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TP Particulars: Veh Nor SL	D'6177X	. INC()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () Per	riod: ()	Cover Type: ()
Confirmed by : (Dater.	Times)
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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 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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Date Of Report

16/08/2019 17:43

Date Of Accident

15/08/2019 16:50

Exact Location Of Accident

TEKKA MARKET CARPARK

Country/State of Loss

SINGAPORE

DET	TAILS	OF OV	NN VEH	ICI E

Vehicle Registration Number

SJV5064Z

Insured/Policyholder

Name Of Registered Owner

NIRMALA DEVI PACHAIYAPPAN

NRIC No.

S7003669Z

Email Address

NOEMAIL

Mobile Phone No.

(LOCAL) +65-92715280

Alternative Phone No.

OFFICE-92715280

Vehicle Particulars

Manufacturer

KIA

Model

CERATO FORTE

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?

If No. Please state action to be taken

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5106905172

Cover Note Number

Driver

Name of Driver

NIRMALA DEVI PACHAIYAPPAN

NRIC No. Date Of Birth S7003669Z

Occupation

29/01/1970 INDOOR 01/05/1995

Date Of Driving Pass Driving Experience

24 YEARS AND 3 MONTHS

Gender

Mobile Number

FEMALE

Fax Number

(LOCAL) +65-92715280 (LOCAL) +65-92715280

Contact Number

OFFICE-92715280

EMail Address

NOEMAIL

Address

APT BLK 528 CHOA CHU KANG STREET 51 #07-347 SINGAPORE

Postcode

680528

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

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

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

0.000

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

REFER TO SKETCH PLAN 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

SLD6177X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

HARBANS KAUR

NRIC/Passport Number

S1289566F 90231880

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.
- 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.

Muladri

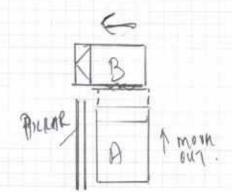
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

COURT SHAPPING VI

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74KKA	MARKET	CARPARK	(BASHMEN)	
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A) STV 5064 Z B) SLD 6177X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EX	15/08/2019 AT ABOUT 16:50HRS I WAS ABOUT TO MOVE
NU	CAR FROM 7th BARMANT LOOKING BY MY 1667 PO
MACH	1 such I DID MOT HIT THE PLUAR MY CALT RACKASK
THA	BROKER & MY CAR MOVER FORWARD & BROUGH AGRANTS THAT
CAR	SLD 6171 X THON ALL

DECLARATION

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

under

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.:

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Claim Handling(accident reporting Claim Task)

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NAC_BLACT_MERAN, 8006781, NATIONAL ASSESSMENT CENTRE SERVICE 8 (BURLT MERAN)) on 16 Aug 2019 18:43	Phobes	Normal	Photos 3019-8-10
NAC_BURST_MERAH, BOORTH, NATIONAL ASSESSMENT CENTRE SERVICE 5 (BLINIT MERAH)) on 16 Aug 2019 18:43	Photos	Normali	Phelias 2019-8-26
NAC_BURIT_MERAH, SIDE FIG. NATIONAL ASSESSMENT CITATIVE GRAVICE S. (DURIT MERAH) S on 16 Aug 2019 18:43	Protes	hormal	Photog 2019-8-16
NAC_BUNCT_MERAH_BODEFN(NATIONAL AGGESSMENT CENTRE SERVICE S (BUNCT MERAH)) on 18 Aug 2011 18:43	Photos	Terrinal	Philos 2019-9-10
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NAC BURD SERAH, SCOOPEL NATIONAL HISSESSMENT CENTRE SERVICE SUBJECT NERAHILI ON 18 AND 2019 IN AS	SAS	Normal	6A6 2019-8-16

Uplnated By/Date

Problem State

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Action

Display in hew Window Scan and uploating

LILINGE

ACCIDENT STATEMENT

ACCIDENT DATE: 15 08 3019 (DD/MM/YYY), TIME: 16:50 (HH:N	41.4
LOCATION: TEKKA MARKET CAR PARK.	99.83
DETAILS OF VEHICLE GIVEHICLE NUMBER: SJU 5064 Z DINSURANCE COMPANY: INCOME CIPOLICY NUMBER: 5106905112	98
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THE	귀)
TITYPE: (SALOON / COUPE / MPV /VAN / LORBY / LOTOR ON THE	
h)PURPOSE OF USING AT ACCIDENT TIME: 112	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/19) IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
The state of the s	
ANAME - NITMALA DEUI PACHANY PPPAN (MALE / FEMALE)	
2/11/10/11/17/A33FORE 3 10036-07)
C)ADDRESS: BIK 528, #07-3+7 CHOP CHU KANG	
3 (0800328.)	_
intended purch	
Cincludina delin) O'NAME: NIMALA DEVI PACHANAPPAN	
(1) DINRIC/FIN/PASSPORT: S 1003669 Z CONTACT: 9211528	0
CAUDRESS: BIR 538 H 01-347 GHOA CHUI CANG	
"d) DATE OF BIRTH: (29 / OU 1970) (DD/MM/YYYY)	-
e)OCCUPATION: (INDOOR / OUTDOOR)	
DON'TE OF DRIVING PACE 05/1995 .	
4. WAS DRIVER AN EMPLOYED OF THE INCURENCE COMPANY	
A AMERICAN CONTRACTOR OF THE DRIVED WITH THOUGHT.	
MALE CONDITION: (CI FAR / PAINING / COMMON	J
DINOND SURFACE: (DRY / WITT / OTLIEBE	
6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	0.00
B. THIRD PARTY VEHICLE	-
Pro of Passager of VEHICLE NUMBER, CLO 6177 V	
Including deliver) DI DRIVER'S NAME: HARBANS KALD	t
() RIC/FIN/PASSPORT: S 1289566 F CONTACT: 90 231881	5
di venicie vinanza	
	41
Including diriver) () NRIC/FIN/PASSPORT:CONTACT:	
(_)	ŧ,

email = lavan_1234@ hot mail.com







Certificate of Insurance

: SJV5064Z

: 28 Jan 2019

: 27 Jan 2020

: KNAFW411MA5178325

: NIRMALA DEVI D/O PACHAIYAPPAN

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106905172	Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

NCD PROTECTION TRANSPORT ALLOWANCE

EXCESS WAIVER

PRIMARY DRIVER NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY SUM INSURED

: S\$100

: PLEASE REFER OVERLEAF

: NO : YES : YES (FREE)

: NO : NO

: NIRMALA DEVI D/O PACHAIYAPPAN

: MOHAN S/O KARUPPAYA : N/A

: MAYBANK SINGAPORE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 10 Jan 2019 17:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive