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P Particulars: Yeli No: SHB 35664	Tel:	,)
Owner / Driver: () Cover Type: ().
Policy No. () Period: (Dates Times)
Confirmed by : (O): N: 0-20%; P: 21-79%. P	: 80-100%]
)/NO()	
Year of Registration: () Warranty: YES (Excess: (\$) Loading: \$1,000 ()/52,000 ()	
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on the control of the	William Water Biness and associate	X-73-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
) Apply for Transport Allowance ()/ Courtesy Car (
2) QC Check / Post Repair Inspection (·)		
) Upload Resurvey Photo [Repair Cost>\$3000] (. , , ,	
Injury:		CHARLES THE THE PARTY OF THE PA
		KNOW CHEMOTERS
CONTRACTOR		
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Name of the Party		E KANTANU CHEMINA NAMBII
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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 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.
- 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.

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Date Of Report 12/02/2019 19:45

Date Of Accident 21/12/2018 10:15

Exact Location Of Accident PIE (CHANGI) BEFORE JALAN BAHAR EXIT 36

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL4716E

Insured/Policyholder

Name Of Registered Owner VEERAMANI BOOPALAN

Passport No/FIN G2280616K

Email Address BOOPALANV3@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-81721705

 Alternative Phone No
 OTHERS-81721705

Vehicle Particulars

Manufacturer BAJAJ

Model PULSAR-200CC DTS-I (M)

Exact Purpose for which vehicle was being used at

time of accident

GOING TO OFFICE

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

MOTORCYCLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5085983423-01 ×

Cover Note Number

Driver

Name of Driver VEERAMANI BOOPALAN

 Passport No/FIN
 G2280616K

 Date Of Birth
 07/12/1989 /

 Occupation
 INDOOR

 Date Of Driving Pass
 03/09/2013

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

(LOCAL) +65-81721705

Mobile Number Fax Number

Contact Number OTHERS-81721705

EMail Address BOOPALANV3@GMAIL.COM

BLK 836 JURONG WEST STREET 81 Address

#09-65 640836

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OWNER

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES YES

Was any other material or property damaged?

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?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190112/2133

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

SHB3366U

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NOR AMANINA JAMIL

NRIC/Passport Number

Contact Number

97243362

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

112

GENDER:

DETAILS OF INJURED PERSON 1

Name

VEERAMANI BOOPALAN

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBL4716E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

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 <u>truthful and 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.
- 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:

Beporting Centre Personnel's Signature

Name-

NRIC/FIN No.:/

SKETCH PLAN PIE	where Commen British John BOHAR EXIT 36
8) FBL 4716E B) SHB 3366U	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
	Dulan
	12/2/33
	soft 1 yold of
96	
/	
DECLARATION I/We declare the foregoing parti	culars are true in every respect.
Policyholders Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No:: DRIC/FIN No::

GIARMI shetstiffanform, VI





1 of 4

Report No. T/20190112/2133

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF	A TRAFFIC	ACCIDENT	ALTERNACIONAL PROPERTY AND	Station Diary No.:		
Date/Time Report Made: 12/01/2019 19:59			Vide Report No.:	142		
Informar	nt's Particu	lars	GERTAL PREPARED SO	是一个人的,这个人的,		
Name of	Informant: MANI BOOF		Address: 836 JURONG WEST STREET	81 #09-65 SINGAPORE 640836		
ID Type			Contact No.: Home/Office:	Mobile: 81721705		
National			Email:			
Sex: Male	Age: 29	Date of Birth: 07/12/1989	Type of Informant: Driver	La divide de Cabasi Nama:		
Race:			Language; English	Institution / School Name:		
Occupa	Occupation: PRODUCTION CONTROLLER		Driving Licence Information: Class: 2B,3C	Date of Expiry: 02/09/2023		

ieneral Information Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2018 10:15	Type of Location Straight Road
PIE (CHANG Weather:	EXPRESSWAY	R EXIT 36 Road Surface:		Road Speed Limit:
Clear Traffic Flow: Dual Carriag	e Way	Traffic Control:	thers e.g. Workmen	Traffic Volume: Light
Type of Colli				Anyone conveyed by ambulance: Yes

The second secon	ehicle Involve	TOTAL STREET STREET	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make				0
FBL4716E	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue	Slightly Damaged	U
SHB3366U	Car	HYUNDAI	140	Yellow	Slightly Damaged	3

Details of V	ehicle Insurance	Decrease enterent entre	T-SE- ablica	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	
		5085983423-02	26/12/2018	25/12/2019
FBL4716E	NTUC Income Insurance Co-Operative Limited	5085963425-02	201100014	The State of the Association of the





