

|                           |   |                       |            |
|---------------------------|---|-----------------------|------------|
| Date In: 02/09/2009 12:38 | Job description                           | Date & Time Completed | Done by    |
| Ref No: NBSA1MCL90155444  | SAS e-filing                              |                       |            |
| Veh No: SLA 8186H         | E-mail (within 8hrs, AIC 2hrs)            |                       |            |
| DOA: 07/08/2009 16:10     | I-Motor Claim Form                        | MT110570467001        | 03/09/2009 |
| OID: TP / Reporting Only  | I-Motor W/O (Within: OD 2hrs, TP 4hrs)    |                       | 12:58      |
| TP Insurer:               | I-Photo Uploaded                          |                       |            |
|                           | Assessment/Survey Report                  |                       |            |
|                           | Ass't Report by Fax / Hand to Owner/Witan |                       |            |

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLA 3549S INC ( ) / Non-INC ( )

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%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

| Date/Time | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |

| Comments/Particulars                           | Value       | Inc/Non Inc |
|--|-------------|-------------|
| 1) AR: Accident Reporting (\$30)               |             |             |
| 2) DA: Damage Assessment (\$100)               |             | INC (\$10)  |
| 3) TF: Towing Fee                              | \$40/\$45   |             |
| 4) FT: Follow-Through Survey                   | \$120       |             |
| 5) FT: Follow-Through Survey (Resurvey)        | \$30        |             |
| For claiming against INC Only (ver 10 Jan 200) |             |             |
| 6) TR: Re-inspection                           | \$75        |             |
| 7) NI: Idas DA + EMRT Survey                   | \$160       |             |
| 8) NTUC Additional Services:                   |             |             |
| ON:  |             |             |
| *NS: Courtesy Car / Tpl Allowance              | \$5         |             |
| *NR: Repair Co-ordination                      | \$10        |             |
| *NI: Post Repair Inspection                    | \$25        |             |
| *NB: DV / Collect Excess Coordination          | \$5         |             |
| TP (NI) / TP (Non INC) against INC             | \$30        |             |
| 9) NI: Idas Mobile                             | \$0         |             |
| Invoice dated                                  | Fee Charged |             |
| Invoice dated                                  | Fee Charged |             |

### 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 withholding 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.

#### ACCIDENT STATEMENT

|                            |                                  |
|----------------------------|----------------------------------|
| Date Of Report             | 03/09/2019 12:38                 |
| Date Of Accident           | 07/08/2019 16:10                 |
| Exact Location Of Accident | CTE TOWARDS AYE AT BRADDELL EXIT |
| Country/State of Loss      | SINGAPORE                        |

#### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | SJL8136H                               |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | VICKNESH S/O GUNASEELAN                |
| NRIC No  | S7702163I                              |
| Email Address  | VICKNESH06@GMAIL.COM                   |
| Mobile Phone No  | (LOCAL) +65-91914764                   |
| Alternative Phone No   | OTHERS-87488334                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | TOYOTA                                 |
| Model  | PICNIC                                 |
| Exact Purpose for which vehicle was being used at time of accident           | DRIVING TO NUH                         |
| 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 CAR                            |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5104831302                             |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | SUBASH S/O GUNASEELAN                  |
| NRIC No  | S8330877Z                              |
| Date Of Birth  | 22/09/1983                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 26/09/2018                             |
| Driving Experience   | 0 YEAR AND 10 MONTH                    |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-87488334                   |
| Fax Number   |  |
| Contact Number   | OTHERS-91914764                        |
| Email Address  | SUBASH0983@GMAIL.COM                   |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 315B PUNGGOL WAY<br>#10-671 |
| Postcode  | 822315                          |
| Was driver an employee of the Insured's Company     | NO                              |
| If No, Relationship of the Driver with the Insured  | SIBLING                         |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                     |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                     |

#### 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. | NO                                 |
| Number of Passengers (Including Driver)   | 3                                  |
| Passenger 1   | NAME: : MOTHER<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : HELPER<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | PUNGGOL N.P.C   |
| Police Station Address                    | ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190902/2004

#### 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 | SLA3549S    |
| Vehicle Make/Model/Colour   | MAZDA       |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | MR CHUN     |

NRIC/Passport Number  
Contact Number 96428551  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2  
Passenger 1  
NAME: ;  
GENDER: ;

## SKETCH PLAN

### IMPORTANT NOTICE

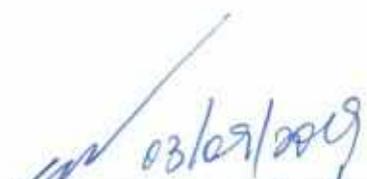
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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. 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.
7. 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:

