Date In: 20/10/19 - land	Job description	ווכ	Date &Time Completed	Done	by by
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Vch No: JMh79110		ia Shrs, AIC 2hrs)			
D.O.A: 21/10/19-08:30	i-Motor Cl		m/1067914-01	20/10/19	ממינו
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				news-	
TP Insurer:		Survey Report	0		
Preferred Wksp / INC Assign Wksp / QW: (	The second learning to	by Fax / Hand to			
TP Particulars: Veh No:		DIC		ax:	
Owner / Driver: (	# 0 6434	. INC(	)/Non-INC( )		-
Policy No: (	Period: (		Cover Type: (		
Confirmed by : (	Taroa. (	Data			
	Note Bat Status	Date:	Time:	)	
			%; P: 21-79%. P: 30-1	[00%]	
	Warranty: YES (				
General Remarks	1,000 ( )/\$2,000	)( )	Allegania de Companya de Caracteria de Carac	ADVICTOR THEFT	
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( ) Walk-In Customer: Customer's in			ctly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins			,		
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / 1	NO( ); To	wing Co: (		)
Market Committee of the					
Remarks: (INC hotline: 6788 6616)	No. of the last of	100	Date&Time Completed	Done	hv .
		)	Date&Time Completed	Done	by
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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.
- 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.
- 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.

aloresaid.	
White the second party of the	ACCIDENT STATEMENT
Date Of Report	22/10/2019 10:16
Date Of Accident	21/10/2019 08:30
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS JLN EUNOS
Country/State of Loss	SINGAPORE
<b>新工作的基本的基本的基本的基本的</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG2711C
Insured/Policyholder	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	201810588M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER G GRADE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5109056461
Cover Note Number	
Driver	
Name of Driver	RAGUNATHAN S/O JAIGANATHAN
NRIC No	\$74230701
Date Of Birth	16/07/1974
Occupation	INDOOR
Date Of Driving Pass	01/06/2006
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91449914
Fax Number	

OFFICE-91449914

NOEMAIL

Address

BLK 501D WELLINGTON CIRCLE

#05-90

Postcode

754501

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

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?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

#### REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Was there any audio recorded?

SMH6693P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SHEKH AMIR HABEB

NRIC/Passport Number

S9319538H

Contact Number

91823644

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.
- 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 faise 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
- 8. Consent under the Personal Data Protection Act (PDPA)

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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- (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 freud detection,
- (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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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 Personne Name

NRIC/FIN No.:

SKETCH PLAN		
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A A A A A A A A A A A A A A A A A A A	Oriver's Signature	Reporting Centre Personnel's Signature
The Table	Oriver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

VEHICLE NO: SMG 2711C . MAKE & MODEL: Typha Harrier 21/10/2019 DATE OF ACCIDENT PIE towards changi Silp Rd to Euros TIME OF ACCIDENT LOCATION OF ACCIDENT Exact Purpose use during accident ILC CAR RENTAL PTE LTD. NAME OF OWNER TELP NO NRIC THIRD PARTY / Reporting Only CLAIM TYPE OD YES PRIVATE HIRE MITUC INSURANCE CO. Comprehensive / Third Party / Third Party Fire & Theft TYPE OF CAVERAGE 5100042792 /51956461 POLICY NO. RAGUMATHAN SO J NAME OF DRIVER As above 30701 Any passengers: NRIC DATE OF BIRTH Outdoor / (Indoor) OCCUPATION 06/2006. DATE OF DRIVING PASS Female GENDER Home: 91449914 Office: CONTAC NO. BIK 5010 WELLING TON CITCLE #05-90(75450) ADDRESS SJL 41667. DRIVER HAVE ANY OWN Vehicle / (If ye): Reg No: Employee / If No: RELATIONSHIP Clear / Raining Other: WEATHER CONDITION Dry / Wet / Other: ROAD SURFACE No / If yes : Who? ANY INJURIES as above. CONTAC NO. No / If yes : Where? POLICE REPORT SMH 6693 P. Any Passenger: VEHICLE B NO. SHELLI AMIR HABEB, 59319538H NAME 91823644. CONTAC NO. Any Passenger: VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. Have you been approach by unknown person soliciting (s) / YES / NO offering accident claims assistance? 6 Speed Autowerkz Pte Ltd Sme Motor Pte Ltd PARTICULAR WORKSHOP 68 Kaki Bukit Avenue 6 1 Kald bukit ave 6 #02-15 TELP NO #02-05 ARK @ KB, Singapore 417896 Autobay @ kak bukit Tel: 6384 7037 Fax: 6384 7039 CONTACT PERSON Singapore 417883 Email: 6speedautowerkz@gmail.com FAVAIO

ello, NAC_PAYA_UBI_800	601						· Chang	e Language	e + Chan	ge Password	· Log Ou
ly Desktop	Policy Query									*C.C. H. E. L. S.C. S.C. S.C. S.C. S.C. S.C. S.C.	
lotice of Loss	Policy 1	No.	5109056461		Date of Accident Certificate Number			21/10/2019 08:30			
	Vehicle No.(For Motor)		SMG2711C								[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109056461	5109056461- 000012	KC CAR RENTAL PTE LTD	201810588M	GFM	drivo CLASSIC	SMG2711C	SMG2711C	19/04/2019	18/04/2020

