Date In: 29419-13:15	Jeb description	Date &Time Completed	Done by
Ref No: NA HINCIGHT 089 24	SAS e-filing		
Veh No: 13/1801K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 26/9/19, 17:20	i-Motor Claim Form	100-FCK N901 LW	27/9/19 17:45
	i-Motor W/O (Within: OD 2h		V 1711.1.111.10
OD / (TP) / Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Fax:
TP Particulars: Veh No: 51)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]
Year of Registration: ())	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.
- 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.

By the lodgement of this report to the insurers, you hereby constructed.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/09/2019 17:25
Date Of Accident	26/09/2019 13:20
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL2801K
Insured/Policyholder	
Name Of Registered Owner	VIJAYAGANESH S/O T THINAGARAN
NRIC No	S8015578F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91450767
Alternative Phone No	OFFICE-91450767
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8G A
Exact Purpose for which vehicle was being used at time of accident	
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	5103500764
Cover Note Number	
Driver	
Name of Driver	NITHYANANTHAN S/O KRISHNAN
NRIC No	S7313488I
Date Of Birth	20/04/1973
Occupation	INDOOR
Date Of Driving Pass	16/09/2015

4 YEARS AND 0 MONTHS

(LOCAL) +65-91450767

OFFICE-91450767

MALE

NOEMAIL

Page 1 of 17

BLK 671B JURONG WEST STREET 65 Address

#03-114

Postcode 642671

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190927/2034.

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

SLR4555C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1		
Name	NITHYANANTHAN S/O KRISHNAN	
Approximate Age		
Injuries Sustain	NECK & BACK	
Injured person in which vehicle?	SJL2801K	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 3) 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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;
 - Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature
Date / time:

DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT			
				/
			/	
			/	
	Refer	to police report	f	
	8,000,010,0			
	2			
/				

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	26/09/2019	(DD/MM/YY)
Time of accident	1320	(HH:MM)
Exact location of accident	Along Woodlands Ave 3	

avelonity blood was a major	DETAILS OF VEHICLE
Vehicle registration number	SJL 2801K
Vehicle make and model	Honda Civic
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

HEAT COME TO SERVICE SALES	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

THE RESERVE OF THE PARTY OF THE			CY HOLDER		_
Name	Vijayaganesh	slo	Thinagaran	Male 🗆	Female
NRIC / Fin / Passport number	S8015578F		V		
Contact	91450767				
Address	1				

DRIVER SAME AS INSURED ABOVE (SKIP TO D.O.B)		
Name	Nithyanartan S/O Krishnan Males Fema	le 🗆
NRIC / Fin / Passport number	S73134881	
Contact	9145 0767	
Address	BIK 671B Jurong West Street 65 #03-114 S(642671)	
Email address		
Date of birth	20/04 /1973	
Occupation	Indoor Outdoor	
Driving date pass		

THE RESERVE OF THE PERSON NAMED IN	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🔎
the insured's company?	If no, relationship of the driver and insured: Friend
Accident captured by camera?	Yes D No.
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	0 (Inclusive of driver
AND THE STATE OF THE SECOND	PASSENGER 1
Name	
Gender	Male Female
,最初成的14 至2000年,	PASSENGER 2
Name	
Gender	Male Female
and an arrangement of the second	
	PASSENGER 3
Name	
Gender	Male Female
A MANAGEMENT OF THE RESIDENCE	
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	PASSENGER 4
Name	
Gender	Male Female
	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
使用的类型的	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes No 🗆
Carlos Control of the	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
2.126012	
	WITNESS 2
Name	
I TWILLIAM	

