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Date In: 31 8/ 4-12:18	Jcb description	Date &Time Completed	Done by	
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Veh No: yL88M	E-mail (within Shrs, AIC 2hrs	3)		
D.O.A: 70/7/19- 11:45	i-Motor Claim Form	N 711060247-021	3118) 19 1379	
	I-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded			1.000
TP Insurer:	Assessment/Survey Repor	rt		
IP insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		_
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	1
TP Particulars: Veh No: YM	INC INC	C()/Non-INC()	77	
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]	200
	Warranty: YES ()/NO (
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Remarks:- (INC horline: 6788 6616)	engantinas a	Date&Time Comple od	Done by	2
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		0.200.000.000.000.000	- 1
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Actual e-Filling Submission Date & Time: 31/08/2019 12:42

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.

SINGAPORE ACCIDENT STATEMENT

- 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.
- 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,		
	ACCIDENT STATEMENT	DE MINOR
Date Of Report	31/08/2019 12:18	
Date Of Accident	30/07/2019 11:45	
Exact Location Of Accident	JUNC CUFF RD & SERANGOON RD	
Country/State of Loss	SINGAPORE	
San in the second second second second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL88M	
Insured/Policyholder		
Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD	

201713503C Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-67476938 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer FE83BEOSRDEA Model

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5105323149 Policy Number

Cover Note Number

Driver

SAKTHIVEL CHELLAIYA Name of Driver

S6961569D NRIC No 05/06/1969 Date Of Birth OUTDOOR Occupation 23/10/1998 Date Of Driving Pass

Driving Experience 20 YEARS AND 9 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-98106944

Fax Number

OFFICE-98106944 Contact Number

EMail Address NOEMAIL

BLK 82 WHAMPOA DRIVE Address

#15-953 320082

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

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?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

NO

2

Passenger 1

NAME: . .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME. MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE LEFT PORTION. THE OTHER PARTY THE SUPERVISOR INFORMED ME THAT VEHICLE B THE DRIVER AT FAULT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

YM9272H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

SALAHUDDIN Name of Driver G8199402T NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

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.
- 3. 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

(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)

C. Salectrini

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

neser to Statement.	

DECLARATION

I/We declar othe 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 Personner's Signature Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6961569D

SAKTHIVEL CHELLAIYA Univ

சக்திவேல் செல்லையா

INDIAN

05-06-1969

INDIA

9427615

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 21 Oct 1998 of the driver; and other motor vehicles =< 2500kg

MDI.

For LKK/NAC Use

INDIAN 22-12-2016

APT BLK 82 WHAMPOA DRIVE #15-953 SINGAPORE 320082

NRIC No: \$6961569D

Date: 08/07/2017

Ucence No: S6961669D

eBaoTech			7.53							Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		- Contraction	- The Carlotte of the Carlotte			• Change	Languag	e • Chan	ge Password	→ Log Out
My Desktop	Poli	cy Query									
Natice of Loss	Policy N	10.				Date	of Accident		30/07/2019	11:45	
	Vehicle	No.(For Motor)	YL88M			Certifi	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105323149		PAUL HOE ENTERPRISE PTE LTD	201713503C	GCV	Third Party	YL88M	YL88M	19/11/2018	18/11/2019
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ident MT/1060347					
cy No.	5105323149	Vehicle No.	YLBBM	GST Registration No.	
tificate No.					
	PAUL HOE ENTERPRISE PTE LTD			Policyholder NRIC	201713503C
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	0	Contact No. (Office)	67476938	Contact No.(Home)	0
	5.	Special Remark		eCode	10: V
of Address			® No ○Yes	eCode Reason	-
	® No ○Yes	TCA	36		No.
Protection	No	NCD Entitlement(%)	10	Private Hire	NO
Accident Details					
ort Date	31/08/2019 13:37	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
	30/07/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
		Orange Force		ICM No.	
orting Centre	Participation of the Control of the	Orange russa			
	JUNC CUFF RD & SERANGOON RD				
Excess					
damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
amed Driver Excess		Outside Singapore CO Excess			
d Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informat	tion				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
fication History	31/08/2019 13:38:48 5vs	tern changed GST Status venfied fro	um No to Yes		
2/8					
Policyholder Malling Add		Cityon b		Address 3	SINGAPORE 417883
íress 1	1 KAKI BURIT AVENUE 6	Address 2	#01-107 AUTORAY @ KAKI BUK	Address 3	
fress 4		Address Type	Singapore address	Post Code	417883
t No.	11-07	Related Policy Number	5101767903-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
samed driver Name	SAKTHIVEL CHELLATYA	Driver NR3C	\$69615690	Driver DOB	05/06/1969
pater Date of Driver License	23/10/1998	Oriver Age	50	Driving Experience	20
Eact No.(Mobile)	98106944	Contact No.(Office)	0	Contact No.(Home)	0
		Address 2	WHAMPOA DRIVE	Address 3	WHAMPOA SPRING
tress 1	BLK 82			Post Code	320082
dress 4	SINGAPORE 320082	Address Type	Singapore address	PION CAME	32002
it No.	15-953				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Saration					
eathalyser or Blood Test admo?	0 mg	Any injury?	○ Yes ® No		
dification History					
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