		Dollar deald					
Policy No.	5109056461	Policyholder Name	KC CAR	RENTAL PTE LTD	Policyholder NRIC	201810588M	
Certificate No.	5109056461-000012						
Address	61 UBI AVENUE 2 #05-04 AUTO	MOBILE MEGA	MART SIN	IGAPORE 408898			
Product Name	FLEET MASTER INSURANCE	Plan	19/04/2019 00:00		Group Policy Flag	N	
Policy issue Date	22/04/2019	Effective Date			Expiry Date	18/04/2020 23:59	
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	4579.05				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	6444531	3	GST Flag	Υ	
Co-							
Insurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address						
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Claim Handling The premium on this policy ha	to war have saltaned						
ocident MT/1067914	is not been collected.						
Policy No.	\$109056461		Vehicle No.	SMG271	1C	GST Registration No.	
ertificate No.	5109056461-000012	É.		27,000,00	55	GOT PEGGERATURE.	
Olicyholder Name	KC CAR RENTAL PTE	LTD				Policyholder NRIC	201810588M
roduct Code	PLEET MASTER INSU	RANCE	Cover Type	drive CL	ASSIT		
Contact No. (Mobile)	0		Contact No.(Office)	0	-SSIC	Loading	0
mail Address			Special Remark			Contact No.(Home)	0
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ICD Protection	3426 AND 100 AND		and the factor of the same	⊕ No C	) Yes	eCode Reason	
	No		NCD Entitlement(%)	0		Private Hire	No
Accident Details							
eport Date	22/10/2019 10:26		Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
ate of Accident	21/10/2019		Time of Academt hh:mm	08:30		Country of Accident	Singapore
eporting Centre			Drange Force			ICM No.	
ccident Location	SLIP RD PIE (CHANG)	) TWOS JUN BUNGS					
Total Excess Applicable	•						
cess Type	Per Accident.		Windscreen Excess		100.00		
D Standard Excess		2,000.00	TP Standard Excess.		1,500.00		
IED OD Excess		0.00	YIED TP Excess			Driver is Covered?	
dortional Excess		0					
otal OD Excess Applicable		2000.00	Total TP Excess Applicable				
7 Benefits							
GST Registered Inform	nation						
IT Registered	No			G	ST Registration Date		
T Registration No.					ST Status Verified	Yes	
odification History							
Policyholder Mailing Ac	ddress						
ddress 1	61 UBI AVENUE 2		Address 2	#05-04 /	UTOMOBILE MEGAMAF	Address 3	SINGAPORE 408898
idress 4			Address Type	Singapore		Post Code	408898
NO.	05-04		Related Policy Number	5109056		rost code	400090
OI Driver Info							
Iver Name	Unnamed Driver		Driver Type	Unnamed	Driver		
named driver Name	RAGUNATHAN S/O JAJ	IGANATH#	Driver NRIC	5742307	M	Driver DOB	16/07/1974
gister Date of Driver License	01/06/2006		Driver Age	45			
rrtact No. (Mobile)	91449914		Contact No.(Office)	0		Driving Experience	13
dress 1	BLK 5010				MANAGES .	Contact No.(Home)	0
			Address 2		TON CIRCLE	Address 3	MONTREAL SPRING
Idress 4	SINGAPORE 754501		Address Type	Singapore	address	Post Code	754501
nit No. ses he own a Singapore	05-90						
egistered car?	O Yes  No		Driver Vehicle No.			Driver Insurer Company	
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	90603343	V	Insured Name	KC CAR R	ENTAL PTE LTD	Insured NRIC	201810588M
ntact No.(Mobile)	N903343		Contact No. (Home)			Contact No.(Office)	+
el Address			OI Vehicle Number	SMG2711		TP Vehicle Number	SMH6693P
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imant Name *		22	Claimant NRIC *				
mant Address		T-Marian Indian					
im Description	SMG2711C / SMH6693	P ON 21 Oct 2019				Name of Preferred Workshop	
eferred Workshop Contact			Insured Liability *	Not at Fai	a v		
quire Finalisation	Yes	V	Preferered Repair Option	Preferred	Workshop, Name unknown	GIA report	Received
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