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				Tel:	
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Confirmed by			Dater,	Timer	)
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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
- 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.

<b>第四5                                    </b>	ACCIDENT STATEMENT
Date Of Report	23/09/2019 14:09
Date Of Accident	21/09/2019 22:25
Exact Location Of Accident	PIE TOWARDS TUAS AT CTE (CITY) EXIT 15A
Country/State of Loss	SINGAPORE (CITY) EXIT 15A
The state of the state of the state of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV1412S
Incured/Delieute Lite	

insured/Policynoider	
Name Of Registered Owner	VINAYAGARAN S/O S KRISHNASAMY
NRIC No	S7200800F

Email Address KARANCADY@GMAIL.COM Mobile Phone No (LOCAL) +65-97552959 Alternative Phone No. OTHERS-97552959

# Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS-1,6 (A)

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 5092065083-02

Cover Note Number

Driver

Name of Driver VINAYAGARAN S/O S KRISHNASAMY

NRIC No S7200800F Date Of Birth 07/01/1972 Occupation INDOOR Date Of Driving Pass 02/03/1995

**Driving Experience** 24 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97552959

Fax Number

Contact Number OTHERS-97552959

EMail Address KARANCADY@GMAIL.COM Address BLK 49 DORSET ROAD

NO

NO

YES

NO

NO

NO

YES

NO

NO

210049

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

Postcode

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) 2

involved in the accident

Was any body injured in the Accident?

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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 UNKNOWN

Vehicle Registration Number Vehicle Make/Model/Colour

PICKUP

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SKE9700Y

Page 2 of 21

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

94462298

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SMH4674H

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIAO DE HE BRYAN

NRIC/Passport Number

S8074968F

Contact Number

82228582

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.
- 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
- 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
- 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:

- 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
- 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.
- 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.

the information so collected under (d) above may be shared / disclosed: (e)

(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

& Tim

Driver's Signature

(If driver is not the po

Date & Time: 23

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CABBADA (C) SKE9700Y A) SKV 14125 ( D) SMH 4674H B) UNIKNOWN PICKUP DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 21/09/2019 @ 2215 has I was travelling along PIE towards Thous exit 15A to CTE towards bity. Vehicle with registration Andmber SMH467HH which was travelling infront of and was fiftening to the right lane when an unknown white pick-up long hit me \$ 1 hit the wehale SWI# 4674H. I stopped my conto come out & respect the damages. Literise the vehicle infront stopped and the driver came out. However the pick up let without inspecting the damages. Another vehicle behind the pick-up hit the the rear of the pick-up. The driver came out & inspected his damages & informed me that the driver of the pick up left. The vehicle registration number of this vehicle is SKE 970041. The driver told me that he would try to retrieve his com recorder todage to give me the details of the rickey. On \$3/09/2019 (a) M27 hus the driver told me this recorder is over-astition. I am lodging this report for record purpose. DECLARATION phalpha particulars are the in every respec Policyholder's Sigr Driven's Signature Date & Time: (If driver is not the policyholder) Name:

