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Vch No: VLEJ459]	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 12/11/18-18:50	i-Motor Claim Form	M7/10/96/2-001	13/11/18 17:48	
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h			Siece
OB : 17 - Reporting Only	i-Photo Uploaded		13 13 13 13 13	-
TP Insurer:	Assessment/Survey Report			
II Milition	Ass't Report by Fax / Hand	to Owner/Wksp		1 535
Preferred Wksp / INC Assign Wksp / QW: (Tol:	ax:)
TP Particulars: Veh No: Jk	135914 . INC ()/Non-INC().	23	
Owner / Driver: (Tel:)	
Policy No: (Period: (Cover Type: ()	10000
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	100%]	
Year of Registration: ()	Warranty: YES () / NO ()		THE REAL PROPERTY.
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-		90000000000000000000000000000000000000		
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer	MACO ASSESSMENT	
() Total Loss Case : to e-mail Inst		nouy NO Taler of Tepaner.		
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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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> 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.

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美国的 美国新疆国际	ACCIDENT STATEMENT	A MARKET STATE OF THE PARK
Date Of Report	13/11/2018 15:30	
Date Of Accident	12/11/2018 18:50	
Exact Location Of Accident	CTE (SLE) BEFORE BCA BUILDING	3
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	TAXABLE DETERMINED
Vehicle Registration Number	SLE5459J	
Insured/Policyholder		
Name Of Registered Owner	SAJU JOHN	
NRIC No	S6880163Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98488075	

Alternative Phone No Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model C 200 CGI

Exact Purpose for which vehicle was being used at pp

time of accident

PRIVATE USE

OFFICE-98488075

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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5091001423-01

Cover Note Number

Driver

 Name of Driver
 SAJU JOHN

 NRIC No
 \$6880163Z

 Date Of Birth
 15/02/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 15/02/2008

Driving Experience 10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98488075

Fax Number

Contact Number OFFICE-98488075

EMail Address NOEMAIL

BLK 735 YISHUN STREET 72 Address

#08-19

760735

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

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

Postcode

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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 91

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 Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN3071H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DIMARCO KATHERINE CLARE

NRIC/Passport Number G5470992M Contact Number 91001893

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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. 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.
- 7. 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)
 - (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.

Policyholder's Signature

Date & Time:

Driver's Signature

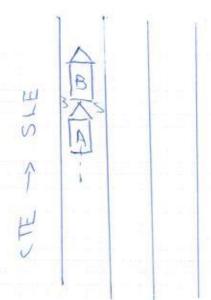
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A) SLE 5459 J B) SJN 3071 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the CTE in the left in	tear
lane I was a range then	
When I saw a motolist fell & skidded tou	ocind
ne I tried to avoid not realising that	
Yet (B) in Front of me had broked.	======
My car lightly collided onto Veh (B)	
My car lightly collided onto Veh (B)	
See ca. Ilicible do-	
The front bumper of my car was slight damaged & the firt licence plate cracked,	11
damaged & the fort licence plate cracked	7130
De cos mas inmed	
10000	
	-

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)

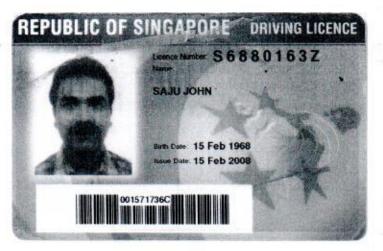
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date of Accident	12-11-18 Time: 18-50	Foreign Veh Involved YES / NO
Location of Accident	CTE → SLE BH	Foreign Veh No
Country of Loss	BIG Blds	. oreign ven no
Vehicle Damaged	3,114	No. of Veh Involved :
Claim Type	OD / TP / REPORTING	Was There Any Witness YES / NO
INSURANCE CO	MTUC Income	Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :
Policy No	5091001423-01	
Fleet Policy	YES (NO	
		OTHER VEHICLES
OWNER / CO. NAME	Saju John	VEHICLE B STN 307114
NRIC / Co's Reg No.	568801637	Category :
Address	BIK 735 Yishun St72	Driver's Name : Dimarco Katherine
	# 08-19 (760735)	NRIC NO : 65470992M
Contact / Mobile No	98488075	Contact No : 91001893
Email Address		No. of Passenger :
Date of Birth	12.2.68	
Gender	(MXF	VEHICLE C
DRIVER'S NAME	98 above	Category :
NRIC No	A STATE OF THE STA	Driver's Name :
Address		NRIC No :
		Contact No :
Contact / Mobile No		No. of Passenge :
Email Address		
Date of Birth		VEHICLE D
Gender	M / F	Category :
LICENSE PASSED DATE	15.2.2008	Driver's Name :
		NRIC No :
Occupation	(Indoor / Outdoor	Contact No :
Relation with Owner		No. of Passenger :
Does Driver Own Any	Other Veh ? YES / NO	\$2.500 Miles
Vehicle Reg No		
Insurance Co		
Weather Condition	Clear / Raining / Others	Video Captured : Yes (No
Road Surface	Dry / Wet / Others	
INJURED	: YES (NO	
Name of Injured	:	Police Report : YES/NO
Convey To Hospital by	Ambulance : YES / NO	If YES, Where :
NO. OF PASSENGERS	: 0	100 100 100 100 100 100 100 100 100 100
Name of Passenger		M / F INJURED? YES/NO
Name of Passenger	1	M / F INJURED? YES/NO
Name of Passenger	•	M / F INJURED? YES/NO
Name of Passenger	A CONTRACTOR OF THE STATE OF TH	M / F INJURED? YES/NO
REMARKS	:	
Name of Workshop	:	Contact No :
Address	•	Email :



