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TP Insurer:	Assessment/S		<u></u>		
Profured Wksp / INC Assign Wksp / QW: (	Ass't Iteport	y Pax/Hand to	Owner/Wksp	<del></del>	CONTRACTOR CONTRACTOR
TP Particulars: Veh No. C/	M LENTI	DIC/	Yolt	Faxt	***************************************
Owner / Driver; (	11 108 63 6	· INC(	Tel:		<del></del>
Policy No: ( ) Peri	od: (		Cover Type: (		
Confirmed by : (		Dates .	Timer		1
Insured/Driver Liability: ( %) [N	ote-Est Status (		%; P: 21-79%.	P: 80-1009	<del>1</del>
Year of Registration; ( ) W	arranty: YES (	)/NO(	)		·
Excess: (5 ) Loading: \$1,00	0()/\$2,000	( )			
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12/3		Involce dated	Fee	Charges E	ZAHINY

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1, Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

- 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 consent to the archiving of this report at the centre and to copies of the report being made available
  aforesaid.

<b>建建设的基础。                                    </b>	ACCIDENT STATEMENT
Date Of Report	16/10/2019 10:16
Date Of Accident	14/10/2019 19:30
Exact Location Of Accident	JLN BOON LAY TURNING LEFT TO JURONG WEST AVE 4
Country/State of Loss	SINGAPORE
是《意味》在DALLERS AND	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH5292A
Insured/Policyholder	
Name Of Registered Owner	SETHU MOORTHI
NRIC No	G7507783T
Email Address	MOORTHISETHU@GMAIL.COM
Mobile Phane No	(LOCAL) +65-84321737
Alternative Phone No	OTHERS-84321737
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK GOING HOME
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5111069192
Cover Note Number	
Driver	
Name of Driver	SETHU MOORTHI
NRIC No	G7507783T
Date Of Birth	00/04/4077

 Name of Driver
 SETHU MOOR

 NRIC No
 G7507783T

 Date Of Birth
 30/04/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/09/2008

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84321737

Fax Number

Contact Number OTHERS-84321737

EMail Address MOORTHISETHU@GMAIL.COM

Address

BLK 810 JURONG WEST STREET 81

#14-99 IVORY HEIGHTS

Postcode

640810

OWNER

Was driver an employee of the Insured's Company NO

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

2

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

YES

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance. 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

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191015/2081

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

SLM6805U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CHEN JIA HUI, MELVIN

NRIC/Passport Number

S8111520F

Contact Number

97993183

Address

Postcode

Insurance Company Name

1

-					
DETAI			IDED	PERSON	
DETAI	L5 U	F INJ	URFU	PERSON	ч.

Name

SETHU MOORTHI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH5292A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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.
- 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 insurers) 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 Signati

Name:

NRIC/FIN No.:

Tin Boon by DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

WHAS Driver's Signature Policyholder's Signature (If driver is not the policyholder) Date & Time:

Date & Time:

SKETCH PLAN



REPORT OF A TRAFFIC ACCIDENT



Institution / School Name:

Date of Expiry:

1 of 3

Report No. T/20191015/2081

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Race: Indian

Occupation:

Mechanical Engineer

REPORT O	FA TRAFFIC	ACCIDENT		Station Diary No.:	
	e Report M 19 13:59	lade:	Vide Report No.: Station Dia 38		
Informar	nt's Particu	ılars			
Name of	Informant: MOORTHI		Address: APT BLK 810 JURONG HEIGHTS SINGAPORE	WEST STREET 81 #14-99 IVORY 640810	
ID Type	ID No.: G7507783	зт	Contact No.: Home/Office:	Mobile: 84321737	
National INDIAN			Email:		
Sex: Male	Age:	Date of Birth: 30/04/1977	Type of Informant: Rider		
111010				t that a / Cabaal Name:	

Language:

Class: 2B,3

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/10/2019 19:30	Type of Location T-Junction	
JALAN BOOM JURONG WE Along Jin Boo Weather:	ST AVENUE 4	to Jurong West Ave 4 Road Surface:		Road Speed Limit:	
Transcriptor.		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear		To Rear		Anyone conveyed by ambulance: No	

Driving Licence Information:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBH5292A	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Red	Seriously Damaged	
SLM6805U	Car					0

urance No	Effective	Expiry Date
	surance No	surance No Effective



T/20191015/2081

2 of 3

Report No. T/20191015/2081

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBH5292A	NTUC Income Insurance Co-Operative Limited	5111069192	10/07/2019	09/07/2020	

