Date In: 10 12/18-15:52			19162Wg.	1	
	Jcb description		Date &Time Completed	Don	ie py
ROTNO: Na JILIC 18022631/14	SAS e-filing				
Veh No: Skel 200 B	E-mail (within S)	irs, AIC 2hrs)			
D.O.A: 15/14/18-14:10	i-Motor Claim	Form	100-EEIPTOI 124	12/12/18	14:44
OD : (P.) Reporting Only	i-Motor W/O	Within: OD 2hrs		1 3	
OD : (IF) Reporting Only	i-Photo Uploa	ded			
TP Insurer:	Assessment/Sur	vey Report			
11 History	Ass't Report by	Fax/Hand t	Owner/Wksp		***
Preferred Wksp / INC Assign Wksp / QW;	(2-37110-2314423-53	Tel:	Fax:	
TP Particulars: Veh No: 3k	P4646X.	. INC()/Non-INC()	1000081-00081-00	
Owner / Driver: (-			Tel:)	and the second
Policy No: (Period: ()	Cover Type: ()	508977 V
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(W) [Note-Est. Status (W)	O): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Control of the Contro)/NO()		
	\$1,000 ()/\$2,000 ()			
General Remarks:-			A what is it is the bad better for a disc.	Ser S	8 4 5
() Walk-In Customer: Customer's	information strictly Confi				
() Total Loss Case : to e-mail Ins	THE RESERVE AND PERSONS AND PROPERTY AND PARTY		N	SANCE AND ST	
Drive-In ()/ Towed-In (); Inve	pice: YES () / NO) () ; To	wing Co: (7)
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Remarks:- (INC hotline: 6788 6616	A THE RESIDENCE AND ADDRESS OF THE PARTY OF		Date&Time Comple ad	Don	by
	/ Courtesy Car ()		7		arraning -
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
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Injury: Oate/Time Actions A808262 nimant's Particulars:	1 [1]	AR : Accident R DA : Damage A	ar ation Chroklist eporting (\$30); ssessment (\$100); INC (\$1	Ant (5)	Aint (\$)
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Injury: Oate/Time Actions A808262 mimant's Particulars: iver/Owner:	1 1) 2) 3) 4) 5)	AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti	eporting (\$30); eporting (\$30); ssessment (\$100); INC (\$100); ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2003)	Ant (5) 1st Bill 80) 0/\$45 \$120 \$30) \$75	Aint (3)
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Injury: Date/Time Actions Actions Actions Actions Actions Actions Actions Checked Particulars: Checked by (Engr-In-Charge): ditors! Comments::	1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA +: NTUC Addition OJI* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect IP (N11): TP (2)	aration Chrcklist eporting (\$30); ssessment (\$100); INC (\$6 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 200) on SMRT Survey al Services:- er/Tpt Allowence ordination Inspection at Excess Coordination For INC) against INC	\$4mt(\$) \$60) \$0/\$45 \$120 \$30 \$) \$75 \$160 \$25 \$3 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	Amil(\$)

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 <u>truthful and 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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建设 的基础的	ACCIDENT STATEMENT
Date Of Report	17/12/2018 15:52
Date Of Accident	15/12/2018 14:10
Exact Location Of Accident	SERANGOON GARDEN
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ1000B
Insured/Policyholder	
Name Of Registered Owner	SHALINDA BALAKRISHNAN
NRIC No	S9137160Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90261157
Alternative Phone No	OFFICE-90261157
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 250CGI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5105716564
Cover Note Number	

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Name of Driver BALAKRISHNAN S/O JAGANATHAN
NRIC No S1575240H

 Date Of Birth
 10/10/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 25/07/1989

Driving Experience 29 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90261157

Fax Number

Contact Number OFFICE-90261157

EMail Address NOEMAIL

Address 5B LIM TUA TOW ROAD

Postcode 547717

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

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

Number of Passengers (Including Driver)

YES

NO 0

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKP4646X

NO

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

Contact Number

Vehicle Category

PRIVATE CAR

NRIC/Passport Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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 Insurence 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
- 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, was or court orders.

Policyholder Sign

1 - Million Parlister of

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/12/2018 (dd/mm/yy)	Time of Accident: 14 .1.0 (24-HR-FORMAT)
Vehicle No.: 5K2 1000 B Vehicle Make	& Model:
	Garden
Policyholder's Name / IC No. : Shalinda	Balakrishnan 591371602
Driver's Name / IC No. : Balakrishnan	5/0 Jaganathan (As Above)
Driver's Contact No. : 9026 1457	_ Company Contact No:
Driver's Address:	
Insurance Company: NTUC	Email address (if any):
Relationship between Owner & Driver: (Please C Owner / Spouse / Children / Friend / Parents / Siblin	IRCLE one only) g / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one	
Own Insurance / Other Vehicle (The one yo	u want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Weather condition & Road conditions? (On the da	y of accident)
Clear & Dry / Raining & Wet / After	r-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camer	Yes / No
Any Injuries: Yes / No (If YES) Injure	d Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle: Skp 4646X
Police Report filed: Yes / No (If YES	Which Police Station:
The C	Other Party(s) Details:
1 Driver's Name / IC No:	Vehicle No;
Driver's Contact No:	a vic
	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	
Preferred workshop (Name:	Market and the second s

^{*}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. \$9137160Z





Name

SHALINDA BALAKRISHNAN

Race

INDIAN

Date of birth

25-09-1991

Sex

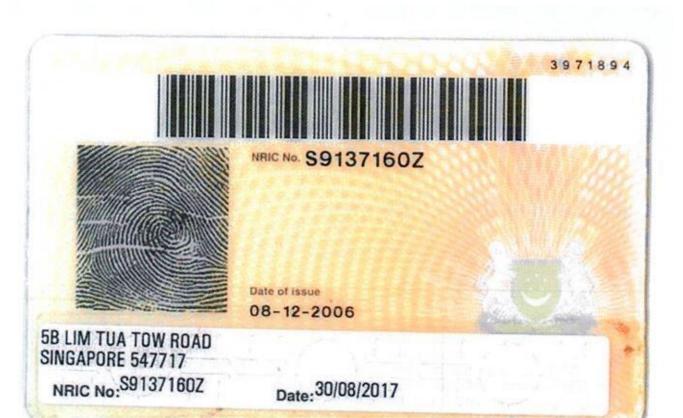
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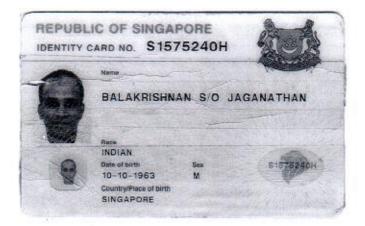
Country of birth

SINGAPORE

39137160Z















Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5105716564

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKZ1000B

Chassis Number

: WDD2120472A115900 : SHALINDA BALAKRISHNAN

2. Name of Policyholder

: 22 Nov 2018

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 21 Nov 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : SHALINDA BALAKRISHNAN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : EFIZZIG CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: SANTUCK TRADE & INSURANCE AGENCY (00000613918)

Date of Issue

: 22 Nov 2018 11:09 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601		The second products because of		WALCOUR PROPERTY.	• Change	e Languag	· Chan	ge Password	, Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		15/12/2018	14:10	
	Vehicle No. (For Motor	SKZ10	0008		Cert	ficate Number			COUNTY 1	
				V.	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105716564		SHALINDA BALAKRISHNAN	S9137160Z	GPC	drivo CLASSIC	SKZ10008	SKZ1000B	22/11/2018	21/11/2019
					Continue	9				