DATE OF THE PROPERTY OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 1
Vehicle registration number	SLR 4555C
Vehicle make model	GF (1999)
Name	
NRIC / Fin / Passport number	
Contact	
Manufacture and the Arthur on	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
经验证 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
TANK BURNES BURNES BURNES	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
MARINE STATE OF THE STATE OF	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
学到时候, 从今年30年,但300年	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact /	
	A NAME OF THE OWNER, WHEN PARTY OF THE PARTY
SHEET AND ASSESSED TO SELECT	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Manual Company of the Company	INJURED PERSON 1
Name	Nithyanantan slo Krishnan
Injuries sustained	Back and neck
Which vehicle person in?	SJL 2801 K
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes D No D
hospital by ambulance?	
THE RESIDENCE OF THE PARTY OF T	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
Nasia in la Campana	INJURED PERSON 3
Name	INJUNES PERSONS
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	1655 1165
nospital by annual and	
PACETANA CONTRACTOR CONTRACTOR	INJURED PERSON 4
Name	INJURED PERSON 4
Injuries sustained Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	Tes a Mo a
nospital by ambulance:	
	INJURED PERSON 5
	INJURED PERSON 5
Name	/
Injuries sustained	
Which vehicle person in? Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
nospital by ambulancer	
	INILIDED DEDSON 6
	INJURED PERSON 6
Name /	
Injuries sustained	
Which vehicle person in?	A STATE OF THE STA
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No





1 of 3

Report No. T/20190927/2034

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 7/09/2019 11:16		Vide Report No.:	Station Diary No.: 246	
Informa	nt's Partic	ulars	***************************************	A CONTRACTOR OF THE STATE OF TH	
	Informant: NANTAN S	O KRISHNAN	Address: APT BLK 671B JURONG WE SINGAPORE 642671	EST STREET 65 #03-114	
ID Type / ID No.: NRIC NO / S7313488I		881	Contact No.: Home/Office: Mobile: 91450767		
National SINGAP	ity: ORE CITIZ	EN .	Email:		
Sex: Age: Date of Birth: Male 46 20/04/1973			Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupat	ion: MANAGE	R	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2019 13:20	Type of Location Straight Road	
Location: WOODLAND Along Road 1 Weather: Clear	S AVENUE 3	113. Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head		Anyone conveyed by ambulance: No		

	ehicle Invo	CHARLES IN SECURIOR CONTRACTOR CO		Service Service	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	Color	The second secon	
SJL2801K	Car				Seriously	0
33L20011X	Ou.				Damaged	N. F.
OLDAFFEC	Cor				Slightly	0
SLR4555C	Car				Damaged	3770



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999



2 of 3

Report No. T/20190927/2034

CONTINUATION OF REPORT

Brief Details.

On the 26/09/2019 at about 1320hrs, I was driving along Woodlands Avenue 3 at the left most lane. I slowed down and came to a stop at the traffic light. A few seconds later I felt an impact that came from the back of my vehicle bearing SJL2801K. I came out of my vehicle and realized that a vehicle bearing SLR4555C, had hit onto my vehicle from the back. My rear bumper was badly damaged, and my vehicle boot could not be opened. The other vehicle mentioned had suffered only visible scratches on the front bumper. No Police or Ambulance came to scene.

I am on medical leave for 03 days until 28/09/2019, as I suffered backaches and neck strain due to the impact.

I am lodging this report for insurance purposes and for record purposes.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20190927/2034

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: J / SC2 AMIIRUL DANIAL BIN MUHAMMAD HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2019 11:16
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Signature: Force	

Hello, NAC_PAYA_UBI_80	0601		10000			Description.	, Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Policy Query						cangonye change rassword . Log c				
Notice of Loss	Policy N	No.				Date o	f Accident	2	6/09/2019	13:20	
	Vehicle	No.(For Motor)	S3L280	1K		Certific	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103500764		VIJAYAGANESH S/O T THINAGARAN	S8015578F	GPC	drivo CLASSIC	SJL2801K	SJL2801K	05/09/2018	20/11/2019

