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Assessmer	t/Survey Report
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Profurred Wksp / INC Assign Wksp / QW: (	Tol: Fax:
TP Particulars: Veh No: SF623	. INC( , )/Non-INC( )
Owner / Driver: (	Tel:
Policy No: ( ) Period: (	) Cover Type: ( ).
Confirmed by : (	D 11-01 ,
	us (WO): N: 0-20%; P: 21-79%. P: 80-100%]
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1) Apply for Transport Allowance ( )/ Courtesy Car	ASSETTATION AND ASSET AND ASSET ASSE
2) QC Check / Post Repair Inspection (	•)
3) Upload Resurvey Photo [Repair Cost>\$3000] (	) ::   · · · · · · · · · · · · · · · · ·
Injury:	
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	1) AR; Acadent Reporting (530); INC (510) 2) DA; Damege Assessment (5100); INC (510)
: 000.000000000000000000000000000000000	3) TV: Towing Fee 5120
Oriver/Owner:	5) PT: Pollow-Through Survey (Teaurys)
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a dell'esse Communication (Section 1997)	17 Post Report Inspection 33
whattars 200 minumes it 1921, 1938 to 1921, 1921	TP (N11): TP (N-in INC) • (a in
	Involve dated
12/3:	Invoice dated Per Charges

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

and the first particular and a first state of	ACCIDENT STATEMENT
Date Of Report	08/10/2019 12:51
	26/09/2019 16:00
Exact Location Of Accident	APERIA MALL 10 KALLANG AVENUE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW1744D
Insured/Policyholder	
Name Of Registered Owner	JADA SRINIVASA RAO
NRIC No	S7563723C
Email Address	SRJADA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98474170
Alternative Phone No	OTHERS-98474170
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5094980485-01
Cover Note Number	
Driver	
Name of Driver	JADA SRINIVASA RAO
NRIC No	S7563723C
Date Of Birth	12/08/1975
Occupation	INDOOR
Date Of Driving Pass	14/03/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98474170
Fax Number	
	OTHERS 09474170

OTHERS-98474170

SRJADA@GMAIL.COM

Address

26 BAYSHORE ROAD

#22-02

Postcode

469972

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

2

Was any body injured in the Accident?

NO

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)

0

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Name Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

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

SBF6823Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

MR LIM

NRIC/Passport Number

Contact Number

98500830

Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
  - 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:

8/10/2019 12:13 pu

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN MKNOWN CHO WAS PORKED DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature Policyholder's Signature Date & Time: (If driver is not the policyholder) Name: NRIC/FIN No.: 8/10/2019





1 of 3

Report No. T/20190927/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Tim 27/09/20	Pate/Time Report Made: 7/09/2019 13:16		Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: RINIVASA F		Address: 26 BAYSHORE ROAD #22-02	2 SINGAPORE 469972	
ID Type / ID No.: NRIC NO / S7563723C			Contact No.: Home/Office: Mobile: 98474170		
National INDIAN	ity:		Email: SRJADA@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 12/08/1975	Type of Informant: Vehicle Owner		
Race: Indian			Language: English	Institution / School Name:	
Occupat Medical	ion: scientist		Driving Licence Information: Class: 3  Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/09/2019 12:55	Type of Location Car Park
Location: KALLANG A\	/ENUE		12010012010 12.00	
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collis Moving Vehic	sion: de Against - Parked Ve	hicle		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW1744D		MAZDA	3	White	Slightly Damaged	0
	Van					0
	Car					0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKW1744D	NTUC Income Insurance Co-Operative Limited	5094980485-01	20/10/2018	19/10/2019		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190927/7015

#### CONTINUATION OF REPORT

<b>Details of Person</b>	on Involved	Manual Manager			And the same	
Any Pedestrian	Involved: No			W SOCIETY		
No. of Pedestria			Use of P	edestria	Cross	sing: NA
Vehicle Owner	THE RESIDENCE			dootiiai	1 01033	olig. NA
Name	JADA SRINIVASA	RAO		ID No	),	S7563723C
Related Vehicle	SKW1744D (Car)			Conta	act No.	98474170
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	nted Medical Leave	NIL	Degree o		NIL	

## Brief Details.

I had parked my car (seasonal parking) at Aperia Mall (blk 10) and went to the office around 7.50am on 26th Sep 2019. When i was driving back to home at 17.30pm, i had noticed that something was put on my car. I had driven to some distance and noticed that there was scratches and some vehicle had hit the car (front, bumper area). Building security had advised to lodge a police complaint before they can view CCTV. Kindly assist on this matter.

Thanks

My office location is 10 Kallang Avenue #12-10 Aperia Tower 2 S339510 Thanks

Regards

Jada





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190927/7015

#### CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2019 13:16
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp	

