Date In: 18/10/19-18:18		in any or in	D 1
Daf No. at 1	Job description	Date &Time Completed	Done by
Res No: HA JULIANT SHIT	SAS e-filing		
Vch No: FW8283E	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 14/4/4-18:25	i-Motor Claim Form	mlistorgn-og	17/4/19 71:01
OD TP Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: WF	MAC INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1			
General Remarks:		Tarabas da la	135 175 176 1
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Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO(); T	owing Co: ('	(*)
Remarks:- (INC hotline: 6788 6616)	Kara ta da		TAINER CO
10000000	And the second s	Date&Time Completed	Done by
The second secon	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
 Upload Resurvey Photo [Repair Cost > 5] 	\$3000]		
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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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AND ASSESSMENT OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	15/04/2019 18:58
Date Of Accident	14/04/2019 18:25
Exact Location Of Accident	PASIR RIS DR 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FW8283E
Insured/Policyholder	
Name Of Registered Owner	KHANSAMA TANDOORI RESTAURANT
Co Reg No	52942959D
Email Address	NOEMAIL
Mobile Phone No.	
Alternative Phone No	OFFICE-62990300
Vehicle Particulars	
Manufacturer	HONDA
Model	TA200
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO

Fleet Policy NO

Policy Number 5091541011-01

Cover Note Number

Driver

 Name of Driver
 BIKRAMJIT SINGH

 Passport No/FIN
 G1106786M

 Date Of Birth
 06/09/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/06/2018

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97109571

Fax Number

Contact Number OFFICE-97109571

EMail Address NOEMAIL

Address

15 STURDEE ROAD

Postcode

267842

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 Vehicle

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)

2

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLF4427C

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)

1

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's Signature

Date & Time:

0

Driver's Signature

(If driver is not the policyholder)

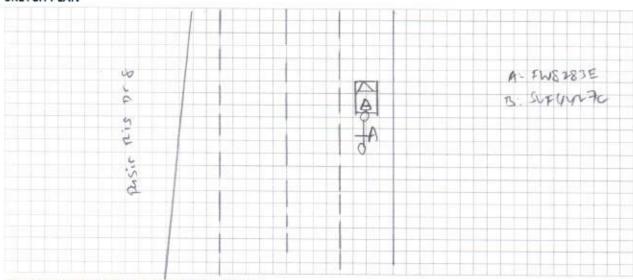
Date & Time:

Reporting Centre Person

ignature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Hatemens	
	The state of the s	
oestaurani		

DECLARATION =

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: Reporting Centre Personne Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHCILE B REAR PORTION.

ACCIDENT STATEMENT

	(DD/MM/YYYY), TIME:(18 : 75 ·)(HH:MM)
LOCATION: PULLE PLA	8-
1. DETAILS OF VEHICLE	7 W
a) VEHICLE NUMBER: FWS	RJE.
	Muc *
C)POLICY NUMBER: 509154	
	VE / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	VE / THIRD PARTY FIRE &THEFT)

GIVERIOLE CATEGORY (PRIMATE	//AN/LORRY/MOTORCYCLE/OTHERS)
b) PURPOSE OF USING AT A COM	/ COMMERCIAL / MOTORCYCLE)
IN A BE YOU GLANNING AN ACCIE	PENT TIME: PAUG LE MY
IF NO PLEASE STATE (THIRD DA	DUP OWN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	RTY CLAIM / REPORTING ONLY)
AINAME Khangaa Tooda	in Leston Cant. (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 520	CONTACT: 62990300
c)ADDRESS: •	CONTACT: 6299070
9/100K200	
* CONTINUE TO 3.d IF DRIVER AL	SO BOLICY HOLDED
(Including driver) DINRIC/FIN/PASSPORT:	SO POLICY HOLDER
(Indicating of a) NAME: Bikigm jit frage	
b)NRIC/FIN/PASSPORT:	CHOUSEN . CONTACT: 97109571
(1.) CIADDRESS: 5 Surdec RA	(26754V)
11812	(464344)
*d)DATE OF BIRTH: (6 /9 /	(DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OU	rdook)
f) YEARS OF DRIVING EXPRERIENCE	24/6/2018.
 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 -
6. WAS ANYBODY INJURED (YES / N	3
7. a) REPORTED TO POLICE (YES / N	51)
IF YES, PLEASE STATE WHICH PO	LICE STATION:
P THIRD DARTY VEHICLE	
Me of passenger a) VEHICLE NUMBER: SUF-44	MODEL:
Including driver) b) DRIVER'S NAME:	
() NRIC/HIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
the of passenger d) VEHICLE NUMBER:	MODEL:
Including deliver (a) DRIVER'S NAME:	200 St. 200 St
Including driver f) DRIVER'S NAME:	CONTACT::-

email = makeshkhansama@gmail.com

VIDEO =



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

Class 2B Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

NP 428A





VISIT PASS AND EMBARKATION FORM

Disembarkation / Embarkation : M0803E8146

Card No. FIN

: G1106786M

Name of Foreigner

: BIKRAMJIT SINGH

Travel Document No.

: P4707715

This document serves as a Visit Pass issued to the Foreigner under regulation 12 of the Immigration Regulations. This Visit Pass is valid from 08/04/2019 until 08/05/2019 or the last date, on which the Foreigner's travel document is valid, whichever is the earlier.

- 2 This Visit Pass is issued subject to the conditions that:
 - the Foreigner shall not engage in any form of paid employment or in any business, profession or occupation in Singapore during the validity of this Pass, unless he is the holder of a valid work pass issued under the Employment of Foreign Manpower Act (Cap. 91A); and
 - the Foreigner shall not engage in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security and well-being of Singapore.

