Date In: 2 6 17/19 - 16:15	b description	Date &Time Completed	Don	e pi
	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)			
	-Motor Claim Form	M7 1037597 -001	26121.5	10122
	-Motor W/O (Within: OD 2hr		26/7/19	17:04.
OD : IF Reporting Only	-Photo Uploaded	1		
Δ	Assessment/Survey Report	-		
IP insurer:	Ass't Report by Fax / Hand	lo Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (Part of Enter Atomic		ax:	
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Owner / Driver: (· · · · · · · · · · · · ·	Tel:		
Policy No: () Period: (1	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [Note-E	Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	100%]	
	nty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()	· · · · · · · · · · · · · · · · · · ·		
General Remarks	The State of the S	1200 Sept. (1500)	1917 17. 17	
() Walk-In Customer: Customer's information	n strictly Confidential & St		Server Bridge	
() Total Loss Case : to e-mail Insurer URG		nouy No Talet di Tepanet.	61	
Drive-In ()/ Towed-In (); Invoice: YES		owing Co: (
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courtes 2) QC Check / Post Repair Inspection	AND MAKE THE RESIDENCE AND ADDRESS OF THE PARTY OF THE PA	Date&Time Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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	26/03/2019 16:13
Date Of Accident	25/03/2019 16:30
Exact Location Of Accident	JUNC TAMPINES ST 92
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY5726S
Insured/Policyholder	
Name Of Registered Owner	CHUAN MENG ELECTRICAL CONTRACTORS PTE LTD
Co Reg No	199602826E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67842548
Vehicle Particulars	
Manufacturer	KIA
Model	K2700 S/C
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5014135646-12
Cover Note Number	
Driver	
Name of Driver	DHARUMAN AMULRAJ
Passport No/FIN	G2684818R
Date Of Birth	08/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90505863
Fax Number	
Contact Number	OFFICE-90505863

NOEMAIL

BLK 9003 TAMPINES STREET 93 Address

#02-182

2

NO

1

NO

YES

NO

NO

Postcode 528837

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

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 (including own vehicle)

involved in the accident

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)

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SJR8425S

Vehicle Registration Number

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)

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.

Policyholder's Signature Date & Time:

PTE LTA

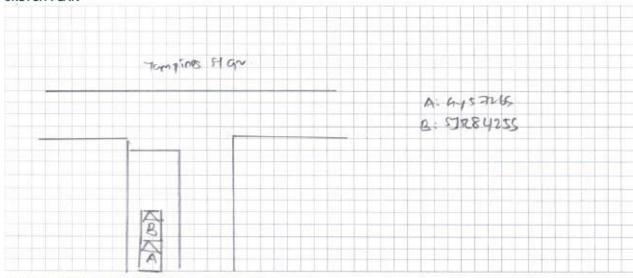
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signatur

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personne is Signature Name: NRIC/FIN No.:

GARME StetchPlanForm, V3

ON STATED DATE AND TIME, VEHICLE IN FRONT MOVED SO I MOVED FORWARD OF MY VEHICLE. I DID NOT NOTICED THAT VEHICLE B WAS IN STATIONARY POSITION. AS A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

