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Veh No: 4x 39500	E-mail (within 8hrs, AIC 2hrs)			a
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	i-Motor W/O (Within: OD 2hr.		1. 1.	
OD / TP / Reporting Only	i-Photo Uploaded	1		
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	The state of the s	AND THE RESERVE OF THE PARTY OF	ax:	
TP Particulars: Veh No:	HD99IT(INC(V
Owner / Driver: (Tel:	1	
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-2		00%1	
**	Warranty: YES ()/NO ()	0070]	
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Remarks: (INC hotline: 6788 6616)))-	Date&Tirrie Completed	Done	hv -
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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. 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

	ACCIDENT STATEMENT
Date Of Report	12/10/2018 10:48
Date Of Accident	10/10/2018 17:10
Exact Location Of Accident	SLIP RD SENGKANG E WAY TWDS SENGKANG E DR
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GX3950D
nsured/Policyholder	
Name Of Registered Owner	NKH CONSTRUCTION EQUIPMENT PTE LTD
Co Reg No	200502634W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62696088
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5064669366-04
Cover Note Number	
Driver	
Name of Driver	MANICKAM KARUPPIAH
Passport No/FIN	F8222606X
Date Of Birth	15/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2007
Oriving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84298371
Fax Number	
Contact Number	OFFICE-84298371
EMail Address	NOEMAIL

Address 29 SUNGEI KADUT LOOP

Postcode 729469

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME:

: MALE

GENDER:

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

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD SENGKANG E WAY TWDS SENGKANG E DRIVE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT 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

SHD9935C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

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:

 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

ng with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

COL

Driver's Signature

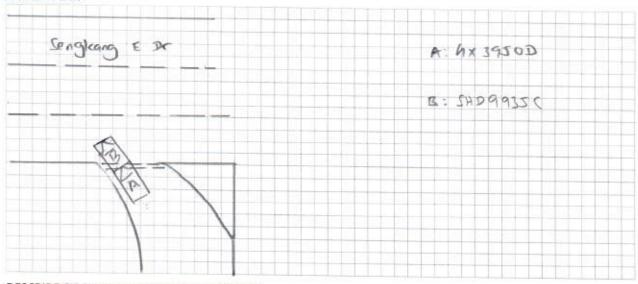
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0 4	
Refle to state ment.	

DECLARATION

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

AUCTION EQU Policyholder Signature Date & Time + 017

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer NKH CONSTRUCTION EQUIPMENT PTE, LTD.



MANICKAM KARUPPIAH

0 31875749

Sector CONSTRUCTION







VISIT PASS

Immigration Regulations

06-07-2016

Name MANICKAM KARUPPIAH



F8222606X

15-04-1974

Nationality INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED. OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight > 7250kg

15 Oct 2007 15 Oct 2007

Licence No:F8222606X

NP 428A

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My Desktop Notice of Loss		cy Query					· Change I	anguage	+ Chang	e Password	· Log Ou
Notice of Euro	Policy N	io. No.(Far Motor)	Gx395	50D	3	Certific	f Accident cate Number	10	0/10/2018 1	7:10	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5064669366- 04		NKH CONSTRUCTION EQUIPMENT PTE LTD	200502634W	GCV	Third Party, Fire & Theft	GX3950D	GX3950D	23/04/2018	22/04/2019

sident MT/1015186					
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				
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tificate No.					8-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-
cyholder Name	NKH CONSTRUCTION EQUIPMENT PTE LTD			Policyholder NRIC	30000343411
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire & Theft	Loading	200502634W 0
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eli Address		Special Remark		Contact No. (Home)	
	® No ⊜Yes			eCode	Nr. V
		TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	50	Private Hire	Not available
Accident Details					
ort Date	11/10/2018 09:49	Accident Report Within 24 hrs	Yes	Account to	
of Accident	10/10/2018			Accident Type	Unknown
rting Centre	10/10/2010	Time of Accident hh:mm	00:00	Country of Accident	Singapore
		Orange Force		1CM No.	
lent Location	NA.				
Excess					
damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
med Driver Excess		Outside Singapore OD Excess			(4)
Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ition				
tegistered	Yes		\$20,565 PERSON PROVIDES		
Registration No.	200502634W		GST Registration Date	24/10/2005	
ication History			GST Status Verified	Yes	
reaction copies y	12/10/2018 08:52:58 Debor	in Mul changed GST Registration (in Mul changed GST Status Verifie	Pate from 01/01/2015 to 24/10/2005 d from No to Yes		
Policyholder Mailing Ad					
			control between the control of		
HAR I	29 SUNGET KADUT LOOP	Address 2	SINGAPORE 729469	Address 3	
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No.		Related Policy Number	5045735149-08		
OI Driver Info					
r Name		Driver Type			
med driver Name		Driver NRIC		Driver DOB	
ter Date of Driver Doense		Driver Age			
ect No.(Mobile)				Driving Experience	
ess 1		Contact No.(Office)		Contact No.(Home)	
		Address 2		Address 3	
ress 4		Address Type	Foreign address	Post Code	
No.					
s he own a Singapore	○ Yes ® No	Driver Vehicle No.			
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