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Date In: 17 1/19-15:75	Job descripti		Date &Time Completed	Do	ne by
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Veh No: AX 2884	E-mail (with	in Shrs, AIC 2hrs)			
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OD TP Reporting Only	i-Motor W	O (Within: OD 2hrs	TP 4hrs)		
<u> </u>	i-Photo Up	loaded	1		
TP Insurer:	Assessment/	Survey Report		2-20M	
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: (4))水如	, INC ()/Non-INC()	77	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status	WO): N: 0-20	%; P: 21-79%. P: 80-1	00%1	
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1) Apply for Transport Allowance ()	Courtesy Car ()			
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SINGAPORE ACCIDENT STATEMENT

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 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.

THE PERSON NAMED IN COLUMN TWO	ACCIDENT STATEMENT
Date Of Report	15/11/2019 15:55
Date Of Accident	14/11/2019 16:30
Exact Location Of Accident	PIE (TUAS) BESIDE KIM KEAT LINK EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX2188U
Insured/Policyholder	
Name Of Registered Owner	SERENDIPET PRIVATE LIMITED
Co Reg No	201630675K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 5DR
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	NO
Policy Number	5109571034
Cover Note Number	
Driver	
Name of Driver	TINESWARAN S/O ANBARASAN

 NRIC No
 \$8532320B

 Date Of Birth
 28/09/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 23/05/2008

Driving Experience 11 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90170371

Fax Number

Contact Number OFFICE-90170371

EMail Address NOEMAIL

7 ELIAS GREEN Address

#11-01

Postcode 519962

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 CHAIN COLLISION

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

1

Number of Passengers (Including Driver)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD759D

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJY5794J

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJA6775J

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SLT6298X

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)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SMC6318C

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)

1

SKETCH PLAN

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 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.
- 5 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.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder Sie Date & Time:

UEN: 201630675K Vehicle A: GX 2188 U

Vehicle B: SHD 759D

Vehicle C: SJ Y5794J

Vehicle E: SLT 6298X

Vehicle F: SM C6318C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	tru	stated	date	٠	time,	I, vehicle	'A',	GXX	1884	, was
trave	Ating	itortz	gnt all	ng	the	stated	venue.	Frant	vehice	e ste	pped
OMO	12	stopp	ed as	. We	11-	About	1-9	2	econds	lørte	Υ,
I	felt	an	impa	<i>t</i> ('n	my	stati Onany	veh	icle 's	rear	portion
SN	ortig	f01	lowed	by	a	secon	d impact	· 1	then	red	lised
I	was	. ÎN	volved	โท	a	chair	collision	y	6 VE	hille	١.
					-						

DECLARATION

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

Policyholder's Signatur

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No :

ACCIDENT STATEMENT

ACCIDENT DATE: (14/11/2019 (DD/MM/YYY), TIME: (16:30)(HH:MM)
LOCATION: PE (changi), beside him teat Exit
DETAILS OF VEHICLE
a) VEHICLE NUMBER: GX 21884
b)INSURANCE COMPANY:N(VLC
CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY
TAIDIG MICALE
DEVENIENCE AND COURT / MPV /VAN / LORRY / MOTORCYLLE / CTILLED
CIVEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCICLE/
LIGHT OF HEING AT ACCIDENT TIME:
TARE YOU CLAIMING LINDER YOUR OWN INJURANCE (125/105)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
SEVENCIDED THE DIM
b)NRIC/FIN/PASSPORT:CONTACT:
c)ADDRESS:
* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER
4 No of passings, DRIVER DINAME: TIMESWAYAN SIO ANDAYASAN (MACE / FEMALE)
Cladeding driver) DINDICTENTED STORY
BINRIC/FIN/PASSPORT: GVIII #11-01 (/5/9962)
c)ADDRESS: 1 Elles
*d) DATE OF BIRTH: (28/ 09/ 1985) (DD/MM/YYYY)
eloccupation: (INDOOR / OUTDOOR)
WAS DRIVED AN EMPLOYEE OF THE INSURED'S COMPANY (1237 1997
TE NO RELATIONSHIP OF THE DRIVER WITH HOUSE
5. g) WEATHER CONDITION: (CILEAR / RAINING / OTHERS
biroad surface: (DRY / WET / OTHERS
6 WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Male driver , a male, I female pax B. THIRD PARTY VEHICLE
The of passinger of the second
(Including driver) b) DRIVER'S NAME: CONTACT:
() NRIC/FIN/FASSFORT. () male driver
STUBT OUT MODEL:
the of passenger of DRIVER'S NAME:
CONTACT
SJA6775J @ male driver
30/16/1750
SLT6298XE mode driver, 2 female pax.
email =
fax = SMC 6318CD - male driver
10x = SM(6310(



