

[illegible]

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 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. 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	30/10/2018 10:34
Date Of Accident	19/10/2018 13:00
Exact Location Of Accident	TRAFFIC JUNCTION OF BT TIMAH TURN INTO ADAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3314U
Insured/Policyholder	
Name Of Registered Owner	UNITED RECOVERY AGENCY PTE LTD
Co Reg No	201712500M
Email Address	SHAFIQRAVICHANDRAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90488211
Alternative Phone No	OFFICE-90488211

Vehicle Particulars

Manufacturer	BMW
Model	X5
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104593610
Cover Note Number	

Driver

Name of Driver	SHAFIQ S/O RAVICHANDRAN
NRIC No	S9404366B
Date Of Birth	25/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90488211
Fax Number	
Contact Number	OTHERS-90488211
Email Address	SHAFIQRAVICHANDRAN@GMAIL.COM

Address	BLK 117 BUKIT MERAH VIEW #09-191
Postcode	151117
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	SIDE SWIPE
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?	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)	4
Passenger 1	NAME: : RAJ KUMAR GENDER: : FEMALE
Passenger 2	NAME: : HAMKA GENDER: : MALE
Passenger 3	NAME: : YUSOFF 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

PLEASE REFER TO SKETCH PLAN (CAR WAS SOLD ON 22102018 LETTER ATTACH)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG204T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

UNITED RECOVERY AGENCY PTE LTD
Reg No: 201712500M

Policyholder's Signature

Date & Time

Authorised Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/10/18

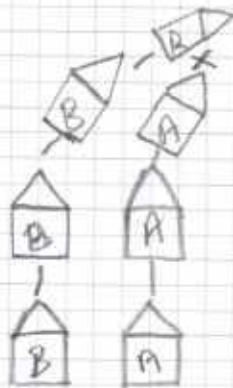
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BUKIT TIMAH ROAD TURN TO ADAM ROAD TRAFFIC JUNCTION



A) SME 3314U

B) GBG 204T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the extreme right lane and the Van B was on my left side. Both vehicle turning and B went into my lane and bang my vehicle. Driver side door of B hit my left side bumper.

DECLARATION

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

UNITED RECOVERY AGENCY PTE LTD
Reg No: 201712500M

Policyholder's Signature

Date & Time: Authorised Signature

Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Signature 30/10/2018
Resli Hartono

Claim Handling

The premium on this policy has not been collected.

Accident MT/1015891

Policy No.	5104593610	Vehicle No.	SME3314U	GST Registration No.	
Certificate No.					
Policyholder Name	UNITED RECOVERY AGENCY PTE LTD			Policyholder NRIC	201712300M
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFE	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
Accident Details					
Report Date	24/10/2018 10:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	19/10/2018	Time of Accident (h:mm)	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	BUKIT TIMAH ROAD TURN TO ADAM ROAD TRAFFIC JUNCTION				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification history	25/10/2018 10:06:14 Gdsarah Hui changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	60 ALBERT STREET	Address 2	#12-07 OG ALBERT COMPLEX	Address 3	SINGAPORE 189969
Address 4		Address Type	Singapore address	Post Code	189969
Unit No.	12-07	Related Policy Number	5104593610		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Injured Name	UNITED RECOVERY AGENCY PTE	Injured NRIC	201712300M
Contact No.(Mobile)		Contact No.(Phone)	NIL	Contact No.(Office)	
Email Address		OT		Vehicle Number	SME3314U
Claim Description	SME3314U / GSG204T ON 19 Oct 2018				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at fault	GIA report	Received
Submit No. Finalisation	Yes	Reopen Option	Preferred Workshop, Name unknown		
Date Registered	25/10/2018 11:23	Claim Close Date		Date Received	30/10/2018
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/1015891	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2018 11:23
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Message Read		Clear	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2018 11:23	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2018 11:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-30