Policy No.	5103500764	Policyholder Name	VIJAYAGAI	NESH S/O T THINAGA	Policyholder NRIC	S8015578F		
Certificate No.								
Address	BLK 256A #17-805 SUMANG WA	ALK PUNGGOL	OPAL SING	APORE 821256				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag			
Policy issue Date	03/09/2018	Effective Date	05/09/2018 00:00 ims de 2000		Expiry Date			
Excess Type		All Claims Excess			Windscreen Excess			
Third Party Excess	1500	Own damage Excess						
Additional Excess	0	OS Premium	nium 0					
Outside Singapore 2000 OD Excess		Outside Singapore TP Excess	1500			Young/Inexperience Driver Excess		
Agent	o- nsurance No lag		63447667		GST Flag	Υ		
Co- insurance Flag								
Open Policy Info Certificate Info								
7117.5	older Mailing Address							
Address 1	BLK 256A #17-805	Addre	ss 2	SUMANG WALK		Address 3	PUNGGOL OPAL	
Address 4	SINGAPORE 821256	Addre	ss Type	s Type Singapore address		Post Code	821256	
Unit No.	17-805	Relate	ed Policy er	5103500764				
) Insure	d Object: SJL2801K							
♥ Endors	ements	-						
Sequen		t	Endorsemen	t Type	Endorsement	Status	Endorsement Content	
	05/08/2019 00:00				ement Take Effective		Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 05 Sep 2018 TO 20 Nov 2019 In view of this amendment, an additional premium of \$454.61 (inclusive o GST) is payable under your polic Please ignore this premium payment request if you have sin made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also mal payment at any of our branches	

Continue Cancel

Accident HT/1064407								
Policy No.	5103500764	Vehicle No.	53L2801K		GST Registration N	10.		
Certificate No.					CONTRACTOR OF THE			
olicyholder Name	VIDAYAGANESH S/D T THINAGARAN				Policyholder NRIC		\$8015578F	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASS	SIC	Loading		0	
ontact No.(Mobile)	91450767	Contact No.(Office)	0		Contact No.(Home)		0	
mail Address		Special Remark	81		eCode	50	ra V	
FK :	® No ○Yes	TCA	® No ○Ye	15	eCode Reason			
CD Protection	No	NCD Entitlement(%)	0		Private Hire		No	
Accident Details								
eport Date	27/09/2019 17:38	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Head to Rear	
ate of Accident	26/09/2019	Time of Accident bhomm	13:20		Country of Acciden	t	Singapore	
eporting Centre		Orange Force			ICM No.			
coident Location	WOODLANDS AVE 3							
♥ fxcess								
win damage Excess	2,000.00	Additional Excess	0		Windscreen Excess		100.00	
nnamed Driver Excess	500.00	Outside Singapore OD Excess		2,000.00				
hind Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
♥ Benefits								
GST Registered Informa	ation							
ST Registered	No		GST	Registration Date				
ST Registration No.			GST	Status Verified	Yes			
odification History								
S Bolicyholder Mallion Co.	dress							
Policyholder Mailing Ad		Milana 2	Please	N.W.	Address: 9		DIRECTO CO.	
ddress 1	BLK 256A #17-805 SINGAPORE 821256	Address 2 Address Type	SUMANG W		Address 3		PUNGGOL CPAL	
			Singapore a		Post Code		821256	
nit No. © OI Driver Info	17-805	Related Policy Number	510350076	•				
nver Name	Unnamed Driver	Oriver Type	Unnamed D	river				
nnamed driver Name	NITHYANANTHAN 5/O KRISHNA	Driver NR3C	S7313488I	1140	Driver DOB		20/04/1973	
egister Date of Driver License		Driver Age	46		Driving Experience		4	
ontact No.(Mobile)	91450767	Contact No.(Office)	0		Contact No.(Home)		0	
ddress I	BLK 671B	Address 2		EST STREET 65	Address 3		SINGAPORE 642671	
ddress 4	DUN 97 10	Address Type	Singapore a		Post Code		642671	
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oes he own a Singapore	O Yes ® No	Driver Vehicle No.				2000		
egistered car?	O res @ No	Driver Venicle No.			Driver Insurer Com	pany		
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lodification History								
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Claim 001 New	OO-MX V	Contact No.(Home)	F-SCENE S	ESH S/O T THINAGA	Contact No.(Office)			
Claim 001 New	NEC.	Contact No.(Home) OI Vehicle Number	S3L2801K				\$8015578F SLR4555C	
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