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

2 of 4 Report No. T/20190112/2133

CONTINUATION OF REPORT

Details of Perso	n Involved			1241	District to	
Any Pedestrian II	nvolved: No					
No. of Pedestrian			Use of Pe	edestrian	Cross	ing: NA
Driver		STATE OF THE	Section 1		BLOOK III	
Name	VEERAMANI BOOP	ALAN		ID No	5	G2280616K
Related Vehicle	FBL4716E (Motorcycle)			Conta	ct No.	81721705
Hospital/Clinic	NG TENG FONG GE	HOSPITAL	Class Drivin Licent Expire	g	Class: 2B,3C Date of Expiry: 02/09/2023	
Date Treatment	21/12/2018	U	Date Dis			2/2018
No. of Days gran	ted Medical Leave	NIL	Degree o			
Passenger	Control Control					
Name	NOR AMANINA JAM	IIL		ID No	į.	NIL
Related Vehicle	SHB3366U (Car)			Conta	ct No.	92743362
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	10-	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 21/12/18 at about 1015hrs, I was riding my motorcycle (FBL4716E) along PIE (Changi) before the Jalan Bahar (Exit 36). I was on the second lane. I then noticed that a taxi (SHB3366U) coming from my left on the third lane. The taxi was seen coming nearer to my motorcycle. I then swerved to the middle of the second and first lane to avoid colliding with the taxi. The taxi then kept on coming towards my motorcycle and I shouted. Subsequently, the front of the taxi hit onto my handlebar and caused me to fall off my motorcycle.

The taxi had stopped after the accident and the driver came down. One of his passenger namely Nor Amanina Jamil Hp: 92743362 had approached me and handed me her name card and informed that she can be contacted to provide any information regarding the accident. Another driver from behind us had also stopped to assist. The driver had helped to call for Ambulance. I sustained abrasions on my left knuckle, the left side of my face and my back. I also sustained a deep cut on my left knee.

The ambulance came and conveyed me in a conscious state to Ng Teng Fong General Hospital. Traffic Police had also came down. The deep cut on my left knee has to be stitched. I was given MC from 21/12/18 to 29/12/18, 31/12/18 to 05/01/19, 07/01/19 and 10/01/19 to 14/01/19.

On 05/01/19, my house owner handed over a letter from Traffic Police advising me to lodge a Traffic Accident report with ref to TP/IP/69961/2018 under Traffic Police Investigating Officer Rashidah Binte Azman Tel: 65476216.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

3 of 4 Report No. T/20190112/2133

CONTINUATION OF REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 4 of 4 Report No. T/20190112/2133

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Staff Sgt NORIMAWATI BINTI ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2019 19:59
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251	Classification Of Case:
Authentication Stamp	

ccident HY/1031753	management of the	Tunication 1	the displace of	Francis Carda Factor (1911)	
Boy No. 11 Novin No.	3009963423-01 V	Vehicle No.	PREATINE	GST Registration No.	
Ecytolder Name	VEEKAMANI SOOPALAN			42 x 32 8 34 7 5 3 4 4 5	12000 HOUSE
ndust Code	MOTORCYCLE INSURANCE	T. Marchael March	The state of the s	Ashoyholder MRUC	G2280H16H
ritari No (Monie)	BL7217US	Contact Residence	Third Party	Loading	
nel Address		Special Remark		Contact No.(Home) eCode	(ROOM)
K.	w Ma Yes	TEA	e No Yes	eCode Reason	No. *
CD-Protection	No	NCD Entitlement(%)	10	Private Hire	ALC:
P Accident Details		new chothernerne ver	**	- made made	No
port Date	12/02/2019 19:48	Accident Report Within 24 firs	Yes	Aucident Type	Site Swipe
its of Accident:	21/12/2018	Time of Accident finimm	10:15	Country of Accident	
sporting Centre	***********	Orange Foros	AMTERIO	JOH No.	Singapore
zidert Location	PIE (CHANGE) BEFORE JALAN BANAR EXIT DE	Grange Force.		JUH NO.	
W Ricons	THE (CHANGE) BEFORE DALAN BARAK EXTE DE				
we damage Excess	11.00	Additional Excess		12/2011/77/2011/77	
nnamed Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	
ind Party Excess	(0.00)	Outside Singapure TP Excess			
9 Senefite	W. 100	CONTRACTOR OF THE PARTY OF THE			
SST Registered Informat	Inn				
CT Augistered	No.		GST Registration Date		
7 Augustration No.	V753		GST Status Verified	Yes	
dification maxony					
→ Policyholder Mailing Add	rese				
ldmas 1	BLK 836 #09-65	Address 2	JUNONG WEST STREET BY	Accress 2	SINGAPORE 640836
Adress 4		Address Type	Singapore address	Pect Code	640836
nt No.	19-63	Related Policy Number	\$185943423-02		
	/				
river Name	VEERAMAND BOODALAN	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	G2295618K	Orlver DOS	07/11/1989
egister Date of Driver License	63/04/2013	Triver Age	29	Driving Experience	3
intest No.(Motile)	81721708	Contact No.(Office)		Contact No.(Home)	
Sdress 1	BLK 836 #09-85	Address 2	JUNGNO WEST STREET AL	Names 3	SUNGAPORE 640836
Mrcas 4		Address Type	Singapore address:	Peol. Code	640036
NE NO.	09-85				
ies he own a Shigapore epichied car?	U Yea on No.	Driver Vehicle No.	FBL4716E	Driver braurer Company	NYUC
eating?	b mg	Any injury*	Ves + No		
eading?	D my	Any inputy	Yes a No		
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reatinglyser or Blood Testi leading? Claim 001 New Claim Type 4 Centrast No. [Moelle]	D my	Any injury*	ОО-МХ	Cornect No. (Hame)	NACE SEZENCION NO. (Office) TP Vehicle SHEELGED
eacting? Claim 001 New Learn Type 4 Centrast No.[Mobile]	D mg	Any injury*	OD-MX MITHITOS	Cornect No. Herne Oil Vehide F6L4715E	Contact Contact No. (Giffice) TO Venice Surrow Name of Preferred
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Claim Handling(accident reporting Claim Task)

