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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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,
- 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.

	ACCIDENT STATEMENT
Date Of Report	25/03/2019 13:23
Date Of Accident	25/03/2019 10:25
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD9905K
Insured/Policyholder	
Name Of Registered Owner	GATEWAY CONSTRUCTION & ENGINEERING PTE. LTD.
Co Reg No	201128413W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66527926
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5094625283-01
Cover Note Number	•
Driver	
Name of Driver	SHANMUGAM SARAVANAN
NRIC No	F8304378N
Date Of Birth	10/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91563819
Fax Number	
Contact Number	
EMail Address	NOEMAIL

31 KIM KEAT LANE Address

328882 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - SUB CONTRACTOR

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

NO

2

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO.

Was any injured conveyed to hospital by

ambulance?

YES 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)

Passenger 1

NAME: : KARUPPIAH BALAKRISHNAN

GENDER: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG MACPHERSON ROAD ON THE CENTER LANE, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED THE TAXI HIT ONTO MY VEH REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7978Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

MOHAMED SHAHAR BIN ZAIN Name of Driver

S1411018F NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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:
 - (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.

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Please	Refer to	Statement

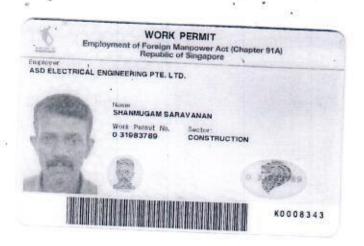
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:









eBaoTech GeneralClaim · Change Password Hello, NAC_PAYA_UBI_800601 Change Language · Log Out My Desktop **Policy Query** Notice of Loss Date of Accident 25/03/2019 13:16 Policy No. Vehicle No.(For Motor) GBD9905K Certificate Number Search Policyholder NRIC Commence Expiry Date Certificate Policyholder Vehicle Insured Select Policy No. Product Cover Type Number No. Object Date GATEWAY CONSTRUCTION 5094625283-& ENGINEERING PTE. LTD. 201128413W GCV Comprehensive GBD9905K GBD9905K 08/08/2018 07/08/2019 Continue



Certificate of Insurance

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MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (MA	RISKS AND COMPENSATION	ON) RULES, 1960	10 10 10 10 10 10 10 10 10 10 10 10 10 1
MOTOR VEHICLES (THIRD PARTY	RISKS) RULES, 1959 (MAL	AYSIA)	Talland Savelleamen
Certificate Number: 509462528	3-01	Cover : Comprehe	ensive
1. Index mark and Registration N	Number of Vehicle	: GBD9905K	
Chassis Number		: JTFAT35Y20K204676	
2. Name of Policyholder		: GATEWAY CONSTRUC	CTION & ENGINEERING PTE. LTD.
3. Effective Date of Insurance		: 08 Aug 2018	
Expiry Date of Insurance		: 07 Aug 2019	
Persons or Classes of Persons	entitled to drive#		
(a) The Policyholder.			
(b) Any other person who is	driving on the Policyholde	er's order or with his/her pern	nission.
Provided that the person the Motor Vehicle or has enactment or regulation	been so permitted and is	not disqualified by order of a	r other laws or regulations to drive Court of Law or by reason of any
6. Limitations as to Use#	63	360 11-3562	
(a) Use for social domestic a	nd pleasure purposes and	in connection with the Policy	holder's business or profession.
(b) Use for the carriage of pa			
This Policy does not cover			
(a) Use for hire or reward.			
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	ng, reliability trial or spee	ed-testing.	
(b) Use for racing, pace-maki (c) Use whilst drawing a trail # Limitations rendered inop Act (Chapter 189) and Sec	er except the towing of a perative by Section 8 of th	ny one disabled mechanically ne Motor Vehicle (Third Party	69 to 550
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3/25/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1037366 Policy No. 5094625283-01 Vehicle No. GBD9905K GST Registration No. 201128 Certificate No. Policyholder Name GATEWAY CONSTRUCTION & ENGINEERING PTE. LTD. Policyholder NRIC 201128 Product Code COMMERCIAL VEHICLE INSURAR Cover Type Comprehensive Loading 0 Contact No. (Mobile) 66527926 Contact No.(Office) Contact No.(Home) Email Address Special Remark No * # No Yes TCA . No Yes eCode Reason NCD Protection No NCD Entitlement(%) 10 Private Hire Accident Details 25/03/2019 18:01 Accident Report Within 24 hrs. Yes Accident Type Collisio Date of Accident 25/03/2019 Time of Accident hh:mm 10:25 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location MACPHERSON RD ▽ Excess Own damage Excess 600.00 Additional Excess Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess ▽ Benefits GST Registered Information **GST Registered** GST Registration Date 15/03/2017 GST Registration No. 201128413W **GST Status Verified** Modification History Policyholder Mailing Address 994 BENDEMEER ROAD Address 2 #03-04 B CENTRAL Address 3 SINGA Address 4 Address Type Singapore address Post Code 33994 Unit No. 03-04 Related Policy Number 5067510137-04 ♥ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name SHANMUGAM SARAVANAN Driver NRIC F8304378N Driver DOB 10/06/ Register Date of Driver License 12/06/2018 Driver Age Driving Experience D Contact No.(Mobile) 91563819 Contact No.(Office) Contact No.(Home) Address 1 31 KIM KEAT LANE Address 2 # CALARASI Address 3 SINGAL Address 4 Address Type Singapore address Post Code 326883 Unit No. Does he own a Singapore Registered car? Yes - No Driver Vehicle No. **Driver Insurer Company** Declaration Breathalyser or Blood Test 0 mg Any injury? Yes . No Reading? Modification History Claim 001 New Insured Name Claim Type • OD-MX GATEWAY CONSTRUCTION & EN Contact Contact No.(Mobile) No. (Home) 01 Email Address Vehicle GBD9905K Claim Description GBD9905K / SHC7978Y ON 25 Mar 2019 Preferred Preference Not at Fault Consider No. Yes Preferred Workshop, Name unknown ▼ GIA Received Repair Date Registered 25/03/2019 18:06 Report Taken By LIEW SHAN HUI

Print AK letter Save Submit Attachment MT/1037366 Claim No. 001 Last Doc. Received Upload Date ● Yes □ No 25/03/2019 18:07 Path * Category * Confidential Urgency * * NO Choose File No file chosen ▼ Normal Clear Please Select v Normal Choose File No file chosen Clear Please Select Y NO * Choose File No file chosen v NO ▼ Normal • Clear Please Select ♥ NO Choose File No file chosen Clear ▼ Normal Please Select v NO Choose File No file chosen Clear Please Select Normal • Choose File No file chosen ▼ NO * Normal Clear Please Select Message Read

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Attachment	Uploaded	By/Date	Category	9	Urgency	Descri	ption
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