Dutalment	Lab dans to the	Date &Time Completed	Done by
Date in: 9 6 9- 16:04	Jeb description	Date & Time Completed	Doug
Rel No. Najlycigo kysytu	SAS e-filing		
Veh No: SCIFFS3NH	E-mail (within Shrs, AIC 2hrs		
D.O.A: 8/9/19- 15:15	i-Motor Claim Form	M7 1061600 - 001	9/0/19/16/18
OD : (FP-) Reporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OB . III reporting only	i-Photo Uploaded	1	
TD 1	Assessment/Survey Repor	1	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	l: (	Tol:	Fax:
TP Particulars: Veh No:	11738275 INC	( )/Non-INC( ).	8
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%]
Year of Registration: (	) Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading:	\$1,000( )/\$2,000( )		
General Remarks;-	GARANTE TO SOME TO CANCEL SERVINE AND AND AND		
( ) Walk-In Customer: Customer's	s information strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail In	nsurer URGENTLY.	*	
Drive-In ( )/ Towed-In ( ); In	voice: YES( ) / NO( );	Towing Co: (	)
			POSICERE A PROPERTY
Remoral Company of the Company of th	<ul> <li>C. A. Landago and Landago and the control of the cont</li></ul>		
		Date&Time Completed	Sections
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Apply for Transport Allowance (     QC Check / Post Repair Inspection	)/Courtesy Car ( )	Dates (arte conpre-sq.)	as tabone by
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### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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.

- 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.

aforesaid,	
THE PROPERTY OF THE PROPERTY O	ACCIDENT STATEMENT
Date Of Report	09/09/2019 16:04
Date Of Accident	08/09/2019 15:15
Exact Location Of Accident	BUKIT TIMAH RD INFRONT LP: 84
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB7532H
Insured/Policyholder	
Name Of Registered Owner	LALETHA D/O S NITHIYANANDAN
NRIC No	S1299790F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96268271
Alternative Phone No	OFFICE-96268271
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF CABRIOLET 1.4 TSI AT 5172Q5
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084512760-02
Cover Note Number	
Driver	
Name of Driver	LALETHA D/O S NITHIYANANDAN
NRIC No	S1299790F
Date Of Birth	15/12/1958
Occupation	INDOOR
Date Of Driving Pass	15/12/1982
Driving Experience	36 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96268271
Fax Number	

OFFICE-96268271

NOEMAIL

Address

259 ARCADIA ROAD

#06-03

Postcode

289852

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

CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

2

Passenger 1

NAME:

GENDER:

: FEMALE

**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 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

SLJ3827S

Vehicle Make/Model/Colour

**BMW** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

WAYNE GLADWIN

NRIC/Passport Number

S7183543Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

YN327M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

BALASUBRAMANIAN MURA LITHARAN

NRIC/Passport Number

Contact Number

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.
- 2. 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 dalms;
  - (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.

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.:

DECLARATION

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time:

NRIC/FIN No :

Allen Staddhallen Ma

Date of Accident	13/09/201
Accident Place	BUNGT Time: 1515. (24-HR-Format)
	THE THINK PART OF ON
Vehicle Reg. No. (Car Plate No.)	: JUB 7532H.
Vehicle Make/Model	: YOKWABIONI
lasurance Company	: NTUC Policy No
Owner or Company Name /IC No.	: AS AM DRIVER DETAILS.
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	LALETHA DO & NITY ANDUDAN. 8129
DRIVER'S Date Of Birth	: 15 10 19. DRIVER'S License Pass Date 15 Dec 1982
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0 -ns
DRIVER'S Address	: 258 ARCADIA 2010 #106-03.
DRIVER'S Contact No./ Alt No.	:1) 96268271 2)
DRIVER'S Occupation	NDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	: ADMING MY CAR. SE
Weather & Road Surface	CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including I	Driver): 02 tomate No injuries.
Was there any video Captured by o Exact purpose for which vehicle w	ar camera: YES \ Ro as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: 947 39	078 · Vehicle Reg. No: YH 327M .
Vehicle Make Wodel: BNU	Vehicle MakelModel: LORRY .
Name Driver: WAYNA GIC	ADNIN Name Driver: BACASUBRAMAHIA
IC No. Driver: 37103	1543 Z 1C No. Driver: 9 32-745133
Driver's Contact & Add:	Driver's Contact & Add:



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report.

