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TP Panticulars: Veh No:	SCX 25457	· INC(
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Dater,	Timer)
Insured/Driver Liability: (Your of Registration: (0%; P: 21-79%. F: 80-10	00%]
) Warranty: YES ()/NO()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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 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.
- 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.
- 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.

ARTERIAL CONTRACTOR OF THE SECOND PROPERTY.	ACCIDENT STATEMENT
Date Of Report	07/10/2019 11:42
Date Of Accident	04/10/2019 20:00
Exact Location Of Accident	FILTER LANE FROM BRADDELL ROAD TOWARDS BISHAN
Country/State of Loss	SINGAPORE
ALC: NO SECURITION OF THE PERSON OF THE PERS	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ7448A
Insured/Policyholder	
Name Of Registered Owner	GOBIKA LOGISTICS
Co Reg No	53314517A
Email Address	JAYSAR48@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91085169
Alternative Phone No	OFFICE-91085169
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108157441
Cover Note Number	
Driver	
Name of Driver	JAYARAMAN SARAVANAN
NRIC No	S7168984J
Date Of Birth	06/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2005
Driving Experience	14 YEARS AND 1 MONTH
0	Programme and the second of th

MALE

+65-91085169

OTHERS-91085169

JAYSAR48@GMAIL.COM

Address

BLK 442 ANG MO KIO AVENUE 10

#02-1215

Postcode

560442

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

3

Insurance Company of Driver's Own Vehicle

-

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Trac any body injured in the ricoldent.

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)

1

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

PLEASE REFER TO SKETCH PLAN

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

SLX2543T

Vehicle Make/Model/Colour

AUDI A3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KAREN LEO SU-WYN

NRIC/Passport Number

S7237850D 98591393

Contact Number Address

57A CORONATION ROAD WEST

Postcode

269271

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

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 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:
 - 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.:

	BISHAN READ!
	A) SJJ 7442 n
	B) SLX 25437
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT
Enjar fre St x 25 Rear Bus	m Braddelled to BisHAN Rd Conv 43T had hit ed my car RTS 7948 A ber and Roav Roct Bady damaged.
ECLARATION Ve declare the foregoing party warmen	ticulars are true in every respect.
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:

Accident MT/1065688							
Policy No.	5108157441	Vehicle No.	811744B4		OFT RESIDENCE TO		
Certificate No.	2208237442	WENCIE NO.	S317448A		GST Registration No.		
Palicyhalder Name	GOBIKA LOGISTICS				Policyholder NRDC	513	14517A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0	**********
Contact No.(Mobile)	91085169	Contact No.(Office)			Contact No.(Home)		
Email Address		Special Remark			eCode	No	•
KPK	+ No Yes	TCA	+ No Yes		eCade Reason		
NCD Protection	No	NCD Entitlement(%)	20		Private rine	No	
Accident Details	4-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2						
Report Date Date of Accident	07/10/2019 15:54	Accident Report Within 24 hrs	Ves		Accident Type	Coll	sion - Head to Rear
Reporting Centre	04/10/2019	Time of Accident Nh.:mm	20:00		Country of Accident	Sing	apore
Accident Location	FILTER LANE FROM BRADDELL ROAD TOWARD	Orange Force			ICM No.		
▽ Total Excess Applicable	THE PROPERTY OF STREET PARTY TO THE PARTY OF	DO DISPAR					
Excess Type	Per Accident	Windscreen Excess		100.00			
				100,00			
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00			
YIED OD Excess	0.00	YIEO TP Excess		0.00	Oriver is Covered?	Cove	ered
Additional Excess Total OD Excess Applicable							
Benefits	2000.00	Total TP Excess Applicable		1,500.00			
□ GST Registered Informa	tion						
GST Registered	No		GST Per	sistration Date			
GST Registration No.	CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO		100000000000000000000000000000000000000	tus Verified	res		
Modification History	07/10/2019 15:55:44 System	m changed GST Status Verified from No	o to Yes				
Policyholder Mailing Add							
Address 1	5LK 442 #02-1215	Address 2	ANG MO KIO AVI		Address 3	SING	SAPORE 560442
Address 4 Unit No.		Address Type	Singapore addre	58	Past Code	560	142
Unit No.	02-1215	Related Policy Number	5108157441				
Driver Name	JAYARAMAN SARAVANAN	Driver Type	Mair Day				
Unnamed driver Name	JANUARIA BARBURAN	Driver NRIC	Main Driver 571689843		Driver DOS	76.0	Lorenzo Control Contro
Register Date of Driver License	16/08/2005	Driver Age	47		Driving Experience	14	1/1971
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)		
Address 1		Address 2			Address 3		
Address 4		Address Type	Foreign address		Post Code		
Unit No.							
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	\$237448A		Driver Insurer Compa	iny NTU	
501							
Declaration							
Greathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No				
Modification History							
Claim 001 New							
Claim Type •				DO: NO	• Insured Incomes	D.C. C.	Insured Carretine
0772001 NOT 48116				DD-MX	Name GOBIKA L	ogistics	NRIC 53314517A
Contact No.(Mobile)					No. (Home)		No. 66446646 (Office)
Email Address					01		TP
					Vehicle S137448A Number		Vehicle SLX2543T Number
Claim Description				5337448A / SLX2543T ON	4 Det 2019		Name of Preferred
Preferred	III ENGLANDATA PARA			Section 1997			Workshop
Workshop	Preference Liebility Not at Faul	t TSIA					
Semart No. Yes Finalisation Date Registered	Repair Preferred Workshop, N Option	ame unknown * GIA report Received		1	Cleim		Date partnesses page
				07/10/2019 15:56	Close Date		Received 07/10/2019 00:00
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Last Doc, Received	* Yes 740	Upload Date		07/10/2019 15:58			
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Obptay in New Window Scan and uploading