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$6880163Z





SAJU JOHN

Race INDIAN Date of Buth

15-02-1968

Country of Birth

INDIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE 01 Nov 2001 15 Feb 2008

Class 2B Motorcycles =< 200 cc
Motor Cars=< 3000kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg

NP 428A



INDIAN

06-01-2003

APT BLK 735 YISHUN STREET 72 #08-19 SINGAPORE 760735

eBaoTech						-			Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601			-	-	• Change	Languag	e • Chan	ge Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.		Date of Accident			12/11/2018	18:50			
	Vehicle No.(For Motor)	SLE545	9)		Certi	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5091001423- 01		SAJU JOHN	S6880163Z	GPC	drivo CLASSIC	SLE54593	SLE54593	30/07/2018	29/07/2019
				1	Continue					

Policy Information

Sequenc	ce Date of Endorsement	Endorse	ement Type	Endorsement Status	Endorsement Content
▽ Endors	ements				
Insure	d Object: SLE54593				
Jnit No.		Related Policy Number	5091001423-01		
Address 4		Address Type	Singapore address	Post Code	760735
Address 1	BLK 735 #08-19	Address 2	YISHUN STREET 72	Address 3	SINGAPORE 760735
Policyl	nolder Mailing Address				
Certificate Info					
Policy Info					
Flag Open					
Co- insurance	No				
Agent	AUTO WORLD PTE, LTD.	Agent Tel.	68169988	GST Flag	Y
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Additional Excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy ssue Date	09/07/2018	Effective Date	30/07/2018 00:00	Expiry Date	29/07/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 735 #08-19 YISHUN STREE	T 72 SINGAPO	ORE 760735		
Certificate No.					
Policy No.	5091001423-01	Policyholder Name	SAJU JOHN	Policyholder NRIC	S6880163Z

icy No	5091003423-03		Vehicle No.	SU05459)		GSTR	gistration No.				
tificate No.											
cyholder Name	SAJU JDHN					Phlicyh	alder NRIC		5688016	53Z	
butt Code	PRIVATE CAR INSURAN	KE	Cover Type	drivo CLASSIC		Loadin			0		
tart No (Mobile)	98488075		Contact No.(Office)	0			t No.(Hame)		0		
ni Address			Special Remark			eCode			No *		
	No yes		TCA	s No. Yes		eCode	Reason				
Protection	No		NCD Entitlement(%)	10		Private	Here		No		
Accident Details											
ort Davie	13/11/2018 17:45		Accident Report Within 24 hrs	Yes		Accide	nt Type		Colleion	- Head to	Rear
of Academi	12/11/2018		Time of Accident hhomm	18:50		Count	y of Accident		Singapor	TE .	
orting Centre			Drange Force			ICM N	k.				
dent Lucation	CTE (SLE) BEFORE BCA	A BUILDING									
facess											
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d Party Excess		0.00	Outside Singapore TP Excess		0.00						
Benefits											
GST Registered Informat	ion										
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Fegatoston No.				GST Statu	is Verified		794				
fication History											
Policyholder Mailing Add					0.						
ess 1	BLK 735 #08-19		Address 2	VISHUN STREET 7		Addres				ORE 76073	15
116.4			Address Type	Singapore address		Post C	ode		760735		
No.			Related Policy Number	5091001423-01							
OI Driver Infe				and or allow							
er Narie	SAJU JOHN		Driver Type	Main Driver							
arried orwer Name	=VEU-500VC		Driver NR3C	568801632		Oriver			15/02/1	968	
oter Date of Driver License	15/02/2008		Driver Age	50			Experience		10		
ract No. (Mobile)	98488075		Contact No.(Office)	α			t No (Home)		0		
ress 1	BLR 735		Address 2	YISHUN STREET 7		Addres				ORE 76073	15
rest 4			Address Type	Singapore address		Post C	ode		760735		
No.	DB-13										
is he own a Singapore pistered car?	Yes - No		Driver Vehicle No.			Driver	Insurer Compa	any			
athalyser or Blood Test	D mg		Any injury?	Yes + No							
claration exchalyser or Blood Test acting?	0 mg		Any injury?	Yes + No							
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Whatyser or Blend Test stop? Scation History taken 001 New on Type *	Đ mg		Any injury?	Yes + No	ор-мх 98438075	No.	67573887			Contact No.	\$68801632
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virialyser or Blood Test plog? fication History laine 901 Nove m Pype * fact No (Mobile) iii Address	Đ mg		Any injury?	Yes + No	98438075 najwajohn@gmail.com	Cont No. (Hor Of Veni Num	67573687 ne) se SLE54597 ber	7		NRIG Contact No. (Office) TP Vehicle Number Name of	
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