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D.O.A: 23/19-14:26	i-Motor Cla	aim Form	m/1059852-002	11/6/19	18:00
OD / TP / Reporting Only	i-Motor W/	O (Within: OD 2hrs	s, TP 4hrs)		
	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	A.E.(U.E.(S)
TP Particulars: Veh No:		, INC()/Non-INC()	1	
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	00()/\$2,000	0()			
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() Total Loss Case : to e-mail Insure	er URGENTLY.				
Drive-In ()/ Towed-In (); Invoice	******	NO / T			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

aforesaid.	an die beziehen der 1969 - Freise in 1978 Freise Tradist in die de Treise Freise Freise in die de State Freise Fr
THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	11/09/2019 17:49
Date Of Accident	23/08/2019 14:25
Exact Location Of Accident	CTE TWDS PIE AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
Contract of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD2510L
Insured/Policyholder	
Name Of Registered Owner	ELMARK MARKETING
Co Reg No	39624900X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67410729
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081383749-03
Cover Note Number	
Driver	
Name of Driver	SUBRAMANIAN JAGAN
Passport No/FIN	G3031550U
Date Of Birth	06/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82387251
Fax Number	
Contact Number	OFFICE-82387251

NOEMAIL

55 UBI AVENUE 1 Address #02-04/06 UBI 55 408935 Postcode Was driver an employee of the Insured's Company YES If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 1 involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police? 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 NO Was there any audio recorded?

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>.
- 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.
- 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.

ELMARK MARKETING

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

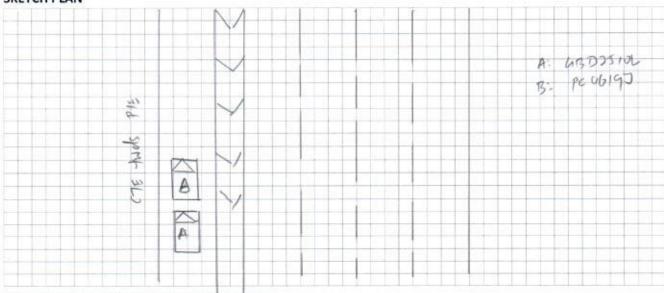
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement	

DECLARATION

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

ELMARK

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.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I
DID NOT HIT VEHICLE B. I RECEIVED CLAIM LETTER FROM MY INSURANCE
COMPANY SO I FILLED ACCIDENT REPORT.

ELMARK MARKETING

Photograph showing gap between both vehicles.









ACCIDENT STATEMENT

ACCIDENT DATE: 33 /8 / 19)(DI	D/MM/YYYY), TIME:(14 : 25)(HH:MM
LOCATION: (TE twds PIE outer	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GROWING	
DINSURANCE COMPANY: NTIC	-
C)POLICY NUMBER: 508 138374	a d
dipolicy type: (COMPONIE)	9205.
	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /V	AN / LORRY / MOTORCYCLE / OTHERS)
JAKE TOU CLAIMING UNDER YOUR	OWN INCHES WEST
TO THE PARTY	CLAIM / REPORTING ONLY
THE PROPERTY OF THE PROPERTY O	
A)NAME: Elmark marketing	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 67410729.
c)ADDRESS:	
* 600 170 1107 7-0	
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
LASSON OF DRIVER	
(Including driver) alNAME: Subtamanian Jugan	(MADE / FEMALE)
(L-) b)NRIC/FIN/PASSPORT: 430 75T	CONTACT: 82387251
STATE OF THE STATE	-
*d)DATE OF BIRTH: (6 /4 / 100	2 1/22
eJOCCUPATION: (INDOOR / OUTDOOR	JOD/MM/YYYY)
ITTEAKS OF DRIVING EVADERIENCE	m 1
4. WAS DRIVER AN EMPLOYEE OF THE	17/16 AIV.
IF NO, RELATIONSHIP OF THE DRIV	INSURED'S COMPANY? (YES Y NO)
5. a) WEATHER CONDITION: (CLEAR / RA	
DIROAD SURFACE: (DRY / WET / OTHE	INING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	RS
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICES	MODIATION
- HIND PARTI VEHICLE	STATION:
of Passenger a) VEHICLE NUMBER. PCYGLG	11055
Including driver) b) DRIVER'S NAME:	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT
9. THIRD PARTY VEHICLE	CONTACT:
No of passanger d) VEHICLE NUMBER:	Mossi
nduding driver) ORIVER'S NAME:	MODEL:
f) NRIC/FIN/PASSPORT:	CONTRACT
	CONTACT:
* #	-
a 5 5	i i
email = elm ark	@elmark.com.sy
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fax =	528

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Vehicle	No.(For Motor)	GBD25	10L		Certif	ficate Number				
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Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5081383749- 03		ELMARK MARKETING	39624900X	GCV	Comprehensive	GBD2510L	GBD2510L	13/08/2019	12/08/2020
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cyholder Name	ELMARK MARKETING				0.0	olicyholder NR.	IC.		39624900	×
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D Protection	No	NCD Entitlement(%)	20		P	rivate Hire			Not availab	ole
Accident Details										
port Date	28/08/2019 14:06	Accident Report Within 24 hrs	Yes		A	ccident Type			Collision -	Head to Rear
e of Accident	23/08/2019	Time of Accident hhomm	14:25		.0	ountry of Accid	dent		Singapore	
orting Centre		Orange Force			10	CM No.				
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ident Location	CIE IUWANDS PIE APTEK BRADUELL									
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ess Type	Per Accident	Windscreen Excess		100.00						
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fication History	28/08/2019 14:07:16 Syst	em changed GST Status Verified from	n No to Yes							
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Fess 1	55 UBI AVENUE 1	Address 2	#02-04/06		A	ddress 3			SINGAPOR	E 408935
iress 4		Address Type	Singapore a	ddress		ast Code			408935	
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ver Name		Driver Type			379	1000000				
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