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Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	The Control
TP Particulars: Veh No:	7010-j. INC (	)/Non-INC( ).		
Owner / Driver: (		Tel:	)	01020-0
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ( )	Warranty: 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.
   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.	
	ACCIDENT STATEMENT
Date Of Report	04/10/2018 13:39
Date Of Accident	03/10/2018 17:45
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD5542A
Insured/Policyholder	
Name Of Registered Owner	SJ UNIVERSE PTE LTD
Co Reg No	201527056C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DX 3.0 A 4 DOOR
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number 5093265416

Cover Note Number

### Driver

Name of Driver MOOKKAIAH BALAMURUGAN

Passport No/FIN G2014557P Date Of Birth 09/06/1990 OUTDOOR Occupation Date Of Driving Pass 09/07/2013

**Driving Experience** 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83595109

Fax Number

Contact Number OFFICE-83595109

EMail Address NOEMAIL Address 443 ANG MO KIO AVENUE 10

#11-1229

Postcode 560443

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

1

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

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

REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

...

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJP7010Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANWAR BIN ISMAIL

NRIC/Passport Number

S1712942B 90068675

Contact Number

Address

BLK 228 PASIR RIS STREET 21

#04-04

Postcode

510228

Insurance Company Name

Nature Of Damage

## **DETAILS OF INJURED PERSON 1**

Name MOOKKAIAH BALAMURUGAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NECK & BACK

GBD5542A

YES

NO

## 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</u> and <u>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 aforesald.
- 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)
  - 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 daims;
  - (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:
  - 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.

olicyholder's Signature

RSE

ROC NO: 201527056

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Yishun Ave C	A A		
- 27 g	25		

DCA. 3/10/18 A: GBD 5542A B . STP 70107

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		4								
										_

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

M, Kolymul Policyholder's Sign

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars
Date of Accident: 3 10 18 Time of Accident: 5 45 pm
Exact Location of Accident: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Owner's Name: SJ Engineering & Trading PLNRIC No: HP No:
Driver's Name: Mookkaiah Balanurugan NRIC No: G2014557P HP No: 8359510
Date of Birth: 9 ( 1996 Driv ng Licence Passing Date: 9 7 2013 Occupation: Indoor / Out@or
Address: AMK AVE 10 443 #11-1229 (560443)
Relationship of Driver with Insured: Employe Email Address:
Vehicle No: GBD 5542 A Make & Model: Toyuta
Insurance Co: NTUC Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
SECURIOR SECURIOR DE CONTROL DE C
*Weather Condition ? Slear / Raining / Others: Wet / Opy / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+1 B. 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name/NRIC/In Vehicle: Mookkaiah Balanyrugan neck & back
*Was The Accident Reported To The Police ?
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: SJP 70104 Make & Model: Toyota Altis
Driver's Name: Anwar Bin Jsmail NRIC No: 5171294284P No: 900686
Vehicle C No: Make & Model:
Driver's Name:NRIC No:HP No:
Witness Particulars
No. No. HP No.



MOOKKAIAH BALAMURUGAN

1514g Date: 25 Jun 2018 Britishe: 09 Jun 1990

Valid Till 08/07/2023

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

VISIT PASS Immigration Regulations

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Class 3 Motorcycles =< 200 cc Class 3 Motor care with undaden weight =< 3000kg with =< 7 09 Jul 2013 pale 2013 pale

Download SGWorkPass App to check status

G2014557P

MOOKKAJAH BALAMURUGAN

G2014557P

Outo of Birth
Nationality
INDIAN

MALTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURPRINER THIS CARD WHEN IT IS CANCELLED OR HAS EXPRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

NP 428A

<b>eBao</b> Tech				1040						Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	· Log Ou
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	Vehicle No.(For Motor)		GBD5	GBD5542A Certificate Nur		tificate Number					
						Search	J				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093265416		SJ UNIVERSE PTE, LTD.	201527056C	GCV	Comprehensive	GBD5542	GBD5542A	08/08/2017	21/12/2018
						Continue					

	5093265416	Policyholder Name	SJ UNIVER	SE PTE. LTD.	Policyholder NRIC	2015270560	
Certificate No.					THE STATE OF THE S		
Address	BLK 443 #11-1229 ANG MO KIO	AVENUE 10 S	SINGAPORE	560443			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	07/08/2017	Effective Date	08/08/2017	7 00:00	Expiry Date	21/12/2018	23:59
excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Dutside Singapore DD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent Co-	HON BROTHERS MOTOR	Agent Tel.	68446450		GST Flag	Υ	
nsurance Flag Open	No						
olicy nfo							
Certificate nfo							
<ul><li>Policyh</li></ul>	older Mailing Address						
Policyh	BLK 443 #11-1229	Addre		ANG MO KIO AVEN	UE 10	Address 3	SINGAPORE 560443
Policyh Address 1 Address 4		Addre	ss Type	Singapore address		Address 3 Post Code	SINGAPORE 560443 560443
Policyh Address 1 Address 4 Unit No.		Addre	ss Type ed Policy			000000000000000000000000000000000000000	
Policyh ddress 1 ddress 4 Init No.  D Insured	BLK 443 #11-1229	Addre Relate	ss Type ed Policy	Singapore address		000000000000000000000000000000000000000	
Policyh Address 1 Address 4 Unit No.	BLK 443 #11-1229 d Object: GBD5542A ements	Addre Relate Numb	ss Type ed Policy	Singapore address 5093265416		Post Code	

laim Handling					
ccident MT/1014344					
itcy No.	5093265416	Venicle No.	GBD5542A	GSY Registration No.	
rificate No.					
cyholder Name	S3 UNIVERSE PTE, LTD.			Policyholder NR3C	201527056C
tuct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
tact No.(Mobile)	0	Contact No.(Office)	٥	Contact No.(Home)	0
ei Address		Special Remark		eCode	10 V
	No ○ Yes	TCA	No ○Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
ort Date	04/10/2018 16:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	03/10/2018	Time of Accident hh:mm	17:45	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	YISHUN AVE 1	3000001000		And the same of th	
Excess	14211011 1111 4				
n damage Excess	600,00	Additional Excess		Windscreen Excess	100.00
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d Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
Shication History					
Policyholder Mailing Ad					
ires i	BLK 443 #11-1229	Address 2	ANG MO KIO AVENUE 10	Address 3	5INGAPORE 560443
Orless 4		Address Type	Singapore address	Post Code	560443
it No.		Related Policy Number	5093265416		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOOKKAJAH BALAMURUGAN	Driver NRIC	G2014557P	Driver DOB	09/06/1990
ister Date of Driver License	09/07/2013	Oriver Age	28	Driving Experience	5
riact No.(Mobile)	83595109	Contact No.(Office)	0	Contact No.(Home)	o .
tress 1	BUK 443	Address 2	ANG MO KIO AVENUE 10	Address 3	SINGAPORE 560443
Oress 4	100,440	Address Type	Singapore address	Post Code	560443
	6.000	Madress Type	Singepore abureas	rost cose	303443
it No. es he own a Singapore	11-1229				
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ail Address		Of Vehicle Number	GBD5542A	TP Vehicle Number	S3P7010Y
ment Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	25	Claimant NRIC *			
mant Address					
m Description	GBDS542A / SJP7010Y ON 3 Oct 2018			Name of Preferred Workshop	
ferreit Workshop Contact		Insured Liability *	Not at Fault	-04	All and a second
jure Finalisation	Yes v		Preferred Workshop, Name unknown	GIA report	Received
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z Doc. Received	● Yes ○ No	Upload Date	04/10/2018 16:03		
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