SKETCH PLAN PIE TOWARDS LUAS AT CIRCLITY ) EXIT 15A

Claim Handling

Policy No.	5092065083-02	Vehicle No.						
Certificate No.		Vehicle No.	5KV1412S		GST Registration (	No.		
Pülicyholder Name	VINAYAGARAN S/O S KRISHNASANY							
Product Code	PRIVATE CAR INSURANCE	_			Policyholder NRJC	100	72008C0F	
Contact No.(Mobile)	97552959	Cover Type	drive CLASSIC		Loading			
Email Address	37.222.939	Contact No.(Office)			Contact No.(Home		,	
KFK		Special Remark			eCode	331	-	
	- No Yes	TCA	. No Yes			1	No Y	
NCD Protection	Yes	NCD Entitlement(%)	50		eCode Reason			
Accident Details			100		Private Hire	N	9	
Report Date	23/09/2019 14:24	Accident Report Within 24 hrs	cano					
ate of Accident	21/09/2019		Yes		Accident Type	0	hain Collision	
eporting Centre		Time of Accident hh:/mm	22:25		Country of Acciden		ngapore	
coident Location	44 440000	Orange Force			IOM No.	88 5	ingapore.	
Total Excess Applicabl	PIE TOWARDS TUAS AT CTE (CITY) EXIT 15A				97 6.000			
rcess Type								
icos type	Per Accident	Windscrean Excess		100.00				
D Standard Excess								
ED OD Excess	600.00	TP Standard Excess		0.00				
Iditional Excess	0.00	YIED TP Excess		0.00	Driver is Covered?			
	0			34.60	Universit Covered?	Ce	ivered	
tal OD Excess Applicable	600.00	Total TP Excess Applicable						
9 Senefits				9.60				
GST Registered Inform	ation							
T Registered	No		777.56555					
T Registration No.	22.00			egistration Date				
dification History			GST St	atus Verified	Yes			
Policyholder Hailing Ad	dress							
dress 1	BLK 49 #11-100							
iress 4	SINGAPORE 210049	Address 2	DORSET ROAD		Address 3	par.	RRER PARK GAR	ROBNE
it No.		Address Type	Singapore addre	199	Post Code		1049	ALIES .
OI Driver Info	11-100	Related Policy Number	5092065083-02			410		
rer Name	VINAVAGABAN FIRE CHINA							
named driver Name	VINAYAGARAN S/O S KIUSHNASANY	Driver Type	Main Driver					
Ster Date of Driver License	01 01 Char	Driver NRIC	57200800F		Driver DOS	200	01/1972	
tact No.(Hobile)	DL/01/2002	Driver Age	47		Driving Experience	17	01/19/2	
	97552959	Contact No.(Office)			Contact No.(Home)	585		
Vess 1	RLK 49 #11-100	Address 2	DORSET ROAD		Address 3			
ress 4	SINGAPORE 210049	Address Type	Singapore addres	c c		FAR	RER PARK GAR	DENS
t No.	13-100			***	Post Code	210	049	
is he own a Singapore istered car?	Yes - No	Driver Vehicle No.	20000000					
		The state of the s	5KV14125		Driver Insurer Compa	any NTL	E.	
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Video List	to person they are sourced in the same of			
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	NAC_BURIT_MERAH_BD0676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 23 Sep 2019 14:27	Photos	Normal	Photos 2019-9-23
5	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 14:27	Photos	Normal	Photos 2019-9-23
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	NAC_BURIT_MERAN_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 23 Sep 2019 14:27	Photos	Normal	Photos 2019-9-23
44.3				

File Name Display in New Window Scan and uploading

ACCIDENT STATEMENT (HH:MM) ACCIDENT DATE: 2 LOCATION: PIE toward & Tuos of CTE (City 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SKY 1412 S DINSURANCE COMPANY: NTWC Income CIPOLICY NUMBER: 5092065083 = 0 7. DIPOLICY TYPE: COMPREHENSIVE EHIRD PARTY THIRD PARTY FIRE &THEFT) OMAKE & MODEL: JOYOTH ALTI ()TYPE: (SALOON) COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) 9) VEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRIVETE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER SLOKEISHNASAMY DINRIC/FIN/PASSPORT: 5720800-F.
CIADDRESS: BL H9, PORSET ROAD. \* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER #Wo of passanger DRIVER a NAME: (Including driver) (MALE / FEMALE) b|NRIC/FIN/PASSPORT CONTACT c) ADDRESS: "d) DATE OF BIRTH: (07 / 01 / 1972) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES KNO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED :. 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS\_\_\_\_\_\_ DIROAD SURFACE (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES NO)
7. a) REPORTED TO POUCE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: UNKNOWN NUMBER MODEL! At the of passenger ( Induding driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT CONTACT: No of passanger of Vehicle Number: 3MH 4674 H e) DRIVER'S NAME: LIGO De He Brugo (Induding driver) 1) NRICYFIN/PASSPORT: 580749684. CONTACT: 8222

VEHICLE NUMBER SKE 9700Y. MODEL: UNKNOWN (CONTACT: 94 462) 98.

barancady@gmai).com.

SHAROON

Hello, NAC\_BUKIT\_MERAH\_800676

My Desktop
Notice of Loss

Policy Query

Notice of Loss

Policy No.

Date of Accident
Vehicle No.(For Motor)

SKV14125

Certificate Number

Certificate Number

Select Policy No.

5092065083-02 Policyholder Name

VINAYAGARAN S/O S KRISHNASAMY

Policyholder NRIC Product Cover Type Vehicle No. Insured Object Date Expiry Date

57200800F GPC CLASSIC SKV14125 SKV14125 01/09/2019 31/08/2020

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