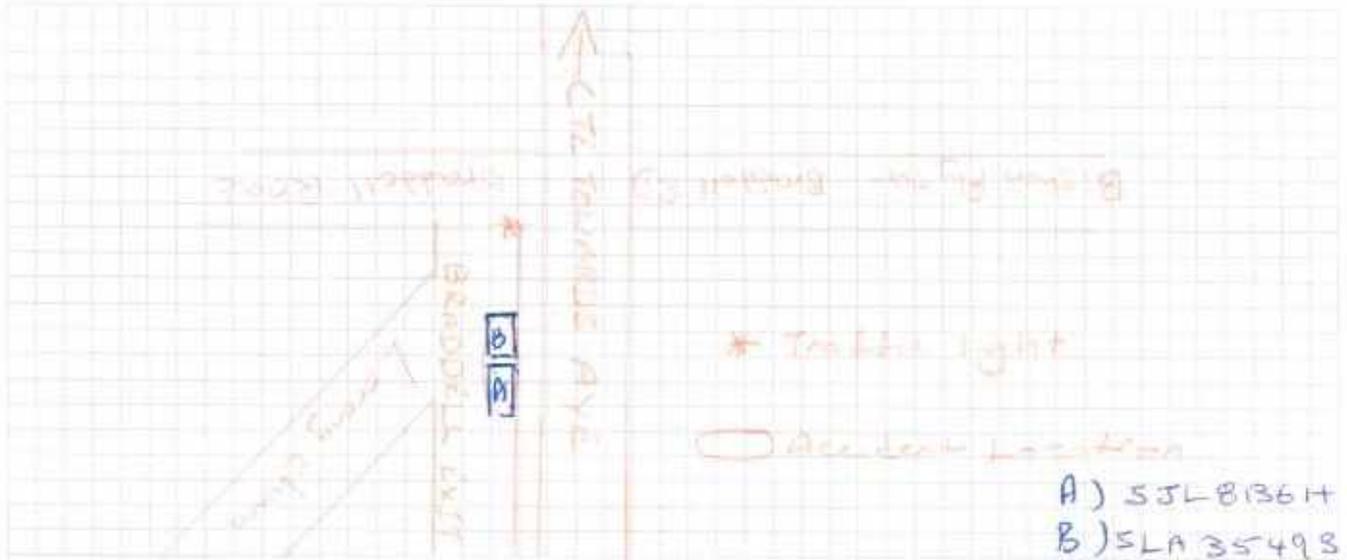
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (i) 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:

 3/9/19  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 03/09/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Reshwan  
NRIC/FIN No.:

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO POLICE REPORT 260190902/2004

**DECLARATION**

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

*[Signature]* 2/9/19  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]* 03/09/2019  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: *[Signature]*



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |  |                              |
|---|------------|--|------------------------------|
| Date/Time Report Made:<br>02/09/2019 00:18  |            | Vide Report No.:   | Station Diary No.:<br>7      |
| <b>Informant's Particulars</b>              |            |  |                              |
| Name of Informant:<br>SUBASH S/O GUNASEELAN |            | Address:<br>APT BLK 315B PUNGGOL WAY #10-671 SINGAPORE<br>822315 |                              |
| ID Type / ID No.:<br>NRIC NO / S8330877Z    |            | Contact No.:<br>Home/Office: Mobile: 87488334                    |                              |
| Nationality:<br>SINGAPORE CITIZEN           |            | Email:   |                              |
| Sex:<br>Male                                | Age:<br>35 | Date of Birth:<br>22/09/1983                                     | Type of Informant:<br>Driver |
| Race:<br>Indian                             |            | Language:  | Institution / School Name:   |
| Occupation:<br>SAFETY OFFICER               |            | Driving Licence Information:<br>Class: 3 Date of Expiry:         |                              |

**General Information of the Accident**

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>07/08/2019 16:10 | Type of Location:<br>Bend           |
| Location:<br>Along Road 1<br>BRADDELL ROAD<br>CTE towards AYE at Braddell Exit |                  |   |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way   |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                   |                  |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model  | Color  | Condition        | No of Passenger |
|-------------|------|--------|--------|--------|------------------|-----------------|
| SJL8136H    | Car  | TOYOTA | Picnic | Silver | Slightly Damaged | 2               |
| SLA3549S    | Car  | MAZDA  | 6      | Grey   | Slightly Damaged | 1               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                          | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| SJL8136H    | NTUC Income Insurance Co-Operative Limited | 5104831302   | 31/10/2018 | 30/10/2019  |



