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Owner / Driver: (		1'cl:			
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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.
- 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	05/08/2019 14:54
Date Of Accident	02/08/2019 19:15
Exact Location Of Accident	AMOY STREET TOWARDS BOON TAT STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8888Y
Insured/Policyholder	
Name Of Registered Owner	SAFE ENGINEERING SERVICES PTE LTD

 Co Reg No
 201006883M

 Email Address
 SALES@MIA.COM.SG

 Mobile Phone No
 (LOCAL) +65-82831744

 Mobile Phone No
 (LOCAL) +65-82831744

 Alternative Phone No
 OFFICE-82831744

Vehicle Particulars

Manufacturer NISSAN Model NV350

Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

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 5110138625

Cover Note Number

Driver

Name of Driver MURUGESAN MANIKANDAN

 Passport No/FIN
 G2270728R

 Date Of Birth
 05/04/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/03/2015

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82831744

Fax Number

Contact Number OTHERS-82831744
EMail Address SALES@MIA.COM.SG

Address

5C FIGARO STREET

Postcode

458329

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)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

NO

Passenger 1

NAME:

: MYO MYINT

GENDER:

: MALE

Passenger 2

NAME:

: NAY LIN TUN

GENDER:

MALE

Passenger 3

NAME:

SOE MIN NAING

GENDER:

: MALE

Passenger 4

NAME:

: ZAY YAR MAVNG

GENDER:

MALE

Passenger 5

NAME:

: AYE MIN AUNG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

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)

SKW2584S

PRIVATE CAR

### 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 truthful 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.
- 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
  - for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

WC88900100

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

A GBF 8888 Y SKETCH PLAN B SKW 2584S vechicle B - should stop at the stopline before turning to major road DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at Amoy St Turning in to Boon Tut St Sunddenly I felt a impact from my right rear Side and I stapped my vechicle and alighted and some
Technole B have calleded on to my verticle she never stop and move off than a motorcyclist in that time was behind verhicle B he take photo and
give me the vechicle num plate.

DECLARATION S

I/We degla 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 Person Name:

NRIC/FIN No.:

### Claim Handling(accident reporting Claim Task ) 8/5/2019 Claim Handling Accident HT/1896457 GST Wagstraton No. J01006893H Division Name \$1,707,706,79 Vehicle No. Décimanos Conflicate No. SAFE ENGINEERING SERVICES HTE LTD. Policational MRIS 20100588310 Policynoble: Name Loading ó Cities Type Propurt Ciefe COMMERCIAL VEHICLE INSURA? Contact Na.chomet Curract No (Hoters) 82835744 Contact No. (Office) Special Remark etiste 500.75 eCode Heimo TCA. - No. Yes Provate Hiss HCD SHIRMWARENE NA NEW PRODUCTION 16 · Accident Details Colfaigh + Head to Read Accident Report Within 24 hrs Assident Type Report Oate: 03/08/2019 15:13 Time of Accident His min Causins of Accusing 19-19 Care of Accident 0.1/04/2019 JOH No. Reporting Centre Charge Fires AHITY STREET TOWARDS BOOK THE STREET Australia Location - Total Excess Applicable windscreen-fixons 155.00 IF Standard Excess 0.00 NO Standard Excess 400.00 Chreren." TED OU EXCES FIED TE Excess 1000 Driver is Greened? 8.00 Additional Excess Total OD Excess Applicable 600.00 Tatal TP Excess Applicable W. Benefitz GST Requirered Information GST Registration Date 21/04/2010 GST Registered ISST Status verified UST Kegatreton No. PhotoGration restory Pullcyholder Halling Address DINGAPORE 200791 address I 15 VISININ INDUSTRIAL STREET Aggress J. #03-33 VIIIV 5 T84094 Address 4 Address Tape Smisorry address Post Dode Relating Policy Number 5111174300 OI Driver Info unnamed linear Driver Type Urmameit Driver Ortset Name priver pos (5/(4/)99) Unigned Stiver Name HUROGESAN MANGKANDAN Driver NRIC GI2707288 Drying Experents Distress Ages 20 Augister Date of Delver Commo 12/03/2015 Contact No.(Hume) Contact No (Humbe) 82831764 CHECASE BULCOTTON Address 1 S FORMED STREET # OFERA ESTATE Address 3 STRICKPORE 458225 Post Cade +18529 Address Type Firegranties Address 4 Line No. Does he own a Singapore Regulated car? Onver yence have CREMINE Driver Frauer Congress WINE Derbration. Brestneiyeer or Stood Feet Reading? Ten - An Boy insury? 6 mg Studification History Claim 001 have Insured Name Engineering Services ( Named Name) INTOO ENGINE Claim Type = DO-MX Contact No (Mobile) 5×4/25845 gazun@segme.com.sq Email Address COPRESSY / SAW25845 ON 2 Aug 2019 | Interest Liability | Not at Fault | | Profession | Profession Workshop, Name unknown Workshop Bosset No. Tee Finalisation 05/09/2019 15 41 Date Registered MOSEL WARRE Report Taken By of Perst Aid letter Save Salimit Attachment Applied No. HT/101041F 25/06/2019 15:44 Uplied Date Salt Dac Reprised Times The Pain = \* NO Choose File No file chosen Clear Plaque Seigt Choose File No file choose Otar Please Select \* 100 \* hormal v 66 Over Chapse File No file chaven Please Select \* NG \* Normal Chaose File: No file shosen Ciear Please Select Cear Please Select \* 110 \* Norm . Choose File . No file chosen + 145 \* North Choose File No file chosen Clear Please Select Sanz Nessage Reputs Read Attachment List