Action

Date of Accident	Time of Accident	Exact Location of Accident
4/10/2019	8m	Fitter lane Prom Braddell towards Bishan

DETAILS OF	OWN VEHICLE
Vehicle Registration No:	211 7448 A
Name of Owner:	Gibika hugistics
Owner IC:	
Vehicle Make (Audi/Toyota etc)	Toyota Altis
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	8 alvern Privase - Hire
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial /
Insurance Company	NTuc
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	5108157441

D	RIVER
Name of Driver	Jayaroman Savavanan
Driver IC	S 7168984/J
Date of Birth	06/11/1971
Occupation	outcloox
Yrs of Driving Experience	18/08/2005
Gender	male
Contact No.	91085-169
Address	BIK 442 And MO KID AVE 10 #02-1315 SE 560442
Email Address	jaysar 48 @ gmont.com
Employee of Insured's Company?	, Yes
If no, state relationship of Driver with Insured.	-
Driver's own vehicle no. & Insurance company	(%)
DETAILS	S OF WITNESS
Name	
Phone	
Email Address	

GENERAL INFORMAT	ION OF THE ACCIDENT
Type of Collision (eg. Chain collision, head- on collision, side swipe, front rear)	Head to rear
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
OTHER IN	FORMATION
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF F	OLICE ACTION
Accident reported to the Police?	Yes (No
if yes, state which police station	
Notice of Intended Prosecution given?	Yes (No

Vehicle Reg. No.	SLX 2543 T
Vehicle Make / Model / Colour / Properties	Andr A3
Name of Driver	Koven Leo Su-Wyn
IC / FIN / Passport Nbr	S 7037810D
Contact Nbr	98191393
Address	57A Covenation Read Well Eingappre 219271
Insurance Company	A16
Nature of Damage	

DETAILS OF INJURE	D PERSONS 1
Name	
Address	t
Approximate age	, ka
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number

5108157441

The Policyholder

GIBIKA LOGISTICS

BLK 442 #02-1215

ANG MO KIO AVENUE 10 SINGAPORE 560442

Period of Insurance

: 24 Mar 2019 To 23 Mar 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,572.77

Interest Insured

Cover Type

drivo CLASSIC

Primary Driver

JAYARAMAN SARAVANAN

Named Driver (1) Named Driver (2)

N/A N/A

Make/Model

TOYOTA/COROLLA ALTIS

Capacity

: 1600cc

Registration Number

SJJ7448A

Registration Year

Chassis Number

MR053ZEE106118471

Off-peak Car

: 2008

Repair at Owner's Preferred Workshop: No

Insure with COE

: Yes

Excess (Section 1)

: S\$2,000

NCD Entitlement NCD Protection

20% No

Excess (Section 2) Windscreen Excess

: \$\$1,500

: S\$100

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: B & K CREDIT PTE LTD

Optional Cover

Transport Allowance

: No

Excess Waiver

No

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative: N/A

Agency

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 18 Mar 2019 13:12 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



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.

		ADDENI	DUM
A)	PARTICULARSOF	PERSONMAKINGTHEAMENDMEN	TS:
	Original Report N	: MNA 4141 32 325	Vehicle Registration No:SJJ 1448 fl
	Name{as shown in NR	cr: Gibika Logistics	NRIC/FIN/PassportNo :
	(*Vehicle Driver/	Vehicle Owner) (*) Please delete as a	appropriate
	Address	: BK 442 #02-1215 Ang MI	Kio Avenue 10Singapore(56044)
	Contact (Tel)	:	
	Email Address	4	
	Date of Accident	: 4/10/2019	Time of Accident : 3 pw
	Place of Accident	: filter have from Braddell	Read towards Bishan
		y: NTue	
3		differialities.	
		SKEJUJ WM 495	
		differialities.	
		SKETCH WINH 405	and would like to include additional information of SWONG

Date: