	e Services. Well Jamos N	14418 15 68 93	
Date In: 1/10/18 -15:07	Jeb description	Date & Time Completed	Done by
Ref No: NA / 14(18 0 ) 18 64/24	SAS e-filing		
Veli No: Six X67782	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 3/10/16-08:50	i-Motor Claim Form	M1/102281-031	41118 20:29
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2)	hrs, TP 4brs)	
OD : 1P Reporting Only	i-Photo Uploaded		
TP insurer:	Assessment/Survey Report		
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 6005	TWIZ. INC	( )/Non-INC( )	and the second second
Owner / Driver: (		Tel:	)
Policy No: ( ) Peri	iod: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( ) W	Varranty: YES ( ) / NO (	)	Emplification - at the court
Excess: (\$ ) Loading: \$1,00	00()/\$2,000()		
General Remarks;-			
( ) Walk-In Customer : Customer's inform	mation strictly Confidential & 5		
( ) Total Loss Case : to e-mail Insurer		Autory (10 1010) of Topolion	
Drive-In ( )/ Towed-In ( ); Invoice:		Towing Co: (	
	1E3( )/ NO( ),		
Remarks:- (INC hotline: 6788 6616)	and the second of the second	Date&Time Completed	Done by
Apply for Transport Allowance ( )/Co	ourtesy Car ( )		
Apply for Transport Allowance ( )/Co     QC Check / Post Repair Inspection	ourtesy Car ( )	-	
	( )		
2) QC Check / Post Repair Inspection	( )		
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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.
- 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.

Note that the second of the se	ACCIDENT STATEMENT
Date Of Report	04/12/2018 15:07
Date Of Accident	03/12/2018 08:50
Exact Location Of Accident	SLE TWDS WOODLANDS BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE
HER THE RESERVE OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX6738J
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at lime of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5068994860-03
Cover Note Number	
Driver	
Name of Driver	PARAMASIVAM S/O GOENDARAJOO
NRIC No	S7201382D
Date Of Birth	07/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86545263
ax Number	
Contact Number	OFFICE-86545263
Mail Address	NOEMAIL

Address BLK 603 SENJA ROAD

#05-63

Postcode 670603

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 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? 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)

NO 1

NO

#### **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 GBD5144R

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 FLAN

## 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.
- 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 Monétary 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.

Policy Double S. P. Date & Time:

Driver's Signature

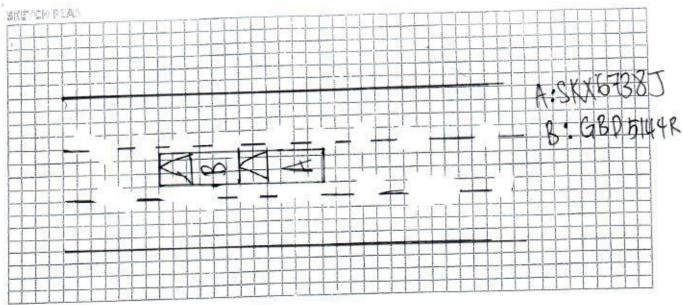
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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DECLARATION

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

Policyholder s Senature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## SINGATING A COLD GNY STATE A GETT

# IMPORTANT NOTICE

Complete and submit this form to the individual insurance authorised reporting centre.

Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

Information provided must be as fruitful 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.

Any false reporting may be referred to the traffic police department for investigation.

Inches Marie Control	ACCIDENT DETAILS	
Date of accident	3 12/2018	(DD/MM/VV)
Time of accident	8:50 AM	(HH:RAM)
Exact location of aoddent	SLE towards wood lands	before manda, exit

ALL TRANSPORTS AND ADDRESS.	DYETTA (U.S. C.F. V.EXIJC.) I
Vehicle registration number	SKX 6738J
Vehicle make and model	toyota Mits
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Private   Commercial Motorcycle
Purpose of using at sald time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim □ Reporting only Ø

THE REPORT OF THE PERSON NAMED IN	MANAMARA (MANAMARA)	JEOGNATION	A FAMILE PLAN
Insurance company			
Policy number			
Type of policy	Comprehensive	Third party fire & theft o	TP only 🗆

Name	Connect 4 Car	Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER 4.5.	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	PARAMASIVAM 810 GOENIARA JOO Male Female
NRIC / Fin / Passport number	S7201382D
Contact	86545263.
Address	BIK 603 Senja Road #05-63 S(670603)
Email address	
Date of birth	07 01 1912
Occupation	Indoor  Outdoor
Driving date pass	30 OCT 2002