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                       |  |                                 |
|-----------------------------------|-----------------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                       |  |                                 |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA         |                                 |
| <b>Driver</b>                     |                       |  |                                 |
| Name                              | SUBASH S/O GUNASEELAN | ID No.                                 | S8330877Z                       |
| Related Vehicle                   | SJL8136H (Car)        | Contact No.                            | 87488334                        |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                             |

**Brief Details.**

On 07/08/2019 at 1609hrs, I was driving my brother vehicle SJL8136H Toyota Picnic silver colour CTE towards AYE and exited at Braddell exit. My mother and my helper was in the vehicle with me.

While I was along the exit, waiting for the traffic light to turn green. There were many other cars waiting. When the traffic light turned green the vehicles started moving and I also accelerated suddenly the vehicle in front of me stopped. I could not stop in time as I did not realise that the vehicle had come to a complete stop. I collided onto the rear of the vehicle SLA3549S Mazda 6 Dark Grey colour and I stopped.

We both came out of the vehicle to check if anyone is injured and the damages of the vehicles. The vehicle driver Mr Chun 96428551 informed me that he was not injured and since it was a minor accident, he is not going to claim. The damages on the other vehicle was a slight dent on the rear bumper. My vehicle registration number plate was dented. The other driver snapped a picture of my NRIC and Driving Licence. I only took down his name and contact number. I also advised him to contact me and proceed to repair the damages which will be paid by me. However, he refused to claim from me.

On 29/08/2019 at 0929hrs, Traffic Police Investigation Officer Cecilia Yeo called me and advised me to lodged a traffic accident report as the other driver has a Medical Certificate for 5 days.

I wish to state that the accident was light and the impact was not hard. Neither my passengers nor myself were injured.



**SINGAPORE  
POLICE FORCE**



T/20190902/2004

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20190902/2004

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>F /<br>Sr Staff Sgt AKBAR KHAN GAFFOOR  | Signature Of Informant:<br>   |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>02/09/2019 00:18   |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SSI 2 YEO GEAK ENG CECILIA<br>Contact No.: 65476404   | Classification Of Case:<br><br>  |
| Authentication Stamp<br>NP168  |  Signature:  SN 085<br>Singapore Police Force |

**Claim Handling**

**Accident MT/1057046**

|                     |                         |                     |                           |                      |               |
|---------------------|-------------------------|---------------------|---------------------------|----------------------|---------------|
| Policy No.          | 5104831302              | Vehicle No.         | SLB136H                   | GST Registration No. |               |
| Certificate No.     |                         |                     |                           |                      |               |
| Policyholder Name   | VICKNESH S/O GUNASEELAN |                     |                           | Policyholder NRIC    | S7702163      |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | Third Party, Fire & Theft | Leading              | 0             |
| Contact No.(Mobile) | NA                      | Contact No.(Office) |                           | Contact No.(Home)    |               |
| Email Address       |                         | Special Remark      |                           | eCode                | No            |
| AKF                 | - No Yes                | TCA                 | - No Yes                  | eCode Reason         |               |
| NCD Protection      | No                      | NCD Entitlement(%)  | 0                         | Private Hire         | Not available |

**Accident Details**

|                   |                       |                               |       |                     |           |
|-------------------|-----------------------|-------------------------------|-------|---------------------|-----------|
| Report Date       | 08/08/2019 14:52      | Accident Report Within 24 hrs | Yes   | Accident Type       | Others    |
| Date of Accident  | 07/08/2019            | Time of Accident (mm)         | 16:00 | Country of Accident | Singapore |
| Reporting Centre  | administrator         | Orange Force                  | No    | ICM No.             |           |
| Accident Location | ALONG PIE TWD5 CHANGI |                               |       |                     |           |

|                       |      |                             |   |                   |      |
|-----------------------|------|-----------------------------|---|-------------------|------|
| Own damage Excess     | 0.00 | Additional Excess           | 0 | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess |   |                   |      |
| Third Party Excess    | 0.00 | Outside Singapore TP Excess |   |                   |      |

**Benefit**

**GST Registered Information**

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Data |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

**Policyholder Mailing Address**

|           |               |                       |                   |           |                  |
|-----------|---------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BUK 42 #01-22 | Address 2             | JALAN SAKAGTA     | Address 3 | SINGAPORE 320047 |
| Address 4 |               | Address Type          | Singapore address | Post Code | 320042           |
| Unit No.  | 01-22         | Related Policy Number | 5104831302        |           |                  |

