address	donlavini@hotmail.com	OI Vehicle Number	5K)1419L	TP Vehicle Number	SJH	
Claim Description	SK)1419L / SJH5077K ON 7 Sept 2018			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Reco	
Date Registered	10/09/2018 09:49	Claim Close Date	The state of the s	Date Received	10/0	
Report Taken By	KRISHNASAMY	Workshop Repairer			Trove	
	ANISHMASAMI	workshop Repairer		Total Loss but Repaired		
M Print AK letter						
			Save Submit			
Attachment						
▽						
Accident No.	MT/1010554		Claim No.	V. min v.		