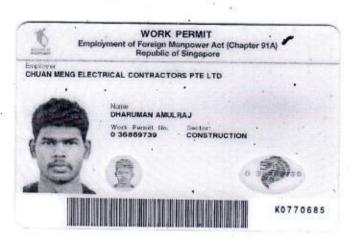
	DD/MM/YYYY), TIME:(_ 16 : 30_)(HH:MM
LOCATION: June Tumpines &	92.
1. DETAILS OF VEHICLE	1 14
a) VEHICLE NUMBER: 645	7765
b)INSURANCE COMPANY: 417	
C)POLICY NUMBER: 5 0141356	46-12.
d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /	VAN / LORRY / MOTORCYCLE / OTHERS)
STEINGLE CATEGORT: (PRIVATE)	COMMERCIAL / MOTOPOVOLEL
THE OF USING AT ACCIDEN	IT TIME: DOUGHE MELT
JAKE TOO CLAIMING UNDER YOUR	OWN INCIDANCE IVECKIAL
" NO, FLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY
2. MASSINED / FOLICY HOLDER	***************************************
A) NAME: Chan meng Electric	
b) NRIC/FIN/PASSPORT: 1996	028765 CONTACT: 6784 2748 .
c) ADDRESS:	70 13
* CONTINUE TO A LIE	The second secon
* CONTINUE TO 3.d IF DRIVER ALSO Passenges DRIVER 21.00	POLICY HOLDER
(Including diver) a) NAME: Tharuman Amultai	
Troumy arrow)	(MALE / FEMALE)
(1.) DINRIC/FIN/PASSPORT: G1648	CONTACT: 90501863.
the dated	
*d)DATE OF BIRTH: (\$ / T / 19	QV)(DD/MM/YYYY)
The second secon	10081
1) YEARS OF DRIVING EXPRERIENCE.	Klul 1alt .
4. WAS DRIVER AN EMPLOYEE OF TH	HE INSUPER'S COMPANYS OF HELLER
THE DR	IVER WITH INCLINED.
J. GIWEATHER CONDITION: (CEBAR / R	AINING / OTHERS
DIKOAD SURFACE: (DIRY / WET / OTL	HERS
o. WAS ANYBODY INJURED (YES / NO)	No man
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	E STATION:
No of passenger a) VEHICLE NUMBER: SUR SYNSS	
by DBIVEDIS NUMBER: 31084035	MODEL:
Including driver) b) DRIVER'S NAME:	
(1.) O NRIC/FIN/PASSPORT:	CONTACT:
No of passanger d) VEHICLE NUMBER:	MODEL:
Including driver) f) DRIVER'S NAME:	
() INIC/FIN/FASSFORI:	CONTACT:
,	K.

email = admin-hr@ cyalect.com.sg

fax =

VIDEO =





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

18 Apr 2018

...

