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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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,
- 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.

artification.	ACCIDENT STATEMENT
D-1-012	ACCIDENT STATEMENT
Date Of Report	12/11/2018 12:58
Date Of Accident	05/09/2018 08:40
Exact Location Of Accident	AT COURTS TAMPINES
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP330S
Insured/Policyholder	
Name Of Registered Owner	FCY TRADING SERVICES
Co Reg No	52886551W
Email Address	SKSARATHKUMAR577@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91111086
Alternative Phone No	OFFICE-91111086
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
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	5076003243-03
Cover Note Number	
Driver	
Name of Driver	SARATH KUMAR S/O MAKKLANPAN
NRIC No	S9237562E
Date Of Birth	11/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91111086
Fax Number	INFORMED OF THE CONTRACT OF THE TRACE
Contact Number	OTHERS-91111086
	and the manuscript of the second

SKSARATHKUMAR577@GMAIL.COM

Address

BLK 333 KRATA AYER ROAD

#04-31

Postcode

080333

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

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

NO

ambulance?

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)

1

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

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

YN8691H

Vehicle Make/Model/Colour

MITSUBISHI

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TEOW CHAO SHUN

NRIC/Passport Number

G2068418L

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder & Signature Date & Time Driver's Signature

(If driver is not the policyholder)

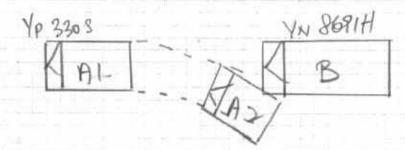
Date & Time: 00 /11 / 2016

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

COURTS TAMPINES



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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: 39 /u / 14

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police No.									
	5076003243-03	Vehicle No.	YP3305		GST Regis	tration No.			
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Policyholder Name	FCY TRADING SERVICES				Folicyholds	er NR3C	32896551W	vi.	
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Date of Assistent			Yes		Autoent 7		Collided into	a Parked	Vettic
Reporting Centre	05/09/2018	Time of Accident hhumm	06:40		Country of	Accident	Singapore		
Account Location		Orange Force			ICM No.				
♥ Excess	AT COURTS TAMPINES								
	WC.1065.	NAME OF TAXABLE PARTY.							
Own damage Excess	2,000.00	Additional Excess			Windscree	n Extras	100,00		
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Modification History									
Policyholder Mailing Add	ress								
Address).	MUK 721 #15-224	Address 2	TAMPINES STREET	71	Address 3		TAMPINES	STABLIGH	736
Address 4	SINGAPORE 520721	Address Type	Singapore address		Post Code		520721		
Deat No.	03-33	Related Policy Number	5072893563-03						
♥ OI Driver Info									
Driver Name	Unitarned Driver	Driver Type	Urinamed Driver						
Unnamed priver Name	SARATH KUMAR SJO MAKKLARIF	Driver NRDC	59237563E		Driver Digi	8:	31/10/1980	1	
Register Date of Driver License	15/03/2015	Driver Age	25		Driving Ex	реченце	3		
Contact Nn.(Mobile)	#1111066	Comact No.(Office)			Contact No	s.(Home)			
Address I	BCK 333 #04-31	Address 2	KRETA AYEN NOAD	80	Address 3		KRETA AVE	a mengan	8
Address 4	SINGAPORE 080333	Address Type	Foreign address		Post Code		088333		
Unit No.	04-31								
Does he own a Singapore Registered car?	The a No.	Driver Vehicle No.	YP3305		Driver Ins	urer Company	WTUC		
Declaration.									
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193	NAC_BUNIT_MERAH_B00676(NAT 3 (BUNIT MERAH))	TONAL ASSESSMENT CENTRE SERVICE on 17 Nov 2018 15:09	SAS	Normal	545 2019-11-12
2	NAC_SURIT_MERAH_800676(NAI S (BUK(T MERAH))	TONAL ASSESSMENT CENTRE BEHVICE on 12 Nov 2018 15:09	NAIC/ Driving License	Normal	MRSC/ Drowing Columns 2018-11-12
120	NAC_BURIT_MERAH_8006?6(NAT 5 (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE on 12 Nov 2018 15:09	NRIC/ Driving License	Normal	NATC/ Oriving Ocease 2016-11-12
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4			
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	DINSURANCE COMPANY! NITUE I	Acome	
	CIPOLICY NUMBER!		
	D)POLICY TYPE: (COMPREHENSIVE / T	HIRD PARTY / THIRD P	ARTY FIRE &THEFT
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1)TYPE: (SALOON / COUPE / MPV /VA	N (CORRY) MOTORO	YOLE / OTHERS)
	g) YEHICLE CATEGORY: (PRIVATE / OC	MMERCIAL / MOTOR	CYCLE) · ·
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19	NSURED / POLICY HOLDER	Th.	(ALE / FEMALE)
	NRIC/FIN/PASSPORT:		11 91111086
	ADDRESS:		11
T 30			
- A	CONTINUE TO 3,d IF DRIVER ALSO PE	OLICY HOLDER	
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chaining amver) t	NRIC/FIN/PASSPORT: \$92375		The second second
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	d)DATE OF BIRTH: [11 / 10 / 194	2_J(DD/MM/YYYY)	
	OCCUPATION: (INDOOR / OUTDO)	OR)	25 1325
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	VAS ANYBODY INJURED (YES NO)		A) 94
. 7. 0	REPORTED TO POLICE (YES (NO)	CTATION	
2. U	IF YES, PLEASE STATE WHICH POLICE HIRD PARTY VEHICLE	STATION:	
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of passenger	DENCE NUMBER: YN 8691 H	Shad MODEL:	UIT JODIZMI
of passenger (luding driver)	DRIVER'S NAME: Teow Chao	Shuri	
of passenger (luding driver)	D) DRIVER'S NAME: Teow Chao D) MRIC/FIN/PASSPORT: G206841	Shuri	
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of passenger luding driver).	D) DRIVER'S NAME: Teow (1000) D) NRIC/FIN/PASSPORT: G 20 68 41 HIRD P'ARTY VEHICLE B) VEHICLE NUMBER:	Shuri	
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9237562E





Name

SARATH KUMAR S/O MAKKLANPAN



Name
INDIAN
Date of birth
11-10-1992
Country/Place of birth
SINGAPORE

M



5230892



MMC No. S9237562E



03-10-2013

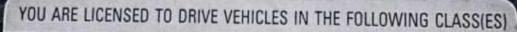
APT BLK 333 KRETA AYER ROAD #04-31 SINGAPORE 080333



Licenses *Samber: S 9 2 3 7 5 6 2 E

SARATH KUMAR S/O MAKKLANPAN

11 Oct 1992



EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 05 Mar 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A

nce No: S9237562E

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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· Change Language · Change Password + Log Out **Policy Query** Policy No. Date of Accident 05/09/2018 16:01 Vehicle No.(For Mater) YP3305 Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Product Vehicle Insured Commence Date Cover Type Expiry Date No. Object. 5076003243-03 FCY TRADING SERVICES 52886551W GFT Comprehensive YP3305 YP330S 22/07/2018

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