Details of Perso	n Involved	To the second		Territor.		CHARLES ENDIN
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Rider		OF THE REAL PROPERTY.		IP-LE	FIRE	
Name	SETHU MOORTHI			ID No.	21	G7507783T
Related Vehicle	FBH5292A (Motorcyc	le)		Contact No.		84321737
Hospital/Clinic	NUHEALTH MEDICAL CENTRE			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/10/2019		Date Disch	ate Discharge   15/10		)/2019
No. of Days gran	o. of Days granted Medical Leave 02		Degree of Injury NIL			
Driver					Hill	SANTAR ATTEN
Name	CHEN JIA HUI, MELVIN			ID No.		S8111520F
Related Vehicle	SLM6805U (Car)			Contact No.		97993183
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

## Brief Details.

On 14/10/2019 at about 1930hrs, I was driving along Jln Boon Lay turning into left to Jurong West Ave 4. I was waiting at the left side stationary at the merging lane, as there were oncoming traffic from my right side. At that point of time, suddenly a car from the rear hit me. I had a jerk and managed not to fall on the road. My bike at the rear was severely damaged. I was not injured at that point of time but felt pain at my back area slightly. The driver was alone at that point of time and no injuries on him. We then exchange particulars and left the scene. I had pain at my back area and went to NUH to seek medical attention. I received 2 days medical leave.





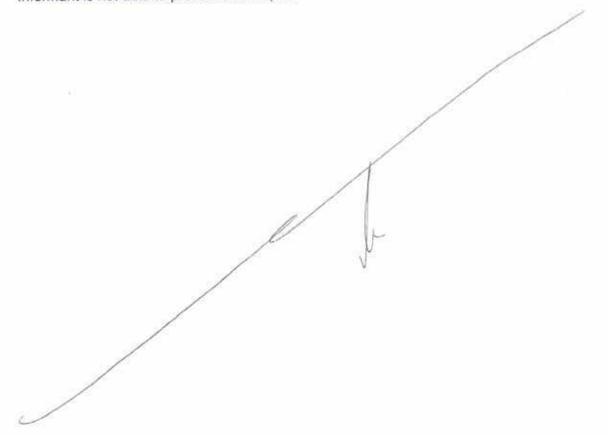
Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20191015/2081

CONTINUATION OF REPORT

## Sketch Plan

NP168

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:  D / Sr Staff Sgt VIGNESWARAN MEENATCHI SUNDARAM SHANMUGANATHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2019 13:59
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

AMA Saulker

# ACCIDENT'STATEMENT

ACCIE	DENT DATE: (14. 1.10) 2019 (DD/MM/YYYY), TIME: (19. : 30) (HH:MM)
LOCAT	TION: Along I'm Boon Lay turning into left to Turing west Ave
	0 1 0
1.	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: 154 5272 A
	DINSURANCE COMPANY: NTVC INCOME
	CIPOUCY NUMBER: 511069192
- 70	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: BATAT NS DOG PULSEY
*	I)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
¢ .	9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: After work going to home.
	TARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/190)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.,	ANAME: SETHU MEDRIHI (MALE / PEMALE)
	DINRIC/FIN/PASSPORT: 91750778 87 CONTACT: 84821787
	CIADDRESS: BLK 810 # 14-90 Jung west Street 81
89	: Singapore by ogro
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
the of bussenge	DRIVER '
A leas of hoursander	GINAME: CETHO MODERALL (MALE / FEMALE)
(Including driver)	binRIC/FIN/PASSPORTE CHTS0 779 57 CONTACT: Sys 2 17 57
(1).	CIADDRESS: QLOLOUS
	"d) DATE OF BIRTH: ( BD 04/1977 )(DD/MM/YYYY)
	e) OCCUPATION: (INDOOR /(OUTDOOR)
	FIDATE OF DRIVING PASS
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
12	
5.	a) WEATHER CONDITION: CLEAR RAINING / OTHERS
96.07	b)ROAD SURFACE: (DRY) WET / OTHERS
	WAS ANYBODY INJURED (YES) NO)
P. 1	IF YES, PLEASE STATE WHICH POLICE STATION: QUEENS town N.P.C.
8.	THIRD PARTY VEHICLE
. He of passinger	a) VEHICLE NUMBER: SLM 6805 U MODEL! Harda - CAR.
Including driver)	b) DRIVER'S NAME: CHEN JOA HUL MELVIN
(1)	c) NRIC/FIN/PASSPORT: SOIL SOLE CONTACT: 97-17 SIV-3
N / P.	THIRD PARTY VEHICLE
the of presenger	d) VEHICLE NUMBER: SLM 6815 U MODEL: 1400 49 - COR"
1 1 / Link	6) DRIVER'S NAME: CHEN TIA HULL MELVIN
Including driver	1) NRICYFIN/PASSPORT SAINSON F CONTACT: 97393185
$(\Lambda)$	¥ £
1	Total
	email = MOORTHISETHU @ GMAIL COM
	email = NOOKIHISEINUC