Licence No:G2684818R

Nationality INDIAN MULTIPLE JOURNA

FIN G2684818R Date of Birth 08-05-1992

DHARUMAN AMULRAJ

MULTIPLE JOURNEY VISA ISSUED

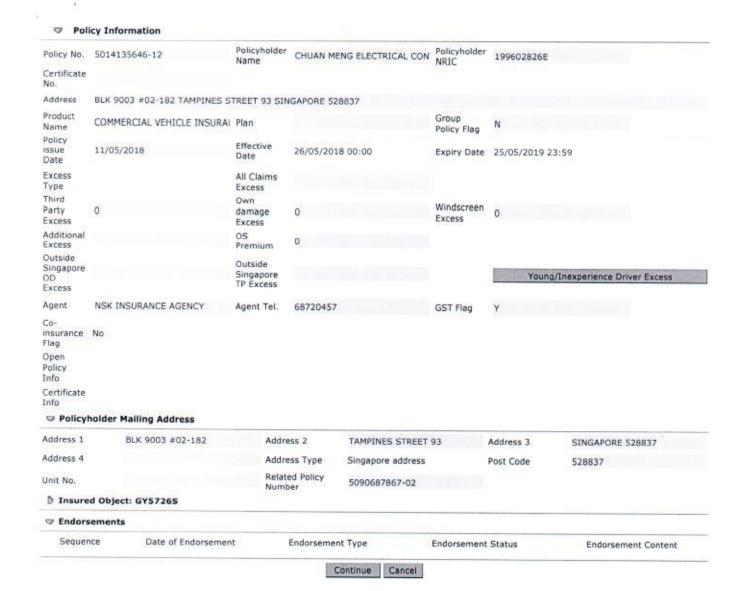
VISIT PASS

Immigration Regulations

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

NP 428A

								-	alClaim
					• Change	Language	+ Chan	ge Password	• Log Ou
olicy Query									
cy No.				Date	of Accident	-	25/03/2019	16:30	
icle No (For Motor)	GY572	6S		Certifi	icate Number	1			
			1	Search					
ect Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5014135646-		CHUAN MENG ELECTRICAL CONTRACTORS PTE LTD	199602826E	GCV	Third Party	GY57265	GY5726S	26/05/2018	25/05/2019
1	5014135646-	cy No. Cy572 ect Policy No, Certificate Number 5014135646-	ect Policy No. Certificate Number Name 5014135646- LECTRICAL CONTRACTORS	ect Policy No. Certificate Number Name NRIC CHUAN MENG 12 CONTRACTORS 199602826E	cy No. Date of Certificate No. (For Motor) Gy5726S Certificate No. (For Motor) Gy5726S Certificate No. (For Motor) Gy5726S Certificate No. (For Motor) Search Policyholder Name NRIC Product CHUAN MENG ELECTRICAL CONTRACTORS 199602826E GCV	cy No. Date of Accident Certificate Number Search Certificate Number Date of Accident Certificate Number Search Search Search Only No. Certificate Number Name NRJC CHUAN MENG ELECTRICAL CONTRACTORS 199602826E GCV Third Party	cy No. Date of Accident Cy5726S Certificate Number Search ect Policy No, Certificate Number Name NRIC Product Cover Type No. CHUAN MENG ELECTRICAL 12 CONTRACTORS 199602826E GCV Third Party GY5726S	cy No. Date of Accident 25/03/2019 Date of Accident 25/03/2019 Certificate Number Search Certificate Number Search Certificate Number Search Solid 135646- 12 Date of Accident 25/03/2019 Certificate Number Search Object CHUAN MENG ELECTRICAL CONTRACTORS 199602826E GCV Third Party GY5726S GY5726S	cy No. Date of Accident 25/03/2019 16:30 Incide No. (For Motor) GY5726S Certificate Number Search Certificate Number Name NRIC Product Cover Type Vehicle Insured Commence Name NRIC Product Cover Type No. Object Date CHUAN MENG ELECTRICAL 199602826E GCV Third Party GY5726S GY5726S 26/05/2018



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cy No.	5014135646-12		Vehicle No.	G157265	40	T Registration No.	77	209239409
tificate No.					2/0	CONTRACTOR AND		996028268
cyholder Name (CHUAN MENG ELECTRICAL CONT					icyhalder NRIC		A4007850E
ruct Code	COMMERCIAL VEHICLE INSURA		Cover Type	Third Party		iding	0	
tact No.(Mobile)	0		Contact No.(Office)	67842548	Cor	ntact No (Home)	0	
at Address			Special Remark		+0	ode	I.n	(V
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Accident Details				1029	46	cident Type	20	olligion - Head to Rear
sort Date	26/03/2019 19:26		Accident Report Within 24 hrs	Yes		100		
e of Accident	25/03/2019		Time of Accident hh:mm	16:30	Co	untry of Accident	S	ngapore
oorting Centre			Orange Force		10	M No.		
ident Location	JUNC TAMPINES ST 92							
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n damage Excess	4.40		Outside Singapore OD Excess					
aimed Driver Excess	12.22							
d Party Excess	0.00		Outside Singapore TP Excess					
Benefits								
GST Registered Informat	ion							
F Registered	Yes			dSY Registration Date		01/05/1996		
T Registration No.	M289235469			GST Status Verified		Yes		
dification History	26/03/2019 19:	27:14 System	changed GST Registration Date changed GST Status Verified fro	from 01/01/2015 to 01/05/1996				
	20/03/2019 19:	Er. 14 Dyscent.	manger der diacus series its	311 110 10 140				
Policyholder Mailing Add	ress							
dress 1	BLK 9003 #02-182		Address 2	TAMPINES STREET 93		ddress 3		SINGAPORE \$28837
dress 4			Address Type	Singapore address	Po	set Code	2	528837
it No.			Related Policy Number	5090687867-02				
OI Oriver Info								
ver Name	Unnamed Driver		Driver Type	Unnamed Driver				
	DHARUMAN AMULRAJ		Driver NRJC	G2684818R	D	river DOB	53	08/05/1992
named driver Name				26	D	riving Experience	-	0
gister Date of Driver License.			Driver Age	0		ontact No.(Home)	- 5	0
ntact No.(Mobile)	90505863		Contact No.(Office)	7		ddress 3		TAMPINES INDUSTRIAL PARK A
dress 1	BUX 9003		Address 2	TAMPINES STREET 93				
dress 4	SINGAPORE 528837		Address Type	Singapore address	P	ost Code		528837
net No.	02-182							
oes he own a Singapore egistered car?	○ Yes ® No		Driver Vehicle No.		D	river Insurer Company		
SECOND 1								
claration wathalysier or Blood Yest	#YOUR		- Ann Introval	○ Yes ® No				
material 2	0 mg		Any injury?	0.000				
county								
eading?								
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