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	i-Photo Uploaded					
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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.
- 3. 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

	ACCIDENT STATEMENT
Date Of Report	09/07/2019 12:35
Date Of Accident	20/05/2019 20:30
Exact Location Of Accident	ALONG KIM KEAT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB1754Y
Insured/Policyholder	
Name Of Registered Owner	MICHAEL CONSTANTINE
NRIC No	S9049096F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91015541
Alternative Phone No	OFFICE-91015541
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER 2.4 A
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096860575-01
Cover Note Number	
Driver	
Name of Driver	RABENDHAR SINGH S/O PURAN SINGH
NRIC No	S1577019H
Date Of Birth	08/11/1963
Occupation	INDOOR
Date Of Driving Pass	22/10/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91015541
Fax Number	
Contact Number	OFFICE-91015541

NOEMAIL

10 LORONG LIMAU Address

#21-08

Postcode 328754

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

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? NO

Number of vehicles (including own vehicle)

involved in the accident

3 NO

Was any body injured in the Accident?

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.

NO

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE AND ACCIDENTALLY HIT ONTO VEHICLE B LEFT PORTION. I INTENDED TO MAKE A U-TURN, WHILE MAKE A U-TURN AND HIT ONTO VEHICLE C FRONT LEFT PORTION.

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 UNKNOWN

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- 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>.
- 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.
- 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

STARAIL PHILOGRAPHICS VA

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

31

THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:



PASSPORT REPUBLIC OF SINGAPORE

Type Country Code Passport No PA SGP E6758500 E6758500A

RABENDHAR SINGH S/O PURAN SINGH

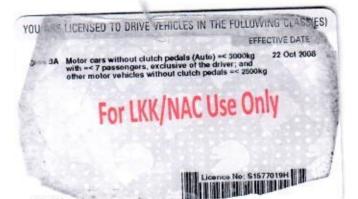


Date of issue 25 MAY 2017 SEE PAGE 2 National ID No \$1577019H

Nex Nationality SINGAPORE CIFOENLKK/NAC Use Only 1963 SINGAPORE SINGAPORE Date of expiry 05 JUN 2022 MINISTRY OF HOME AFFAIRS

PASGPRABENDHAR<SINGH<SO<PURAN<SINGH<<<<<< E6758500A7SGP6311087M2206057S1577019H<<<<<58





eBaoTech									GeneralCl		
Hello, NAC_PAYA_UBI_80	Policy Query					• Change	Language	• Chan	ge Password	, rod On	
Natice of Loss	Policy No. Vehicle No. (For Motor)	\$38175	4Y			of Accident cate Number	2	0/05/2019 2	20:30		
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5096860575- 01		MICHAEL CONSTANTINE	S9049096F	GPC	drivo CLASSIC	SJB1754Y	SJ81754Y	02/01/2019	01/01/2020	

Policy No.	5096860575-01	Policyholder	MICHAEL C	ONSTANTINE	Policyholder	S9049096F	
Certificate No.		Name			NRIC	330430301	
Address	BLK 679 #08-704 WOODLAND	OS AVENUE 6 AD	MIRALTY PL	ACE SINGAPORE 7	30679		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/01/2019	Effective Date	02/01/2019	00:00	Expiry Date	01/01/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279		GST Flag	Υ	
Co- insurance Flag	No				North Call and Call		
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	BLK 679 #08-704	Addre	ss 2	WOODLANDS AV	ENUE 6	Address 3	ADMIRALTY PLACE
1000000	124420200000000000000000000000000000000	Addre	ss Type	Singapore addres	s	Post Code	730679
	SINGAPORE 730679	100000000000000000000000000000000000000	red Policy 5096860575-01				
Address 4	08-704			5096860575-01			
Address 4 Unit No.		Relate		5096860575-01			
Address 4 Unit No.	08-704 d Object: SJB1754Y	Relate		5096860575-01			
Address 4 Unit No.	08-704 d Object: SJB1754Y sements	Relate Numb			Endorsement	Status	Endorsement Content