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yes driver a completes of	If no, relat	tionship of the driver and insured:
the insurad's company?	Yes 🗆	No
Accident captured by camera?	Clear	Raining   Others:
Weather condition	Dry	Met n
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Gender	Male 🗆	Female □
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Was other vehicle damaged?	Yes	No Ø
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My Desktop	Policy (	Policy Query									
Notice of Loss Policy No.						Date of A	Accident	03/12	2/2018 08:50		
	Vehicle No.(For Motor)		SKX673	SKX6738J		Certificate Number					
					Se	arch					
	Select Po	olicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 506	8994860- 03		CONNECT4CAR PTE. LTD.	201411459M	GFT	drivo PREMIUM	SKX6738)	SKX6738J	19/03/2018	
					Cor	ntinue					

Policy No.	5068994860-03	Policyholder Name	CONNEC	T4CAR PTE, LTD,	Policyholder NRIC	201411459	M
Certificate No.							
Address	53 UBI AVENUE 1 #01-23 PAY	A UBI INDUSTR	IAL PARK	SINGAPORE 408934			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Jate	23/11/2017	Effective Date	04/12/20	017 00:00	Expiry Date	03/12/2018	23:59
xcess Type		All Claims Excess					
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Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1000	Outside Singapore TP Excess	1000			You	ing/Inexperience Driver Excess
Agent	CHRISTIN SOONG	Agent Tel.	6547115	4	GST Flag	Υ	
insurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
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Init No.	01-23		ss Type ed Policy	Singapore address		Post Code	408934
		Numb	er	5105981552			
	d Object: SKX6738J						
□ Endors	sements						
Sequen	Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorsen	nent Status	Endorsement Content
1	04/12/2017 00:00	Basic Informat Endorsement	tion	000001286715172	Endorseme Effective	nt Take	internal endt - vehicle usage chang from Rental vehicle (less than 12 mths ) to Private Hire (Self Drive o Chauffeur)
1	15/01/2018 00:00	Basic Informat Endorsement	tion	000001286735612	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 0 Oct 2015
	02/02/2018 00:00	Basic Informat Endorsement	ion	000001286749083	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKX2251Y 02-02-2018 \$1,009.10 In view of this amendment, an additional premium of \$1,009.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make

ccident MT/1022581					
okey No.	5068994860-03	Vehicle No.	SKX6738)	GST Registration No.	
ertificate No.	ESTANDA ALCOHOLO		2-70-50	day regulation rec	
okcyholder Name	CONNECTACAR PTE, LTD.			Poricyholder NRIC	201411459M
oduct Code	PLEET INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ontact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	THE V
×.	® No ○ Yes	TCA.	® No ○Yes	eCode Reason	
D Protection	No	NCD Emittement(%)	0	Privaté Hire	Yes
Accident Details					
port Date	04/12/2018 20:27	Academt Report Within 24 hrs	Yes	Acadent Type	Collision - Head to Rear
ite of Acodent	03/12/2018	Time of Accident hh:mm	08:50	Country of Accident	Singapore
porting Centre		Orange Force		JCM No.	
cident Location	SLE TWDS WOODLANDS BEFORE HANDAI	RD EXIT			
EXCUM					
m damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
names Driver Excess		Outside Singapore OD Excess	00.000,1		
ird Party Excess	1,000,00	Clutside Singapore TP Excess	1,000.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Vented	Yes	
Sheation History					
Rollenholder Mallin - 4	dense				
Policyholder Mailing Ad	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Although T	SINGAPORE 408934
Oreas 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 408934 408934
t No.	01-23	Related Policy Number	5105981552	- Oat Code	701924
OI Driver Into	(AT 670)	Constitute and Hallings	ALVARIANCE.		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	PARAMASIVAM S/O GOENDARA	Driver NRIC	57201382D	Driver DOB	07/01/1972
exter Date of Driver License		Driver Age	46	Driving Experience	16
Kact No. (Mobile)	86545263	Contact No.(Office)	0	Contact No.(Home)	0
ireos I	BLK 601	Address 2	SENIA ROAD	Address 3	
Year 4	TOTAL CONTRACTOR OF THE PARTY O	Address Type			SINGAPORE 670603
T No.	05-63	лични туре	Singapore address	Post Code	670603
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istared car?	○ Yes ® No	Driver Venicle No.		Driver Insurer Company	
laration					
athwiyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
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Offication History					
410.00 - 510mm m CS   1m/s					
laim 001 New					
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STOCKHOLLE POOR	Ор-мх 💌	Insured Name	CONNECT+CAR PTE, LTD.	Insured NRIC	201411459M
m Type •	00-MX V	Insured Name Contact No. (Home)	CONNECT+CAR PTE, LTD.	Insured NRIC Contact No. (Office)	201413459M
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m Type • nact No.(Mobile) air Address	96600860	Contact No. (Home)	NUL	Contact No. (Office)	•
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m Type * nact No.(Mobile) si Address mant Type Clement Type * mant Kattle * mant Address m Description lemed Workshop Contact wire Pinalswistin	96600860  Please Select  >>  SKN67383 / GBD5144R DN 3 Dec 2018	Contact No. (Home) Of Vehicle Number Type of Seneric * Claimant NRIC *	NIL SKX67383 Please Select	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G3A report	GBD5244R
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