VIDEO

Claim Handling Scident MT/1067083						
Networks						
eticy No. artificate No.	8111046765	Victorial No.	ARHISTISM		GSF Registration No.	
	724					
Styhulder Name	SETHU MOORTHI				Policyholder NA3C	GFSCFFRST
nduct Cade ntact No.(Mutale)	HOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & The	er.	Loading	0
ntiett No.(Morphe)	64321737	Contact No.(Office)			Contact No.(Nome)	
K:	1.46	Special Remark	- 100 - 1 - 01A		eCode	64g W
	+ No Yes	TEA:	« No. Yes		eCinde Reason	
D Profession  P Accident Details	No	NCD Entitlement(%)	0		Private Hira	76
pert Date		200 00000 200 100 000 000 000 000	0.041		Anto-statute utili	
te of Azzdeni	36/10/2019 19:37	Accident Report Within 34 hrs	Yes		Accident Type	Cullisian - Head to Rear
porting Centre	14/10/2016	Time of Accident Nh mm	19:30		Country of Accdens	Singapore
		Drange Force			SCM No.	
odent Location	JUN BOON LAY TURNING LEFT TO JURDING	A WEST AVE #				
Total Excess Applicable		THE PROPERTY OF				
CHES TYPE	Per Accident	Windsoreen Toolea				
Standard Excess		Hard Control Control				
ED OD Excess	00,0	TF Standard Excess		0.00		
(ditional Excess	0.24	VIED TV Excess		0.00	Driver is Covered?	Not Covered.
rad DD Excess Applicable	0.00					
# Bonefits	938	Total TP Excess Applicable		6.00		
F GST Registered Informat						
T Sagniered	New Year		-			
T Registration No.	700		GST Registral		4400	
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Pulicyholder Hailing Add	rees					
dress 1	80 K 823 412-490	MANAGE T	SANTANA MARAKANA		V2225344	20161452187/29H
Mrnaa 4		A00 ess 2 Address Type	JUKONG WEST STREE	7.81	Address 3	SINGAPORE 64/621
NE 146.	12-495	Halarest Policy Number	Singapore address 5111069(92		Post Code	640921
OI Driver Info		NAME OF TAXABLE PARTIES.	3311009194			
Iver Name	SETHU MODRITHI	Driver Type	Ham Driver			
snamed drivet Name	Linear Anna Control	Driver WAJC	675077837		Driver DOM	The section of the se
gister Oate of Driver License	01/12/2014	Orione Age	43		Driver DOB Driving Expension	30/04/1877
ritioti No.(Minide)	843/1717	Current No.(Office)	77		Contact No.(Home)	*
idress 1	BLK 821 #12-496	Address 2	JURGING WEST STREET		Address 3	William Control
idross 4	511071010WB	Address Type	Singapore address	0.00	Post Code	SINGAPORE 640821 640821
et No.	17-490	2000-201-7 884	St. Market St. St. St. St. St. St. St. St. St. St		CARL FORT	640821
ses he own a Tongapore	Yee = No	Detwer Vehicle No.	2000000		4942-1-4919-1-1600	10625
egistered car?		Division Version Hall.	FERSIBLE		Oriver Drawer Company	NTUE
eclaration						
Claim 001 New						
No. Tore V					Thomas r	leady Francisco
eim Type *				CO-MX	Straumal BETHU MODRITHS	Insured G75077831
orKast No.(Makin)			71	F45#3327	Contact No.	Contact No.
				THE PARTY OF THE P	(Muma)	(Office)
mál) Antiress			94		Venticle FEH52924	Vahide Susignal/
					Number	Number Name of
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efyroed orkshop	Profesered Liebrity   Not at	Fault V				
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