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TP Particulars: Veh No: SCJ	7/25.	. INC ()/Non-INC	(), .		
Owner/Driver: (1'cl:)	
Policy No: () Period	:()	Cover Type; ()	
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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.
- 3. Information provided must be as <u>truthful and accurate</u> 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.

BILL GORIO.	
A TOWNS AND DESIGNATION	ACCIDENT STATEMENT
Date Of Report	14/08/2019 12:01
Date Of Accident	19/07/2019 11:10
Exact Location Of Accident	SLIP ROAD OF JALAN BOON LAY AND BOON LAY WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7907E
Insured/Policyholder	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Ca Reg No	201608109H
Email Address	PANGSMOTORRENTAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91324602

Alternative Phone No Vehicle Particulars

Manufacturer PROTON
Model SAGA

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-91324602

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

REPORTING ONLY COMMERCIAL VEHICLE

Vehicle Category

ODMINEROINE VEHICE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5104142597

Cover Note Number

Driver

Name of Driver KRISHNAN SENTHIL KUMAR

 Passport No/FIN
 G7670022U

 Date Of Birth
 30/07/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 25/07/2018

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91324602

Fax Number

Contact Number OTHERS-91324602

EMail Address PANGSMOTORRENTAL@GMAIL.COM

Address

11 YISHUN INDUSTRIAL STREET 1 #02-115 NORTH SPRING BIZ HUB

Postcode

761316

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

YES

Was any other material or property damaged?

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

PLEASE REFER TO SKETCH PLAN

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

SLJ712S

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel oSign

Name:

NRIC/FIN No.:

Boon loy	lupy
A) SID 7901 E B) SUJ 7125	SPLOW BOOK GAY
SCRIBE CIRCUMSTANCES OF THE	E ACCIDENT
THE DAMAGE SO M	of WONDHO to NOW LETT TO BOOM LA

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.:

From: Pang's Motor Rental Pte Ltd pangsmotorrental@gmail.com

Subject: CLAIM NUMBER: MT/1055546-001

Date: 8 August 2019 at 3:45 PM To: motor@income.com.sg

To: Officer In Charge

Dear Sir/Mdm,

We're writing in response to the letter dated 30th July 2019 pertaining to above claim number and would like to furnish below information:

- The said vehicle SJQ7907E was rented to a hirer at time of the accident

- SJQ7907E was driving behind SLJ712J and there was a sudden break by SLJ712J resulting in SJQ7907E to come to a halt as well.

- According to the hirer, there was minimal or no damage to St.J712J. The owner of St.J712J requested for the contact number of SJQ7907E and our hirer provided his mobile number to him. It was said that if there is a need for any follow up or damage claims, then he will contact our hirer via his mobile. However, according to our hirer, there was no calls made to him regarding any damage claims after the accident.

- As the damage was insignificant, our hirer did not report this incident to us at all. Neither were there any photos or videos taken

by the hirer.

His rental contact ended on 1st Aug 2019 and the car was returned back to us at our office

- The hirer then went overseas and our company recieved the letter from NTUC regarding this accident

- We contacted the hirer but consistently could not reach him hence the delay in our response.

We would like to seek NTUC's help in below:

1) Could we have more information on how this accident happen? Where was the damage to the other party's car and what's the severity of the damage?

2) Could NTUC on behalf of our company check with the owner of SLJ712J whether he/she is willing to release his/her contact information to us so we could speak to him in more details. Alternatively, he could also contact us if he prefer to do so.

Our contact details: Name: Vernon Pang

Designation: Director of Pang's Motor Rental Pte Ltd

Mobile: 9060 3299

Truly appreciate it.

Best Regards, Inez Lau 9661 4546 Pang's Motor Rental Pte Ltd

Jun 14/08/2019

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ccident MT/1055546		Water Mile	CW/MAN.		GST Reyntration No.		
ruley No.	5104142597	Vgiinis No.	E3Q79978		THE STREET		
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ACCIDENT STATEMENT