Sequen	ce Date of Endorsement	E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
	ements						
♪ Insured	d Object: GX2188U						
Jnit No.	11-01	Relate Numbe	d Policy er	5109571034			
Address 4		Addres	s Type	Singapore address	(3)	Post Code	519962
Address 1	7 ELIAS GREEN	Addres	ss 2	#11-01	10	Address 3	SINGAPORE 519962
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	No						
Co-			3240040				
Agent	AUTO WORLD PTE, LTD.	Agent Tel.	68166868		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	26/05/2019	Effective Date	28/05/201	9 00:00	Expiry Date	27/05/2020	23:59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	7 ELIAS GREEN #11-01 SINGAR	ORE 519962					
Certificate No.					THE STATE OF THE S		
Policy No.	5109571034	Policyholder Name	SERENDIA	PET PRIVATE LIMITED	Policyholder NRIC	201630675K	

STOCK STOC	coldent MT/1071567 only No.					
Ministry	xilcy No.					
Settle S		5109571034	Vehicle No.	GX2188U	GST Registration No.	
Color Colo						
Contact Not (Contact Not (Con					Policyhalder NR3C	201630675K
Selicit Seli			Cover Type	Comprehensive	Loading	0
Profession Pro	Mact No. (Mobile)	0	Comact No. (Office)	o .	Contact No. (Home)	0
Control Cont	ail Address		Special Remark		eCode	11.9
### MINISTRATE MATERIAL PROPERTY NOT 1979 NOT		Np ○Yes	TCA	® No ☐ Yes	eCode Réason	
Marticus	D Protection	No	NCD Entitlement(%)	0	Private Hire	No
March Marc	Accident Details					
March Marc	port Date	15/11/2019 16:10	Accident Report Within 24 hrs	Yes	Acodent Type	Chain Collisine
Contact Con	e et accident					State of the state
Minima M						angepora
The Part			Jurange Horce		ICM No.	
Stationary Part Accidency Stationary						
100 100	mm Type	Per Accident	Windscreen Excess	100.00		
March Marc	District Control		4240 720000000			
Total				1,500.00		
Mary		0.00	VIED TP Excess		Driver is Covered?	
Page						
Note	el OD Excess Applicable	2000,00	Total TP Excess Applicable			
Magastranian Maga	Benefits					
Magnificant No.	GST Registered Informa	tion				
		No.		GST Registration Date		
Pack					Yes	
Page	ification matory	15/11/2019 16:11:30 System	n changed GST Status Venfield from	m No to Yes		
Page	Control of the Contro					
Address Type						
10-01	ress I	7 ELIAS GREEN	Address 2	*11-01	Address 3	SUNGAPORE S19862
## Park Unmaned Driver Driver Type Unmaned Driver Driver Natic Se\$332.08 Driver OOS 20,091;955 Driver Natic Se\$332.08 Driver OOS 20,091;955 Driver Natic Se\$322.08 Driver OOS 20,091;955 Driver Natic Se\$322.08 Driver OOS 20,091;955 Driver Natic Se\$322.08 Driver OOS 20,091;955 Driver Natic Driver Natic	ress 4		Address Type	Singapore address	Post Code	519962
Set Name Unnamed Driver Driver Type Unnamed driver Name Unnamed Driver Driver Age A	No.	11-01	Related Policy Number	5109571034		
Driver Name	OI Driver Info					
STATE OF TABLE STA	ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Driver Logins of Driver Logins 23,05,7005 Driver Age 34	samed driver Name				Dever DDB	2010011000
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Additional Type Additional Type Any Injury 2 Once Bind Test				9.		
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#####################################		11-01				
### #################################		○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Any mjuny? Yes ® No Yes						
Inficition Instancy Listin 001 New Information Instance Ins	iaration					
Initiation History Italian 001 New Immuny	athalyser or Blood Test	0 mg	Any injury?	○ Yes No		
March Marc						
In Type * OC-MX	dincation History					
In Type * OC-MX	laim 001 New					
Ract Fox (Mobile) # Contact No. (Mobile) # Contact No. (Mobile) # Shoys Side	The second					
Contact No. (Mobile) # Contact No. (Interes) Contact No. (Office) # SHD/55/D In Address						
Address DI Vehicle Number CX2188U TP Vehicle Number SHD759D Type of barrete * Please Select V Type of barre	m Type *	DO-MX	Insured Name	SERENDIPET PRIVATE LIMITED	Insured NRIC	201630675K
Address OI Vehicle Number CX2188U TP Vehicle Number SHD759D Tour of barrets * Please Select	act No.(Mobile)		Contact No.(Home)		Contact No.(Office)	*
ment Type Olemant Type * Please Select.				GX2188U		
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min Description GX218BU / SH07590 CN 34 Nov 2019 Name of Preferred Workshop Description GX218BU / SH07590 CN 34 Nov 2019 Indiced Liabiley * Not at Pault Indiced Lia	11					
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