Marchan   Marc	Claim Handling		( claim task )					
March Control   March September   March Septem	Policy No. Certificate No.	5094980485-01	Vehicle No.	SKW1744D	GST Registration No.			
Manufaction	Policyholder Name	JADA SRINIVASA RAD						
State   Stat	Product Code		1/200/200		Policyholder NRIC	575637230		
March   Marc	Contact No.(Mobile)			drivo CLASSIC	Loading	ŭ		
Section   Sect		74474			Contact No.(Home)			
Column   C		No. of March			eCode	No. T		
Marchanistan   September   S				+ No Yes	eCade Reason	[10]		
Martin   M		No	NCO Entitlement(%)	50		No		
March   Marc		08/10/2019 14-09	***************************************					
Section   Control of declared   Control of	Date of Accident				Accident Type	Damaged whilst parked		
Part	Reporting Centre	11000000		16:00	Country of Accident	Singapore		
## CROSS   100   1		APERIA MALL LO VALLANO AUTRILIE	Grange Force		ICM No.			
March   Marc	♥ Excess	TO SELECTION AND ASSESSED ASSESSED.						
March   Marc	Own damage Excess	600.00	Address of the	020				
The first first will be also b	Innamed Driver Excess				Windscreen Excess	100.00		
## 100   100	Third Party Excess							
## 1	→ Benefits	1900	Cotade Singapore IP Excess	0.00				
## 1	GST Registered Informat	don						
Statement   Stat	ST Registered	No						
## PAIRWHOLE SERVE	ST Registration No.	150						
Marie   Mari	odification History			us i scarus vertiled	Yes			
Marie   Mari								
AMORE 1								
Address type  21-32  Address type  Application  Applicati		26 BAYSHORE ROAD	Address 2	#22-02 THE BAYSHORE TOWER	Address 3	Ellerapeas access		
### Market			Address Type					
March Name   Mar		20-152	Related Policy Number		Protection of the Party of the	-977/4		
March Charge   Marc		and the second s						
Section   Column		JADA SRINIVASA RAD		Main Driver				
March   Marc		79.0000=		57563723C	Driver DOB	12/08/1975		
SEASON STATE OF THE AND THE STATE OF THE STA				44				
Address 2 25-132 April 1997					Contact No.(Home)	0.85		
Address Type    Address Type   Converted No.   Sciol 140   Driver Poster Company   Villace   Vil		26 BAYSHORE ROAD	Address 2	#22-02 THE BAYSHORE TOWER	Address 3	SINGAPORF 469972		
Series Fall a Singapore 1 Fee 1 Fee 1 Fee 2 Fee 1 Fee 2 Fee			Address Type	Singapore address	Post Code			
September   Sept								
Any Impart   Dept	egistered car?	Yes + No	Driver Vehicle No.	SKW1744D	Driver Insurer Company	NTUC		
Any	relevation.							
March Marc	Claim 001 New							
MALE TRULY PRODUCE FIRE No. 16 Groupes  Part 1, 100 Sept. 10 Sept.	Jaim Type *			CO-MX	▼ Insured JADA \$RINIVASA RAD	Insured Case and a		
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# Claim Handling(accident reporting Claim Task )

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443	NAC_BUKIT_MERAH_S00676  NAT S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE on D8 Oct 2019 14:11	SAS		Normal	5A	5 2019-10-8	
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# ACCIDENT STATEMENT

A	CCIDENT DATE: 26107	2019 ) (DD/MM/YYY	). TIME! OPPIX: 4F	(HH:MM)
		ria Mall	A section	allenue
e e	1. DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPA  c) POLICY NUMBER:  d) POLICY TYPE: (COM  e) MAKE & MODEL:  () TYPE: (SALOON) COL	SKW174  NY: TOCO  50949804  PREHENSIVE / THIRD PAR  10A2DA 3  JPE / MPV / VAN / LORRY  (PRIVATE / COMMERCIAL ACCIDENT TIME)	14-D 185-CI TY / THÍRD PARTY FI 1/ MOTORCYCLE./ AL / MOTORCYCLE	IRE &THEFT)
	2. INSURED / POLICY HOU A) NAME: JAD b) NRIC/FIN/PASSPORT: c) ADDRESS: 26	STEATURE PORTY CLAIM / REI	PORTING ONLY)  RAD (MALE)	PEMALE!
tho of passane Concluding driv	* CONTINUE TO 3,d IF D		/MAIE/E	EMALE)
	*d)DATE OF BIRTH: (12  e)OCCUPATION: (INDO f)DAYE OF DRIVING  4. WAS DRIVER AN EMPL IF NO, RELATIONSHIP	OR / OUTDOOR)  ASS 1403  OYEE OF THE INSURED  OF THE DRIVER WITH	2012 O'S COMPANY? (Y	ES (NO)
	<ol> <li>a) WEATHER CONDITION</li> <li>b) ROAD SURFACE: (DRY</li> <li>WAS ANYBODY INJURED</li> <li>a) REPORTED TO POLICE</li> </ol>	(CLEAR / RAINING / OT / WET / OTHERS	THERS CLEA	<u>~</u>
· He of passence er	IF YES, PLEASE STATE W	FIGH POLICESTATION		hlam
ho of passange	d) VEHICLE NUMBER:		CONTACT: 78	50 0830
. Including, drivi	f) NRICYFIN/PASSPORT	<u> </u>	_CONTACT: <u>*</u>	
1		93		

email = SRJADA@ 9 mail : com



#### THE SCHEDULF

## 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
- 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

: 5094980485-01

The Policyholder

: JADA SRINIVASA RAO 26 BAYSHORE ROAD

#22-02 THE BAYSHORE TOWER 1A

SINGAPORE 469972

Period of Insurance

: 20 Oct 2018 To 19 Oct 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$772.69

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: JADA SRINIVASA RAO

Named Driver (1) Named Driver (2)

: TLRAJ TEJA : N/A

Make/Model

: MAZDA/3

Registration Number

Capacity

: 1500cc

Registration Year

: 2015

Chassis Number

: SKW1744D : JM6BM42A8G0320338

Off-peak Car

: No

Repair at Owner's Preferred Workshop: No

: \$\$600

Insure with COE

: Yes

Excess (Section 1) Excess (Section 2)

: N/A

NCD Entitlement : 50% NCD Protection

· No

Windscreen Excess

Additional Excess

: \$\$100

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: HONG LEONG FINANCE LTD

**Optional Cover** 

Transport Allowance

: No

Excess Waiver

: No

Memo A: N/A

Endorsement Operative: N/A

Agency

: MONEYSMART FINANCIAL PTE. LTD. (00000691200)

Date of Issue

: 15 Oct 2018 11:08 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