		NA 11903861V		
Date In: 77 13/19-17:56	Jcb description	Date & Time Completed	Done	by by
Ref No: 44 / NC 1400 5728/24	SAS e-filing			
Veh No: 54 14962	E-mail (within Shrs, AIC 2hrs)			96
D.O.A: 23/2/19-12:30	i-Motor Claim Form	m/1037399-001	25/3/19 2	10° 21
Market Charles and Allert Charle	i-Motor W/O (Within: OD 2)			
OD : P Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
IP insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Sky	U5297L INC	()/Non-INC()		-
Owner / Driver: (Tel:)	
Policy No: () F	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks:		AMPINION SERVICE		
() Walk-In Customer : Customer's in		the state of the s	Apple 1615 - A	
The state of the s	rer URGENTLY.	's repairer.		
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO();	Towing Co: ()
Part of the second seco		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		-
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/	The second secon	Date&Time Completed *	Done	by
Apply for Transport Allowance ()/	Courtesy Car ()	Date&Tirrie Completad	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completad	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()	Date&Time Completad	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date& Time Completed	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date& Jime Completed	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date&Time Completed	Done	by
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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.
- 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.
- 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 12:06
Date Of Accident	23/03/2019 12:30
Exact Location Of Accident	SENTOSA TANJONG BEACH CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ5996Z
Insured/Policyholder	
Name Of Registered Owner	DM1814 SERVICES
Co Reg No	53350873L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	CITROEN
Model	C4 PICASSO 1.6 BLUEHDI EAT6
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096307868-01
Cover Note Number	
Driver	
Name of Driver	DHARMENDRAN S/O ARUMUGAM
NRIC No	S8125759J
Date Of Birth	18/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98203394
Fax Number	
Contact Number	OFFICE-98203394
EMail Address	NOEMAIL

BLK 86 DAWSON ROAD Address

#24-03 141086

Postcode

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 ON COLLISION

Weather Conditions CLEAR Road Surface DRY

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

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:

2

YES

NO

3

: PONMALAR D/O KUMARAVEL

GENDER: : FEMALE

Passenger 2

NAME:

: SAVINA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

SKU5297L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1		
Name	DHARMENDRAN S/O ARUMUGAM	
Approximate Age		
Injuries Sustain	NECK	
Injured person in which vehicle?	SLJ5996Z	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	

Address Postcode

DETAILS OF INJURED PERSON 2

SAVINA Name

Approximate Age

Injuries Sustain EYES Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

SLJ5996Z YES NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - For complying with requirements under my regulations, laws or court orders.

DM1814 SERVICE

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was inside the carpark of tanying Beach club. As I was giving sthought, vehicle is five my sightly sudding make a left torn towards my vahicle and collided one me.

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

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.

Military . Fe	ACCIDENT DETAILS	
Date of accident	23/03/19.	(DD/MM/YY)
Time of accident	1230	(HH:MM)
Exact location of accident	Sentasa Tanjong Beach Car	

DETAILS OF VEHICLE					
Vehicle registration number	SLJ 5996 Z				
Vehicle make and model		Citrom C4 Picasso			
Type of vehicle	Saloon MPV CRV Van D				
Vehicle category	Private	Comm	ercial Motorcycle		
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗗	if no, please select: Reporting only □		

	INSURANCE IN	FORMATION	
Insurance company	1	JTUC	
Policy number		734700000	
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER		
Name	OM1814 Services	Male 🗆	Female
NRIC / Fin / Passport number	53350873L		
Contact	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR		
Address			

DRIVER	SA	ME AS	INSURED A	ABOVE - (SK	P TO D.	.O.B)	100	4 . 1997
Name	Pharma	n dran	slo	Arumu gam		Male	9 0	Female
NRIC / Fin / Passport number			57593					
Contact			820 37					
Address	BILL	86	Pawson		#24	.03	5(14	1086)
Email address								
Date of birth			18/08	11981				
Occupation	Indoor 🗆	Out	door @					
Driving date pass			25 105	12005				

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes □ No Ø
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No er
Weather condition	Clear Raining Others:
Road surface	Dry & Wet a
No of passenger	3 (Inclusive of driver
	PASSENGER 1
Name	Penmalar D/o Kumoravel
Gender	Male Female Female
The same of the sa	PASSENGER 2
Name	saving
Gender	Male Female
A STATE OF THE STA	PASSENGER 3
Name	
Gender	Male Female
45.	PASSENGER 4
Name	
Gender	Male Female
	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes 🗹 No 🗆
Was other vehicle damaged?	Yes g No a
New York Control	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
All the same of th	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	Sku 5297L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

1	THIRD PARTY VEHICLE 2	2 -
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 3		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Approximately and the second	THIRD PARTY VEHICLE 4	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Will Contact to the second sec	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	THIRD PARTY VEHICLE 6	2 3
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 7					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

INJURED PERSON 1					
Name	Pharmen dran 5/0 Arrangon				
Injuries sustained	Arck				
Which vehicle person in?	54759962				
Were seat belts worn?	Yes 🔽 No 🗆				
Was injured conveyed to hospital by ambulance?	Yes D No D				

	INJURED PERSON 2
Name	Savina
Injuries sustained	enes
Which vehicle person in?	SZJ 5996 Z
Were seat belts worn?	Yes 🕝 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No.

