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Owner / Driver: (Tel:)
Policy No: () Period:	: ()	Cover Type: ()
Confirmed by : (1	Dates,	Timer)
Insured/Driver Liability: (%) [Note	Est Status (Wo	O): N: 0-20	%; P: 21-79%.	P: 80-100	0%]
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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	15/11/2019 17:37
Date Of Accident	12/11/2019 10:50
Exact Location Of Accident	BALESTIER ROAD OPPOSITE CEYLON SPORTS CLUB
Country/State of Loss	SINGAPORE
Charles and All States and All State	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS6162X
Insured/Policyholder	
Name Of Registered Owner	MURUGANANDAN S/O PALANIANDI
NRIC No	S1295161B
Email Address	PMURU58@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90092584
Alternative Phone No	OTHERS-90092584
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5071135213-04
Cover Note Number	
Driver	
Name of Driver	MURUGANANDAN S/O PALANIANDI
NRIC No.	S1295161B
Date Of Birth	26/07/1958
Occupation	INDOOR
Date Of Driving Pass	13/06/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90092584
Fax Number	

OTHERS-90092584

PMURU58@GMAIL.COM

Address

BLK 427 TAMPINES STREET 41

#06-441

Postcode

520427

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

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

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)

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

SHB9524R

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

TAXI

Name of Driver

WONG YEW KEAT

NRIC/Passport Number

S7329107J

Contact Number

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.
- 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.
- 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.
- 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.
- 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 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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:
 - (i) 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
- 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.
- 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

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

SKETCH PLAN Mul mein Road ey 601 Baleshier Read. Badestiev DESCRIBE CIRCUMSTANCES OF THE ACCIDENT a outsi moved assumine move WP amare 10911 Veau Dam 524 agree anies COM DECLARATION I/We declare the foregoing particulars are true in every respe-Policyholder's Signature Driver's Signature Reporting Centre Pers Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No .: 3.30pm

ACCIDENT STATEMENT

.9	ACCID	ENT DATE! DO ! (DD/MM/YYY), TIME: (TO : 3 C) (HEMM)
1	LOCAT	ON: BAJESTIER ROAD - Opposite Ceylon Sports
	1,	DETAILS OF VEHICLE SKS 6162 X
		BINSURANCE COMPANY! NIVE THE COMP
		C)POLICY NUMBER: 5071135213-04 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ETHERT)
		OMAKE & MODEL! CHEUROLET CRUZE
181		I)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
40		h) PURPOSE OF USING AT ACCIDENT TIME: WORL
		() ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (MESTINO)
8	2	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER
	4.	AINAME: MURUGIAN ANDAN TO HEAD MALE!
		BINRIC/FIN/PASSPORT: SIJ45161 D CONTACT: 15
		CIADDRESS: BIK 407 TAMPINES STREET A!
2-4		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
o of bush	nu . 3.	DRIVER
		a) NAME: (MALE / FEMALE)
neluding d	river.)	Climical interview
によう		c)ADDRESS:
		*d) DATE OF BIRTH: (26 07) 1958 1(00/MM/YYYY) : ;
		BJOCCUPATION: (INDOOR / BUTDOOR) 13/0/1079 .
		ANAMIS DE DEIVING DACC
	4,	WAS DOTUGE AN EMPLOYER OF THE INSURED'S COMPANY! ()
	2	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
	D.	DIROAD SURFACE: (DRY / WET / OTHERS - DRY
	7.	WAS ANYBODY INJURED (XES / NO)
94	7.	a)REPORTED TO POUCE (MES / NO)
		IF YES, PLEASE STATE WHICH POLICE STATION!
0	8,	THIRD PARTY VEHICLE SHB 9524R MODELL TOYOTA PRIL
e of passi		THE NEW PERT
nelveding i	chalast,")	b) DRIVER'S NAME: WONG TE CONTACT:
(T)	9.	THIRD PARTY VEHICLE
in the second		d) VEHICLE NUMBER: MODEL: "
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Including	driver) NRICYFIN/PASSPORT:CONTACT:
()		# 10W 15 - 1 506 W 50 50 50 50 50 50 50 50 50 50 50 50 50

email = pmuru58@gmail.com;