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Photos

Urgency

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Окасіфон

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uploaded by/Date

NAC\_BUMIT\_MERAH\_BIDGTSC NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 95 Aug 2019 13:44

NAC\_BURDT\_PERAN\_BODDS NATIONAL ASSESSMENT CENTRE SERVICE 8 (BURDT WERAND) on DE AUG 2018 19:44

Attachment

	Uploaded By/Date	Funter Date	Plan	hime	3	Source	Action
⇒ Video List							
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/5/2019	Claim Handling(accident reporting Claim Task )						

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Date of Accident	: 02 Aug 2019 Accident Time: 1915 (24-HR-Format)
Accident Place	: Amoy St To Boon Tat St
Vehicle, No. (Car Plate No.)	: GBF 88887 Make/Model: Nissan NV 350
Insurace Company	: NTUC Policy No: 5110138625
Owner or Company Name /IC No.	: Safe ENERC SULSPL 20100683M
Owner or Company Contact No.	: 94 555 6 5 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Murugesan Manikandan 03600892-
DRIVER'S Date Of Birth	: 05 APR 1991 DRIVER'S License Pass Date 12 Mar 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: 5c figure street (458329)
DRIVER'S Contact No./ Alt No.	2) 82831744
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	sales@mia.com.sg
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (Including Dr.	iver): of driver ospassensers
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work purpose
Other Pa	arty Driver's Particular (if any)
Vehicle No: SKW 2584	
Vehicle Make Model:	
Name Driver:	Name Driver;
IC No. Driver/Contact:	
* NEW - Passenger's name &	gender:
fresensers 01- Myo My	
UZ - NOW LIV	1 1071
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04 - Zay ya	r Marva



# WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer SAFE ENGINEERING SERVICES PTE. LTD.

For LKK/NAC Use Only

Name MURUGESAN MANIKANDAN

Work Permit No. 0 3600892Sector:







15-10-19



K0034363

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G2270728R

**MURUGESAN MANIKANDAN** 

# For LKK/NAC Use Only

Birth Date: 05 Apr 1991 Issue Date: 12 Mar 2015 Valid Till 11 Mar 2020





VISIT PASS Immigration Regulations

31-10-2017

MURUGESAN MANIKANDAN

-828317

FIN

G2270728R

Date of Birth Sex 05-04-1991

Nationality For LKK/NAC Use Only

MULTIPLE JOURNEY VISA ISSUED

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



App to check status



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 12 Mar 2015 Motor Cars=< 3000kg with =<7 passengers, exclusive 12 Mar 2015 Class 3 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only

Licence No: G2270728F

NP 428A



	RISKS AND COMPENSATION) ACT (CHAPTER 189) RISKS AND COMPENSATION) RULES, 1960 ALAYSIA)
MOTOR VEHICLES (THIRD PARTY)	RISKS) RULES, 1959 (MALAYSIA)
Certificate Number: 511013862	5 Cover : Comprehensive
1. Index mark and Registration N	Number of Vehicle : GBF8888Y
Chassis Number	: JN1MC2E2620002168
<ol><li>Name of Policyholder</li></ol>	: SAFE ENGINEERING SERVICES PTE LTD
<ol><li>Effective Date of Insurance</li></ol>	: 19 Jun 2019
<ol> <li>Expiry Date of Insurance</li> </ol>	: 18 Jun 2020
5. Persons or Classes of Persons	entitled to drive#
(a) The Policyholder.	
	driving on the Policyholder's order or with his/her permission.  driving is permitted in accordance with the licensing or other laws or regulations to drive
the Motor Vehicle or has enactment or regulation i 6. Limitations as to Use#	been so permitted and is not disqualified by order of a Court of Law or by reason of any in that behalf from driving the Motor Vehicle.
	nd pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of pa	issengers or goods in connection with the Policyholder's business.
This Policy does not cover	
(a) Use for hire or reward.	
	ing, reliability trial or speed-testing. Ier except the towing of any one disabled mechanically propelled vehicle.
Act (Chapter 189) and Sec headings.	ction 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	; \$\$600
EXCESS (SECTION 2)	± N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Co Agency : SININ	ty to which this Certificate relates is issued in accordance with the provisions of the Motor ompensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) IS AGENCY PTE. LTD. (00000615123) in 2019 15:03 hrs  For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE



ethine morning . "

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM	11	
PARTICULARS OF	PERSON MAKING	THEAMENDMEN	TC.	31	
	· MUAYIR				Cons seen 1
	IC): MURUGESON		Vehicle Reg	gistration No:	ant 800 ( 9
(*Vehicle Driver/	Vehicle Owner) (*)	Please delete as	NRIC/FIN/F	Passport No :	9 20707287
Address	1				Singapore(
Contact (Tel)	1		Mobile No.	8283/7	VV Singapore(
Email Address	11				
Date of Accident	· Oxlop a	Ne	Time of Acc	Ident: 19	15.
Place of Accident	: Amoy S	78447.10	WINDON E	BOOK 9#7	STEMAT
Insurance Compa	ny: MKC				
DEWKE A	ng amendments:	RU GESBAI	MANIKA	NOON	
			*		(*)
A 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12			14		,
				**********	
			31.		
	<del></del>	24	Th	O5/of	1
Policyholder / Orl Date:	ver's Signature		Reportion Name:	NO. POR	Mers signature