Video List

NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 Oct 2018 11:23

SAS

Normal

SAS 2018-10-30

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

ST CARZ

Business Reg. No.: 201431685M

GST No.: 201431685M

PURCHASE AGREEMENT

Date: 22.10.18

Seller's Name: United Recovery Agency Pte Ltd	I.C / P/P No.: 201A 12500M
Address: 12 Alhambra Complex #11207	Tel:
(S) 189969	Mobile: 9050 5427

Make & Model: BMW X5 X2	Registration No.: SMC 3214 U			
Original Reg. Date: 1 May 2009	No. of Transfers: 4	OMV: \$ 79562	COE Expiry Date:	
Year of Manufacture: 2008	Mileage:	No. of Keys:		
<input type="checkbox"/> Accident-Free	<input type="checkbox"/> S/Rims	<input type="checkbox"/> Leather	<input type="checkbox"/> CD Player	<input type="checkbox"/> Good Condition

Price Agreed : \$ 47000 Less Deposit Paid : \$
Outstanding Finance : \$ Balance Payment : \$ 9222 003 096350

Vehicle to be delivered on/before _____

DELIVERY

The above vehicle was delivered to the buyer on 22.10.18 at 340 a.m / p.m

Unless expressly stated, the buyer reserves the right to void this agreement or revise the price accordingly should the vehicle is found not be accident free.

Free from all encumbrances whatsoever. Should the seller fails to deliver the vehicle on/before date of delivery as stated above, the buyer reserves the right to reduce the purchase price or take legal action against the seller.

In case of breach of agreement by the seller, he/she must compensate the buyer for the loss incurred, or twice the amount of deposit paid excluding deposit amount.

The seller should ensure that the odometer reading of the vehicle is correct at date of delivery.

Remarks: _____

Buyer's Signature _____
Name: _____

UNITED RECOVERY AGENCY PTE LTD
Reg No: 201712500M

.....
Authorized Signature

ST CARZ PTE LTD

210 Turf Club Road, Lot B48/B50, The Grandstand, Singapore 287995 Tel: (65) 6465 4747 Fax: (65) 6465 2128

① Company Stamp
② LTA Deragistration of vehicle letter.

Email: jbl@idac.com.sg

Tel no: 6555 6111 Fax no: 6515 5215

LTA

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19 / 10 / 2018 (dd/mm/yy) Time of Accident: 13 : 00 (24-HR-FORMAT)

Vehicle No.: SME3314U Vehicle Make & Model: BMW X5

Exact location of Accident: Farrer Junction of Bukit Timan to ADAM Road

Policyholder's Name / IC No.: _____

Driver's Name / IC No.: Shafiq S/O Ravichandran S9404366B (As Above) ☐

Driver's Contact No.: 90488211 Company Contact No.: _____

Driver's Address: Blk 117 Bukit Merah View #09-191

Insurance Company: NTUC Income Email address (if any): Shafiq.ravichandran@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☒ Spouse / ☒ Children / ☒ Friend / ☒ Parents / ☒ Sibling / ☒ Relative / ☒ Employee / ☒ Hire or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 4

Passenger Name: Raj Kumar

Gender: Male / Female

Passenger Name: Haniffa

Gender: Male / Female

Yusoff

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: GBG2047

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9404366B



Name

SHAFIQ S/O RAVICHANDRAN

Race

INDIAN

Date of birth

25-01-1994

Sex

M

Country of birth

SINGAPORE

S9404366B



NRIC No. S9404366B



Date of issue
30-01-2009

Address
APT BLK 117 BUKIT MERAH VIEW #09-191
SINGAPORE 151117
NRIC No. S9404366B Date: 21/11/2017

4345880

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg
04 Sep 2015



NP 428A

eBaoTech

GeneralClaim

Hello, STAC_BOON_LAY_800701

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104593610		UNITED RECOVERY AGENCY PTE LTD	201712500M	GPC	Third Party	SME3314U	SME3314U	10/10/2018	03/05/2019