Accident MT/1052520					
Policy No.	5096860575-01	Vehicle No.	57B1754Y	GST Registration No.	
Certificate No.					
Policyholder Name	MICHAEL CONSTANTINE			Policyholder NRIC	59049096F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0.
Contact No. (Mobile)	91015541	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N V
(FK	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
VCD Protection	No	NCD Entitlement(%)	10	Private tire	rea
✓ Accident Details					
leport Date	09/07/2019 13:61	Accident Report Within 24 hrs	Yes	Acodent Type	Side Swipe
Date of Accident	20/09/2039	Time of Accident hhimm.	20:30	Country of Accident	Singapore
Reporting Centire		Orange Force		1CM No.	
Coolere Location	ALONG KIM KEAT RD				
Own damage Excess	0.000.000				
mnamed Driver Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Third Party Excess	930000	Outside Singapore OD Excess	2,000.00		
□ Benefits	1,500.00	Gutside Singapore TP Excess	1,500.00		
loverage			22/10/2004		
Transport Allowance			Sum Insured 99999999.99		
□ GST Registered Informa	ation		*********		
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
facilities matery					
Policyholder Mailing Ad	40				
Iddress 1	BUX 679 #08-704	(1908) TOTAL			
ddress 4	SINGAPORE 730679	Address Z Address Type	WDODLANDS AVENUE 6	Address 3	ADMIRALTY PLACE
Init No.	08-704		Singapore address	Post Code	730679
OI Driver Info	(394,143	Related Policy Number	5096860575-01		
Driver Name	RABENDHAR SINGH SYD PURAN SINGH	Driver Type	Named Driver		
mnamed driver Name		Driver NRIC	815770194	Driver DOB	08/11/1963
egister Date of Driver License	22/10/2008	Driver Age	55	Driving Experience	10
Contact No.(Mobile)	91015541	Contact No.(Office)	0	Contact No.(Home)	0
eddress I	10 LORONG LIMAU	Address 2	CRADELS	Address 3	SINGAPORE 328754
odress 4		Address Type	Singapore address	Post Code	328754
Init No.	21-08			2043/760000	2007.24
loes he own a Singapore Registered car?	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
25					
reathalyser or Blood Test	D mg	Any ingury?	○ Yes ® No		
breathalyser or Blood Test	D mig	Any ingury?	○ Yes ® No		
treathalyser or Blood Test leading?	D mig	Any injury?	○ Yes ® No		
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reathalyser or Blood Test cading?	D mig	Any inguny?	○ Yes ® No		
reathalyser or Blood Test eading? odification History Claim 001 New	D mig	Any injury? Insured Name	○ Yes ® No MICHAEL CONSTANTINE	Insured NRIC	59049096#
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reathalyser or Blood Test eading? odification History Claim 901 New Jaim Type * ontact No. (Mobile)	Ор-мх 💌	Insured Name	MICHAEL CONSTANTINE	Contact No.(Office)	NIL
reathalyser or Blood Test eading? odification History Claim 901 New laim Type + ontact No. (Mobile) mail Address	OD-MX 54896913	Insured Name Contact No. (Home)	MICHAEL CONSTANTINE NIL		
reathalyser or Blood Test eading? odification History Claim 001 New Jaim Type + bottact No. (Mobile) mail Address lament Type Claimant Type + lament Type Claimant Type +	OD-MX 54999913	Insured Name Contact No. (Home) OI Vehicle Number	MICHAEL CONSTANTINE NIL SJB1754Y	Contact No.(Office)	NIL
reathalyser or Blood Test eading? odification History Claim 001 New laim Type + ontact No. (Mobile) mail Address sement Type Claimant Type + armant Name + sement Address	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	MICHAEL CONSTANTINE NIL SJB1754Y	Contact No.(Office)	NIL
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reathalyser or Blood Test eading? Odification History Claim 001 New Nam Type + Intact No. (Mobile) Inial Address Inament Type Claimant Type + Iniam Name + Iniam Address Iniam Description Interest Workshop Contact	OD-MX 94896913 Please Select ≥≥ 5381754Y / LINKNOWN ON 20 May 2019	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	MICHAEL CONSTANTINE NIL SJB1754Y	Contact No. (Office) TP Vehicle Number	NIL
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