Policy No.	5105716564	Policyholder Name	SHALINDA	BALAKRISHNAN	Policyholder NRIC	S9137160Z	
ertificate Vo.					11130		
Address	5B LIM TUA TOW ROAD TECK CH	HYE GARDENS	SINGAPORE	547717			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N.	
Policy Ssue Date	22/11/2018	Effective Date	22/11/2018	8 00:00	Expiry Date	21/11/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
dditional xcess	0	os Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Agent Co- nsurance	SANTUCK TRADE & INSURANCE	Agent Tel.	NIL		GST Flag	Y	
Open Policy Info Certificate							
Open colicy onfo Certificate onfo	older Mailing Address						
pen olicy offo entificate ofo Policyh	older Mailing Address 5B LIM TUA TOW ROAD	Addre	ess 2	TECK CHYE GARD	ENS	Address 3	SINGAPORE 547717
Open Policy Info Certificate Info Policy Info Info Info Info Info Info Info Info		61,5700	ess 2	TECK CHYE GARD Singapore address	9 40	Address 3	SINGAPORE 547717 547717
open Policy Info Certificate Info Policy Pol	5B LIM TUA TOW ROAD	Addre	ess Type ad Policy		9 40	197 V2:00/51/2	
pen olicy of the control of the cont	58 LIM TUA TOW ROAD d Object: SKZ1000B	Addre	ess Type ad Policy	Singapore address	9 40	197 V2:00/51/2	
Address 1 Address 4 Unit No.	5B LIM TUA TOW ROAD d Object: SKZ1000B	Addre Relati Numb	ess Type ad Policy	Singapore address	9 40	Post Code	

cident MT/1024177					
hey No.	5105716364	Vehicle No.	SICTIONS.		
rtificate No.	20072000	Venicle No.	SKZ1000B	GST Registration No.	
hcyholder Name	SHALINDA BALAKRISHNAN				
oduct Code	PRIVATE CAR INSURANCE		20.00.0200.20000	Policyholder NRIC	\$9137160Z
ntact No. (Mobile)	90261157	Cover Type	drivo CLASSIC	Loading	0
heil Adidness	20121121	Contact No.(Office)	0	Contact No.(Home)	0
	2112	Special Remark		eCode	N: V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	ů .	Private Hire	No -
Accident Details					
ort Date	17/12/2018 19:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Acodem	15/12/2018	Time of Accident hh:mm	14:10	Country of Accident	Singapore
orting Centre		Grange Perca		JCM No.	
gent Location	SERANGOON GAADEN				
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
emed Driver Excess	500.00	Outside Singapore OD Excess	600.00	The same and a same	100.00
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits		CONTRACTOR OF STREET	0.00		
GST Registered Inform	ation				
Registered	No.		GST Registration Date		
Registration No.	10.306		GST Status Verified	Yes	
fication History				- 77	
Policyholder Mailing Ad	idrass				
ress 1	58 LIM TUA TOW ROAD	Address 2	TECK CHYE GARDENS	Address 3	SINGAPORE 547717
ress 4		Address Type	Singapore address	Post Code	
No.		Related Policy Number	5105716564		547717
OI Driver Info		The state of the s	**************************************		
or Name	Unnamed Driver	Driver Type	Unriamed Driver		
amed driver Name	BALAKRISHNAN S/O JAGANATH	Driver NRIC	S1575240H	Driver DOB	*********
ster Date of Driver License		Driver Age	55		10/10/1963
act No. (Mobile)	90261157	Contact No.(DMice)	20	Oriving Experience	29
ress 3	SE LIM TUA TOW ROAD	Address 2		Contact No.(Home)	0
ress 4	100 100 100		TECK CHYE GARDENS	Address 3	SINGAPORE 547717
No.		Address Type	Singapore address	Post Code	547717
s he own a Singapore	2.2				
stared car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration					
Shalyser or Blood Test					
ding?	0 mg	Any injury?	○ Yes ® No		
fication History					
THE PERSON NAMED IN COLUMN TWO					
alm 001 New					
alm 001 New					
	Ормк	Insured Name	CUAL FINA BALANSISTA	NEED THE SECOND STREET	
п Туре т	OD-MX	Insured Name	SHALINDA BALAKRISHNAN	Insured NRIC	591371602
n Type * act No (Mobile)	OD-MX V	Contact No.(Home)		Contact No.(Office)	
r Type * ect No (Mobile) Address	ML	Contact No. (Home) OI Vehicle Number	SK\$1000B		591371602 SKP4646X
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