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LOCATION: AT GIVEWAY CMA	JOH BOON LOY & BOW
, single	TOOL BOOK COY 9 /BOW
T. DETAILS OF VEHICLE	1
alvehicle NUMBER: 570 7907	Fe .
DINSURANCE COMPANY:_ WWW	
CIPOLICY NUMBER:	1105-47
d)POLICY TYPE: (COMPREHENSIVE (TIME	74251
DIPOLICY TYPE: (COMPREHENSIVE / THIS	DPARTY / THIRD PARTY FIRE &THEFT
TYPE: (SALOON / COURT / LIDE /	1416
DITYPE: (SALOON / COUPE / MPV / VAN / S) VEHICLE CATEGORY: (PRIVATE / COM. h) PURPOSE OF USING AT ACCIDENT TIME	LORRY / MOTORCYCLE / OTHERS
MIFURPOSE OF HISING AT ACCION	MOIORCYCLE)
I) ARE YOU CLAIMING UNDER VIEW	ragion
I) ARE YOU CLAIMING UNDER YOUP OWN IF NO. PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY-HOLDER	NINSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	M / REPORTING ONLY)
AINAME: PONGIS MOTOR	
D) NRIC/FIN/PASSPORT	[MALE / FEMALE]
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DINRIC/FIN/PASSPORT: C77670022 L C)ADDRESS: 11 Y15HDW 147015781	CONTACT: 91 32 460 2
# 07 - 115	STREP!
"d) DATE OF BIRTH:	SPIRALA BIZ HUB .
INDOOR / OUTDOOR	: 71-121h
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" WAS DRIVER AN EMPLOYER OF THE	UREDIG COLLEGE
IF NO, RELATIONSHIP OF THE DRIVER V	VITH INCLUDED COMPANY? (YES /(NO)
5. G) WEATHER CONDITION: (CLEAR / RAINING	COTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS	7 OTHERS
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WORK PERMIT

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

Employer
JSS ENGINEERING & CONSTRUCTION PTE, LTD.



Sector: CONSTRUCTION







VISIT PASS

Immigration Regulations

KRISHNAN SENTHIL KUMAR



FIN G7570022U

30-07-1980

INDIAN

MULTIPLE JOURNEY VISA ISSUED

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



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

Glass SC Moler cars with unladen weight =< 3000kg with =< 7 passangers, exclusive of driver

For LKK/NAC Use Only

NP 428A



For LKK/NAC Use Only

भारत गणराज्य REPUBLIC OF INDIA

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SENTHIL KUMAR

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▼ Endorsement	DAMES OF THE PARTY								
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	e ere in Lindorsemen	Endo	rsement Type	En	dorsement Number	Endorse	ment Status		Endorsement Content
	16/10/2018 00:00	Basic Info	ormation nent	0000	D1286924113	Endorseme Effective	nt Take	VEHICLE PREMI 16-10- 16-10- amend \$2,986 under v premius since n would i pilymel date of paymer favour name a the resu Alterna paymer cash or Thank y opportu	is policy is extended to cover lowing vehicle(s) as follows: LE NUMBER EFFECTIVE DATE UM (INCL GST) 1. SMD2101D 2018 \$1,589.25 2. SIQ7907E 2018 \$1,297.10 In view of this ment, an additional premium in 35 (inclusive of GST) is payally our policy. Please ignore this impayment request if you have appreciate it if you could make to us within 14 days from the this letter. For cheque into 18 miles is sue the cheque in of "NTUC Income" with your and policy number indicated on erse of the cheque. Evely, you could also make that at any of our branches by NETS. Ou for giving us the nity to serve you. We confirm a policy is extended to cover wing vehicle(s) as follows: ENUMBER EFFECTIVE DATE. MUMBER EFFECTIVE DATE.
	05/11/2018 00:00	Basic Infor Endorsems	mation ent	00000	1286937249	Endorsemen Effective	t Take	amendin \$1,229.1 under ye premium since ma would ap payment date of t payment favour or name an the reveal payment cash or N	1 \$1,229.03 In view of this orent, an additional premium of 03 (inclusive of GST) is payably our policy. Please ignore this in payment request if you have ade payment. Otherwise, we preciate it if you could make it to us within 14 days from the his letter. For cheque, please issue the cheque in 1" "NTUC Income" with your dipolicy number indicated on itse of the cheque, vely, you could also make at any of our branches by iETS.
2	3/11/2018 00:00	Besic Inform Endorsemen	nation it	000001	286949235	Endorsement Effective	Take	opportunithat this the follow VEHICLE PREMIUM 26-11-20 amendrus \$1,248,2 under you would appremium since mac would appremium fate of the payment, favour of name and the restrict work afternative and the restrict was supported to the fate of the payment of the fate of the payment of the fate of	ou for giving us the lift to serve you. We confirm policy is extended to coverying vehicle(s) as follows: NUMBER EFFECTIVE DATE (INCL GST) L. SGW51925 18 \$1,248.29 In view of this ent, an additional premium of p(inclusive of GST) is payable in policy. Please Ignore this payment request if you have payment. Otherwise, we preciate it if you could make to us within 14 days from the is letter. For cheque please issue the cheque in "NTUC Income" with your policy number indicated on e of the cheque.