Claim Handling

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MINICANANDAN SIO PALANTANDI PROJECT CARE SIGNAPANCE Cever Type		GST Registra
Maintain		
Contact No. (Moolle)		Policyholder I
Contact No. (Mobile) 90092564 Contact No. (Office)		Epading
Drawl Address Special Remark (PK		Contact No.()
No Yes		eCode
ACCIDENTIFICATION PROCESSION Ves Accident Details Accident Report Within 24 hrs Ves Date of Accident 12/11/2019 Time of Accident Minimum 10:50 Date of Accident 12/11/2019 Time of Accident himmim 10:50 Date of Accident by Proceedings of Accident himmim 10:50 Date of Accident by Proceedings of Accident himmim 10:50 Date of Accident by Proceedings of Accident by Pro		eCode Reaso
Report Date 15/11/2019 17/11/201		Private Hire
Report Date 15/11/2019 17:135 Accident Report Wethin 24 firs: Yes Date of Accident 12/11/2019 Time of Accident himme 10:50 Accident because accident Location BALESTER ROAD OPPOSITE CEPLÓN SPORTS CLUB **Total Excess Applicable** **Excest Type*** **Profit Excess Applicable** **Excest Type*** **Profit Excess Applicable** **Profit Dot Sixess Applicable** **		CHIMOSONIO.
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Reporting Centre Accident Location BALESTIER ROAD OPPOSITE CENT.ON SPORTS CLUB ***Total Excess Applicable** Excess Type*** Per Accident Windscreen Excess OD Standard Excess OD Standard Excess OD Standard Excess OD Standard Excess OD Total DE Excess Additional Excess OD Total TP Excess Applicable ***Benefits ***Entitle Type Standard Excess OST Registered Information OST Registered Information OST Registered Information OST Registered No. GST Registered Information OST Registered Inform		
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Modification History Policyholder Mailing Address Address 1 BLK 427 #06-441 Address 2 TAMPINES STREET 4] Address 4 Address 7 Page Singapore address Unit No. Related Policy Number 5071135313-04 POI Driver Info Driver Name MURUGANANDAN 5/0 PALANIANDI Driver Type Main Driver Unnamed driver Name Register Date of Driver License 13/06/1979 Driver Age 61 Contact No.(Mobile) 30092584 Contact No.(Office) Address 1 BLK 427 #06-441 Address 2 TAMPINES STREET 41 Address 4 Address 1 Address Type Singapore address Unit No. Does he own a Singapore Registered car? Ves # No Oniver Vehicle No. SK56162X Claim 001 New Claim Type * Contact No.(Mobile) 900 Claim Type * Contact No.(Mobile) Policy Vehicle No. SK56162X Policy Type * Contact No.(Mobile) Policy Vehicle No. SK56162X Policy Type * Contact No.(Mobile) Policy Vehicle No. SK56162X Policy Type * Contact No.(Mobile) Policy Type * Contact No.(Office) Policy Type * C		
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Registered car? Declaration Breathalyser or Blood Test		
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Ereathalyser or Bipod Test 0 mg Any injury? Yes = No Modification History Claim 901 New Claim Type = Contact No. (Mobile) Email Address		
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Contact No. (Mobile) Email Address PML	DD-MX	▼ Insured M
Email Address		Contact
	0092584	No. 6
		01
Claim Description	MURU58@GMAIL.COM	Vehicle S Number
SKS	upsienu i piinnenin n	
	KS6162X / SHB9524R ON	12 Nov 2019
Preferred Insured Liability Fully at Fault Workshop Preference Fully at Fault Fully a		
Preference Pully at Fault English No. Yes T. Repair Preferred Workshop, Name unknown T. Received T. R		
Option	6/11/2019 17:46	Claim
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Report Taken By	GSLI WAHAB	
Date Registered Option	5/11/2019 17:46 OSLI WAHAB	Close

Save Submit



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Certificate of Insurance

ertificate Number: 5071135213-04	(ALAYSIA)
CI MINERAL INSTITUTE IN SELECTION AND AND AND AND AND AND AND AND AND AN	Cover : ones PREMIUM
loose mark and Registration Number of Vehicle	: SKS6162X
Chassis Number	; KLIJA3589EK621485
Name of Policyholder	: MURUGANANDAN 5/O PALANIANDI
Effective Date of Insurance	28 Apr 2019
Expiry Date of Insurance	27 Apr 2020
Persons or Classes of Persons entitled to drive?	
 (a) The Policyholder. (b) Any other person who is driving on the Policyh 	older's order of with a s/her permission.
(b) Any other person who is driving on the reversi	accordance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dr	d is not disqualified by order of a Court of Law or by reason or any
II - II	
(a) Use for social domestic and pleasure purposes	and in connection with the Policyholder's business or profession.
his Policy does not cover	
(a) Use for hire or reward.	
(b) The for racing pace-making reliability trial or	speed-testing.
(c) Use for the carriage of goods (other than same	otes) in connection with any trade of outiness.
(d) Use for any purpose in connection with the Mi	of the Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered inoperative by Section 8	Fransport Act, 1987 (Malaysia), are not to be included under these
headings.	in the property of the state of
XCESS (SECTION 1)	: \$\$600
xCFSS (SECTION 2)	: N/A
경기: 15 (15 전 15 전 15 H)	\$\$100
VINDS/TREEN-EXCESS:	
# 107-107 NW -11 17 M-144-1	≤ N/A
ODITIONAL EXCESS	: N/A : PLEASE REFER OVERLEAF
IDDITIONAL EXCESS JINNAMED DRIVER EXCESS	- 10mm [10] [20] 다시네는 시민은 사용에 가장하는 회사이다.
ODITIONAL EXCESS INNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP	PLEASE REFER OVERLEAF
ODITIONAL EXCESS JUNIAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP NSURE WITH COE	PLEASE REFER OVERLEAF YES
ODITIONAL EXCESS INNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE RED PROTECTION	PLEASE REFER OVERLEAF YES YES
ODITIONAL EXCESS INNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE INCO PROTECTION PRANSPORT ALLOWANCE	PLEASE REFER OVERLEAF YES YES YES (FREE) NO NO
IDDITIONAL EXCESS JINNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE INCO PROTECTION FRANSPORT ALLOWANCE EXCESS WAIVER	PLEASE REFER OVERLEAF YES YES (FREE) NO
ADDITIONAL EXCESS JINNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP NSURE WITH COE NCD PROTECTION FRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	PLEASE REFER OVERLEAF YES YES YES (FREE) NO NO
ADDITIONAL EXCESS JINNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP NSURE WITH COE NCD PROTECTION FRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1)	PLEASE REFER OVERLEAF YES YES YES (FREE) NO NO MURUGANANDAN S/O PALANIANDI N/A N/A
WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE INCO PROTECTION FRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER INAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY	PLEASE REFER OVERLEAF YES YES YES (FREE) NO NO MURUGANANDAN S/O PALANIANDI N/A