		ADDEND	JM	
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENTS	i:	
	Original Report No	MNA119119486	Vehicle Registration N	lo: SLB7532H
		LALETHA D/O S NITHIYANANDAN	NRIC/FIN/Passport No	: S1299790F
		hicle Owner) (*) Please delete as ap	propriate	
	Address	259 ARCADIA ROAD	#06-03	Singapore(289852 )
	Contact (Tel)		Mobile No. : <u>9626827</u>	1
	Email Address			
	Date of Accident	08/09/2019	Time of Accident : _15	5:15
	Place of Accident	BUKIT TIMAH RD INFRONT LI	P: 84	
	Insurance Company	NTUC Income Insurance Co-o	perative Ltd	
	-			
	[		g	
	Policyholder / Driver Date:	's Signature	Reporting Centre F Name: NRIC/FINNo.: Date:	Personnel's Signature

<b>eBao</b> Tech		-134						W To	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		THE RESERVE OF THE PARTY OF THE		ILA TRESPUS	· Change L	anguage	• Change	Password	→ Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date of	Accident	08/	09/2019 15	:15	
	Vehicle No.(For Motor)	SLB75	32H		Certifica	ate Number				
				S	earch					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5084512760-		LALETHA D/O S NITHIYANANDAN	S1299790F	GPC	drivo PREMIUM	SLB7532H	SLB7532H	04/03/2019	03/03/2020
				Co	ontinue					

olicy No.	5084512760-02	Policyholder Name	LALETHA D/	O S NITHIYANANDA	Policyholder NRIC	S1299790F	
Certificate No.		910(0007)			8000E		
Address	259 ARCADIA ROAD #06-03 HIL	LCREST ARCA	DIA SINGAP	ORE 289852			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/02/2019	Effective Date	04/03/2019	00:00	Expiry Date	03/03/2020 23:5	59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore	600	Singapore	0			Young/Ir	nexperience Driver Excess
OD Excess	903	TP Excess	No. of the same				
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
	259 ARCADIA ROAD	Addre	ess 2	#06-03 HILLCREST	ARCADIA	Address 3	SINGAPORE 289852
Address 1						D C . d .	289852
Will Market		Addre	ess Type	Singapore address		Post Code	209032
Address 1 Address 4 Unit No.	06-03		ed Policy	Singapore address 5084512760-02		Post Code	209032
Address 4 Unit No.	06-03 ed Object: SLB7532H	Relat	ed Policy	municipality to the best of		Post Code	203032
Address 4 Unit No.	ed Object: SLB7532H	Relat	ed Policy	municipality to the best of		Post Code	203032

ocident MT/1061600					
alicy No.	5064512760-02	Vervole No.	SLB2532H	GST Registration No.	
ertificate No.					
Ricyholder Name	LALETHA D/D S NITHIYANANDAN			Policyholder NRTC	S1299790F
oduct Code	PRIVATE CAR INSURANCE	Cover Type	GIVE PREMOUM	Loading	0
ntact No.(Mobile)	96268271	Contact No. (Dffice)	0	Contact No.(Home)	0
all Address		Special Remark		eCode	n: V
C.	® No ○Yes	TCA	® No ○Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
ort Date	09/09/2019 16:16	Accident Report Within 24 hrs	War.	Accident Type	Chain Collision
e of Accident	08/09/2019	Time of Accident hhimm	15:15	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	BUKIT TIMAH RO INFRONT LP: 54				
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
arried Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Incation History					
provident accept ( )					
Policyholder Hailing Ad	dress				
ress 1		Address 2	#06-03 HILLCREST ARCADIA	Address 3	SINGAPORE 289852
	259 ARCADIA ROAD		Singapore address	(C) (C) (C)	
ireas 4		Address Type		Post Code	289852
E No.	06-03	Related Policy Number	5084512760-02		
OI Driver Info			- contact of the cont		
er Name	LALETHA D/O S NITHIYANANDAN	Driver Type	Main Driver		
amed driver Name		Driver NRIC	\$1299790F	Driver DOB	15/12/1958
ister Date of Driver License	15/12/1982	Driver Age	60	Driving Experience	36
tact No.(Mobile)	96268271	Contact No.(Office)	0	Contact No.(Home)	0
fress 1	259 ARCADIA ROAD	Address 2	HILLCREST ARCADIA	Address 3	SINGAPORE 289852
fress 4		Address Type	Singapore address	Post Code	289852
e No.	06-03	COMMISSION	27 V. T. C. S. C.	7 100	
	06-03				3.77777
es he own a Singapore	06-03 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore gistered car?					
es he own a Singapore pistered car? Jaration					
es he own a Singapore gistered car? Paration athalyser or Blood Test			○ ves ® No		
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es he own a Singapore gistered car? Daration eathalyser or Blood Test ading?	○ Yes  ® No	Driver Vehicle No.			
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is he own a Singapore istered car? aration athalyser or Blood Test ding?	○ Yes  ® No	Driver Vehicle No.			
is he own a Singapore istered car? aration athalyser or Blood Test ding?	○ Yes <b>®</b> No O mg	Driver Vehicle No.	○ Yes ® No	Driver Insurer Company	
s he own a Singapore istered car?  aration athalyses of Blood Test drig?  fication History  laim 001 New	○ Yes  ® No	Driver Vehicle No.			\$1299790F
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