INJURED PERSON 3				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes No			
Was injured conveyed to hospital by ambulance?	Yes No			

INJURED PERSON 4				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

INJURED PERSON 5					
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			

INJURED PERSON 6					
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8125759J





DHARMENDRAN S/O ARUMUGAM



Race INDIAN Date of birth 18-08-1981 Country/Place of birth SINGAPORE

181287891

REPUBLIC OF SINGAPORE DRIVING LICENCE



Levercon Munder S 8 1 2 5 7 5 9 J

DHARMENDRAN S/O ARUMUGAM

Drn Date: 18 Aug 1981 Issue Date: 25 May 2005

5504193





06-04-2016

APT BLK 86 DAWSON ROAD #24-03 SINGAPORE 141086

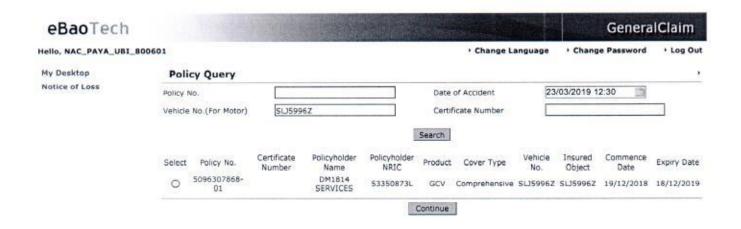
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Address

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor bactors /rahicles =< 2500 kg

25 May 2005



olicy No.	5096307868-01	Policyholder Name	DM1814 SE	RVICES	Policyholder NRIC	53350873L	
Certificate No.							
Address	BLK 86 #24-03 DAWSON ROAD	SKYVILLE @	DAWSON SIN	GAPORE 141086			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	12/12/2018	Effective Date	19/12/2018	00:00	Expiry Date	18/12/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Oriver Excess
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 86 #24-03	Addr	ess 2	DAWSON ROAD		Address 3	SKYVILLE @ DAWSON
Address 4	SINGAPORE 141086	Addr	ess Type	Singapore address		Post Code	141086
Unit No.	24-03	Relat Num	ed Policy ber	5096307868-01			
	ed Object: SLJ5996Z						
) Insure							
D Insure	Out of the last of						

laim Type * Corkact No. (Mobile) (mai Address	98203394 dharmalan@gmail.com	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimart NRIC *	MIL SLIS9962 Presse Serect	Insured NRIC Contact No.(Office) TP Vehicle Number	53350873L + 5KU5297L
Claim Type * Contact No. (Mobile) Final Address Islamant Type Claimant Type *	98203394 dharmalar@gmail.com Please Select:	Contact No. (Home) OI Vehicle Number Type of Benefit *	NIL SL359962	Contact No.(Office)	•
laim Type * Corkact No. (Mobile) (mai Address	98203394 dharmalan@gmail.com	Contact No. (Home) OI Vehicle Number	NIL SL359962	Contact No.(Office)	•
laim Type •					
Daim Type •	100.90	ardered Harris	PAUL BENTALTER	Imsured NRJC	53350873L
	OD-MX	Insured Name	DM1814 SERVICES		-
Claim 001 New					
odification Hatory					
Reading?	0 mg	Any injuny?	® Yes ○ No		
Seclaration Breathalyser or Blood Test	0.000	Tanana -			
S)					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
init No.	24-03				127866
oddress 4	SINGAPORE 141086	Address Type	Singapore address	Post Code	141086
Address 1	BLK 86	Contact No.(Office) Address 2	DAWSON ROAD	Contact No.(Home) Address 3	SKYVILLE @ DAWSON
Register Date of Driver License Contact No.(Mobile)	25/05/2005 . 98203394	Driver Age	37	Driving Experience	13
Jinnamed driver Name	CHARMENDRAN S/O ARUMUGAI	Driver NRIC	\$81257593	Driver DOS	18/08/1981
oriver Name	Unnamed Driver	Driver Type	Unnamed Driver		
OI Driver Info	*TV5	Related Policy Number	5096307868-01		
doress 4 mit No.	SINGAPORE 141086 24-03	Address Type	Singapore address	Post Code	141086
dovesa 1	BLK 85 #24-03	Address 2	DAWSON ROAD	Address 3	SKYVILLE @ DAWSON
Policyholder Mailing Ad	idress				
fodification History	25/03/2019 20:19:27 Sy	atem changed GST Status verified fro	m reo to Yes		
ST Registration No.			GST Status Verified	Yes	
IST Registered	No		GST Registration Date		
♥ GST Registered Inform	ation				
♥ Benefits	2,000.00	Dutside Singapore TP Excess			
Unnamed Driver Excess Third Party Excess	2,000.00	Outside Singapore OD Excess			
Own damage Excess	2,000,00	Additional Excess		Windscreen Excess	100.00
© Excess					
Accident Location	SENTOSA TANJONG BEACH CARPARK			and the	
Reporting Centre		Orange Force	16.54	ICM No.	Singapore
Date of Accident	23/03/2019	Time of Accident hh:mm	12:30	Accident Type Country of Accident	Collision - Head on collision
Accident Details	25/03/2019 20:18	Accident Report Within 24 hrs.	Yes	2000/02	200 000 000
CD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
PK:	No ○ Yes	TCA	® No ○Yes	eCode Reason	
mail Address		Special Remark		eCode	THE V
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
oduct Code	OM1814 SERVICES			Policyholder NRTC	53350873L
olicyholder Name roduct Code	390000000000000000000000000000000000000	Pariot No.	awayae.	GOT Megistration No.	
	5096307868-01	Vehicle No.	SU5996Z	GST Registration No.	