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Action

ACCIDENT'STATEMENT

ACCI	DENT DATE: (21. /1 2/ 2018) (DD/MM/YYY), TIME: (10: 15) (HH:MM)	48
1.0	MION: ALDNIN ROAD 1 - PIE (CHANGE), RELOVE JALAN BAHA	EVIT 2
.004	MON. PLEDAIR RUMP I PIECUIANIAD BATTING	26
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FBL 4716E	
	b)INSURANCE COMPANY: IN COME	
	C)POLICY NUMBER: 5085983423-02	
1907	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	3.C
7.4	B)MAKE & MODEL: BAJAJ PULSAR 200 DTS-1	65
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
×	h) PURPOSE OF USING AT ACCIDENT TIME: GO OFFICE	ři.
	1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.,	INSURED / POLICY HOLDER	*)
	A)NAME: VEERAMANI BOOPALAN (MALE/FEMALE)	
	b) NRIC/FIM/PASSPORT: G2280616K CONTACT: 81721705	
	CLADDRESS: BIK 836-09-65 JURONA LAEST STREET 81,	
	SINGIPPORE - 640836	4.2
Still of ann 3	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER	
the of passanger	AC R D-VE	
(Including driver)	D)NRIC/FIN/PASSPORT: CONTACT:	77
(1)	c)ADDRESS:	
No Life of	- CANODICUS.	13%
79	*d) DATE OF BIRTH: (07/12/1989)(DD/MM/YYYY)	
	e OCCUPATION: (INDOOR / OUTDOOR)	
	DATE OF DRIVING PASC	(4)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
5.	a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	b)ROAD SURFACE: [DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO)	Ť.
**	IF YES, PLEASE STATE WHICH POLICE STATION:	
8.	THIRD PARTY VEHICLE	
No of passenger	a) VEHICLE NUMBER: SHB33660 MODEL: HYUNDAL 140	
Including driver)	b) DRIVER'S NAME: NOR AMONING TOMIL	
(3)	c) NRIC/FIN/PASSPORT: CONTACT: 92743362	
9.	THIRD, P'ARTY VEHICLE	
the of passenger	d) VEHICLE NUMBER:MODEL:	8
Induding driver)	e) DRIVER'S NAME:	
indualing ariver	f) NRIC/FIN/PASSPORT:CONTACT:	
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email = boopalanv3 @gmail. 10m



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Employment of Foreign Menpower Act (Chapter 91A) Republic of Singapore

ENDINGER COSMETICS USA PTE. LTD.

Sector MANUFACTURING



VEERAMANI BOOPALAN

PROCESS (CONTROL) ENGINEER

0 36070277

17-04-2017

04-05-2017

10-05-2020





VISIT PASS Immigration Regulations

VEERAMANI BOOPALAN



Date of Birth Sex

07-12-1989 M

Clare of reason

Date of Engry

INDIAN

02280616K 04-05-2017 10-06-2020 MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED. OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 2B Class 3C

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with s< 7
passengers, exclusive of driver

27 Aug 2018

NF 428A



eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language · Change Password · Log Out My Desictop Policy Query Notice of Loss Policy No. Date of Accident 21/12/2018 10:07 Vehicle No.(For Mator) FBL4716E Certificate Number Search Certificate Number Policyholder Name Policyholder Product CoverType NRIC Insured Object Select Policy No. Commence Date Explry Date VEERAMANI BOOPALAN 5085983423+ G2280616K GMC Third Party FBL4716E FBL4716E 26/12/2017 25/12/2018 01 Continue