This document also serves as an embarkation form for the Foreigner.

This document should be printed for the Foreigner to present together with his / her valid travel document to the Immigration officer for Immigration clearance at the point of departure from Singapore. No Visit Pass will be physically endorsed on the Foreigner's travel document.

Warning: Overstaying is an immigration offence. If the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 08/04/2019

Controller of Immigration

Singapore

This notification is computer-generated and does not require a signature.

Our Ref Date : G1106786M / -: 08/04/2019



Work Pass Division Ministry of Manpower 18 Havelock Road Singapore 059764

Telephone: (65) 64385122 Fascimile: (65) 63171359

Website: http://www.mom.gov.sg Email: mom_wpd@mom.gov.sg

THE JUNGLE TANDOOR RESTAURANT 102 SERANGOON ROAD SINGAPORE 218007

Dear Sir/Madam

CANCELLATION OF DEPENDANT'S PASS

Name of Foreigner

: BIKRAMJIT SINGH

FIN

: G1106786M

Date of Application

: 12/04/2017

This is to inform you that the Dependant's Pass of the foreigner named above has been cancelled on 08/04/2019.

Yours faithfully,

DIRECTOR
Work Pass Division
Ministry of Manpower
For Controller of Immigration

(This is a computer-generated letter and does not require a signature)

Hello, NAC_PAYA_UBI_80	0601			THE RESERVE OF THE PERSON	THE RESERVE OF THE PERSON NAMED IN		• Change	Language	· Chan	ge Password) Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date o	of Accident	[4/04/2019	18:25	
	Vehicle	No.(For Mator)	FW828	3E		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091541011- 01		KHANSAMA TANDOORI RESTAURANT	52942959D	GMC	Third Party	FW8283E	FW8283E	31/05/2018	30/05/2019

Policy No.	5091541011-01	Policyholder Name	KHANSAM	A TANDOORI RESTAU	Policyholder NRIC	52942959D	
Certificate No.		Morrie .			MALC		
Address	166 SERANGOON ROAD SINGAR	PORE 218050					
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/05/2018	Effective Date	31/05/201	8 00:00	Expiry Date	30/05/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	WINNER INSURANCE AGENCIES	Agent Tel.	62838611	null	GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	166 SERANGOON ROAD	Addre	ess 2	SINGAPORE 218050)	Address 3	
1001000		Addre	ss Type	Singapore address		Post Code	218050
Address 4 Unit No.		Relati	ed Policy er	5104066538			
Address 4 Unit No.	ed Object: FW8283E			5104066538			
Address 4 Unit No.	and the state of			5104066538			

sicy No.					
	5091541011-01	Vehicle No.	FW8283E	FFF 8	**********
Tiflicate No.	200111111111111111111111111111111111111	venice no.	FW0283E	GST Registration No.	\$29429590
icyholder Name	KHANSAMA TANDOORI RESTAURANT			Fact to come was a state of the	VACONIA DA VIVI
duct Code	MOTORCYCLE INSURANCE		4.000	Policyholder NR3C	52942959D
stact No.(Mobile)	0	Cover Type	Third Party	Loading	0
ail Address		Contact No.(Office)	62990300	Contact No. (Home)	0
	20002001	Special Remark	RESIDENCE	eCode	10: 0
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
ort Date	15/04/2019 21:02	Accident Report Within 24 hrs	Yes	Acoders Type	Collision - Head to Rear
e of Accident.	14/04/2019	Time of Accident hhimm	18:25	Country of Accident	
orting Centre		Orange Force	\$10,70%		Singapore
dent Location	54510 035 pp 8	Drange rolle		ICH No.	
Excess	PASIR RIS DR 8				
n damage Excess	0.00	Additional Excess		Windscreen Excess	
armed Driver Excess		Outside Bingapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform	ation				
Registered	Yes		GST Registration Date	01/02/2009	
Registration No.	52942959D		GST Status Venfied	Yes	
fication History	15/04/2019 21:04:37 Sys 15/04/2019 21:04:37 Sys	tem changed GST Registration Date for tem changed GST Status Verified fro	from 01/01/2015 to 01/02/2009 m No to Yes		
		anerges day agends verified fro	10 103		
Policyholder Mailing Ad	ldress				
ress 1	L66 SERANGOON ROAD	Address 2	SINGAPORE 218050	Address 3	
fress 4		Address Type	Singapore address	Post Code	218050
t No.		Related Policy Number	5104066538	ANNEAST VI	
OI Driver Info		Newton Funcy Authors	3104000338		
ver Nama	Unnamed Driver				
		Driver Type	Unnamed Driver		
named driver Name	BDRRAMIIT SINGH	Driver NRJC	G1106786M	Driver DOB	05/09/1987
ister Date of Driver License		Oriver Age	31	Driving Experience	0
rtact No.(Mobile)	97109571	Contact No.(Office)	0	Contact No.(Home)	0
Orașii 1	15 STURDEE ROAD	Address 2	SINGAPORE 207842	Address 3	
iress 4		Address Type	Singapore address	Post Code	207842
t No.					
as he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
26					
aration					
	Omg	Any injury?	○ Yes ® No		
athelyser or Blood Test		Serie reference	O res @ reo		
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incation History Salm 601 New Type * tact No.(Mobile) Hist Address mant Type Claimant Type * mant Name * mant Address m Description	OO-MX ✓ Please Select ✓ ≥≥	Contact No.(Home) Of Vehicle Number Type of Benefit *	FM9283E Please Select	Contact No. (Office) TP Vehicle Number	62990300
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