**Q1 Driver Info**

|   |          |                     |                 |                        |  |
|---|----------|---------------------|-----------------|------------------------|--|
| Driver Name                             |          | Driver Type         |                 | Driver DOB             |  |
| Unnamed driver Name                     |          | Driver NRIC         |                 | Driving Experience     |  |
| Register Date of Driver License         |          | Driver Age          |                 | Contact No.(Home)      |  |
| Contact No.(Mobile)                     |          | Contact No.(Office) |                 | Address 1              |  |
| Address 1                               |          | Address 2           |                 | Post Code              |  |
| Address 4                               |          | Address Type        | Foreign address |                        |  |
| Unit No.                                |          |                     |                 |                        |  |
| Does he own a Singapore Registered car? | Yes - No | Driver Vehicle No.  |                 | Driver Insurer Company |  |

**Notification History**

**Claim 002 OD-MX**

Claim Type \*  Insured Name  Insured NRIC

Contact No.(Mobile)  Contact No.(Home)  Contact No.(Office)

Email Address  Q1  TP

Claim Description  Name of Preferred Workshop

Workshop  Insured Liability  Pcty at Fault

Workshop No.  Endorsed  Preferred Workshop, Name unknown  QIA report  Received

Date Registered  Claim Close Date  Date Received

Report Taken By  Workshop Repairer  Total Loss Decl. Received

Print AK letter

**Attachment**

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1057046  | Claim No.   | 902              |
| Last Doc. Received | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Upload Date | 03/08/2019 12:38 |

| Category *  | Confidential                    | Urgency *                           | Description * |
|---|---------------------------------|-------------------------------------|---------------|
| <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
| <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
| <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
| <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
| <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
| <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |

**Attachment List**

| Attachment | Uploaded By/Date  | Category              | Urgency | Description                    | Msg Sent? (CO) |
|------------|---|-----------------------|---------|--------------------------------|----------------|
|            | NAC_BUKIT_MERAH_800676i NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Sep 2019 12:08 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2015-9-3 |                |
|            | NAC_BUKIT_MERAH_800676i NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Sep 2019 12:07 | SAS                   | Normal  | SAS 2019-9-3                   |                |
|            | NAC_BUKIT_MERAH_800676i NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Sep 2019 12:07 | Photos                | Normal  | Photos 2019-9-3                |                |
|            | NAC_BUKIT_MERAH_800676i NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Sep 2019 12:07 | Photos                | Normal  | Photos 2019-9-3                |                |



|  |        |        |                 |
|--|--------|--------|-----------------|
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2019 12:37 | Photos | Normal | Photos 2019-9-3 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|

# ACCIDENT STATEMENT

ACCIDENT DATE: (07/08/2019) (DD/MM/YYYY), TIME: (16:10) (HH:MM)

LOCATION: CTE Towards AVE at Braddell Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL 8136H  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: S104831302  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Picnic  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Driving to NUH  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Viknesh S/o Gunaseelan (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S83308772 CONTACT: 91914764  
C) ADDRESS: Blk 190A Rivervale Drive #104-988  
Singapore 54190

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Subash S/o Gunaseelan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S83308772 CONTACT: 87488334  
c) ADDRESS: Blk 315 B Punggol Way #10-671  
Singapore 822315

\*d) DATE OF BIRTH: (22/09/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/09/18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Brother

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Punggol NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA2549 S MODEL: Mazda  
b) DRIVER'S NAME: Mr. Chuan  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9642 8551

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

MUM  
HELPFR

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
( )

email = subash0983@gmail.com  
viknesh06@gmail.com

VIDEO

### Certificate of Insurance

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:** 5104831302 **Cover :** Third Party, Fire & Theft

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJL8136H                |
| Chassis Number  | : JTEGH23B600026243       |
| 2. Name of Policyholder   | : VICKNESH S/O GUNASEELAN |
| 3. Effective Date of Insurance  | : 31 Oct 2018             |
| 4. Expiry Date of Insurance   | : 30 Oct 2019             |
| 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)                   | : N/A   |
| EXCESS (SECTION 2)                   | : N/A   |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : N/A   |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| PRIMARY DRIVER                       | : VIJAKUMAR S/O SUBRAMANIAM                       |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : N/A   |
| SUM INSURED                          | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

(/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 : SONA INSURANCE AGENCIES (00000573757)  
 Date of issue : 31 Oct 2018 10:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive