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TD :	i-Photo U					
TP Insurer:		t/Survey Report				
Preferred Wksp / INC Assign Wksp / QW: (ASS T Repor	rt by Fax / Hand		1	- We have	
	V6 : - 1		Tel:		ax:	
Owner / Driver: (17791	. INC (* * Commonwealth C).	ov Posenski	
B. M. Carlotte	riod: (Tel:)	
Confirmed by : (V	Date:	Cover Type: (
Insured/Driver Liability: (%) [N	Note-Est. Status		70%; P: 21-79%.	P- 80 10)	
Year of Registration: () W	Varranty: YES ()/NO()	1. 50-1	7076]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number 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.
- 6. 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

	ACCIDENT STATEMENT
Date Of Report	27/12/2019 19:00
Date Of Accident	Mark 2 of Street Art Bull Street
Exact Location Of Accident	27/12/2019 16:45
	PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE
983 P. VIII (N. 1802 N. 1904 N. 1804 - 1804 N.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL9274K
Insured/Policyholder	
Name Of Registered Owner	RAJMOHAN VIJAY
Passport No/FIN	GXXXX586T
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96484805
Alternative Phone No	OFFICE-96484805
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5112836884
Cover Note Number	
Driver	
Name of Driver	RAJMOHAN VIJAY
Passport No/FIN	GXXXX586T
Date Of Birth	21/04/1987
Occupation	INDOOR
Date Of Driving Pass	18/12/2012
Driving Experience	7 YEARS AND 0 MONTHS
and experience	LANS AND UNION INS

MALE

NOEMAIL

(LOCAL) +65-96484805

OFFICE-96484805

BLK 734 YISHUN AVENUE 5 Address

#09-406

Postcode 760734

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO YES

NO

1

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 SCK7979L

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 INJURED PERSON 1

Name RAJMOHAN VIJAY

Page 2 of 13

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK

SJL9274K

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

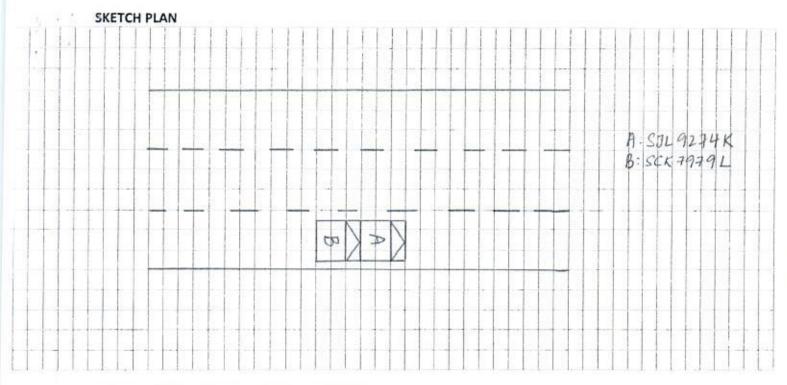
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Page 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	经济的产品中国
27/12/2019	(DD/MM/YY)
1645	(HH:MM)
Along Paya Lebar flyover	,
	27/12/2019 1645

美数整理 的标题。在1995年	DETAILS OF VEHICLE
Vehicle registration number	SJL9274K
Vehicle make and model	Honda Fit
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

新产业 技术的主义	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER	
Name	Raimohan Vijau	Male Female
NRIC / Fin / Passport number	Rajmohan Vijay G5057586T	
Contact	9648 4805	
Address	BIK 734 #09-406 Yishun Avenue 5	5(760734)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	21/04/1987
Occupation	Indoor Outdoor
Driving date pass	18/12/2012

电影影响的	GENERAL	INFORMATIO	N OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗷		and the least of the control of the
the insured's company?		ationship of th	ne driver and insured:	Owner
Accident captured by camera?	Yes 🗆	No 🗷	and modified.	
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	01			(Inclusive of driver
	Hischieft			•
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Name				
Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Female		
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Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes 🗷	No 🗆		
的是Experience Telephone	DETAILS	OF POLICE ST	TATION ACTION	VICE 2000年中央 中央 中
Reported to police?	Yes 🗆		es, please state which	police station.
Police station name				
		WITNESS	1	CONSTRUCTION CONTRACTOR
Name				
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Name	A STATE OF THE PARTY OF THE PAR		THE RESERVE OF THE PARTY OF THE	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SCK 7979 L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A THE RESIDENCE OF THE PARTY.	THIRD PARTY VEHICLE 2
Vehicle registration number	IMIND PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
第 位人们包括一个公司。	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Telephone to the second	THIRD PARTY VEHICLE 4
Vehicle registration number	The second secon
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
的是是1977年第二十四年	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? INJURED PERSON 2 INJURED PERSON 3	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? INJURED PERSON 2 INJURED PERSON 2 INJURED PERSON 3	
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Notice of Loss	Policy !	No.				Date o	f Accident		27/12/2019	16:45	
	Vehicle	No.(For Motor)	SJL927	4K		Certific	cate Number	Ī			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112836884		RAJMOHAN VIJAY	G5057586T	GPC	drivo CLASSIC	SJL9274K	5)L9274K	21/09/2019	20/09/2020

Policy No.	5112836884	Policyholder Name	RAJMOHA	N VIJAY	Policyholde	GSOSTEO	67
Certificate No.		Hame			NRIC	G505758	01
Address	BLK 820 #11-654 YISHUN STRE	ET 81 SINGA	PORE 760R	20			
Product Name	PRIVATE CAR INSURANCE	Plan			Group		
Policy	21/09/2019	Effective			Policy Flag	N	
issue Date Excess		Date All Cinims	21/09/20:	9 00:00	Expiry Date	20/09/20	20 23:59
Туре	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore DD Excess	600	Outside Singapore TP Excess	0			Yo	oung/Inexperience Driver Excess
Agent	MONEYMAX ASSURANCE AGENC		68122708		GST Flag	Y	III CATE VIII - TO AND
Co- nsurance Flag Open Policy Info	No				55.1103		
Certificate nfo							
Policyho	older Mailing Address						
ddress 1	BLK 820 #11-654	Addres	s 2	YISHUN STREET	81	Address 3	SINGAPORE 760820
ddress 4		Addres	s Type	Singapore addres	s (ost Code	760820
nit No.	11-654	Related		5112836884			M5-25-53
> Insured	Object: SJL9274K						
▽ Endorse	ments						
Sequence	Date of Endorsement	E	ndorsement	Туре	Endorsement :	Status	Endorsement Content
	21/09/2019 00:00	Basic In Endorse	formation ment	Endors	sement Take Effe	ctive	Thank you for giving us the opportunity to serve you. We confirm that from 21 Sep 2019, the following amendment(s) is/an made to this policy: PREMIUM: \$\$1,221.48 (inclusive of GST) In view of this amendment, a refund of \$215.55 (inclusive of GST) will be adjusted against the outstanding premium. Hence, the balance premium of \$1221.48 (inclusive of GST) is payable unde your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour

Continue Cancel

Accident MT/1077503					
Policy No.	5112836884	Vehicle No.	53L9274K	GST Registration No.	
Certificate No.					
Policyholder Name	RAIMCHAN VIJAY			Policyholder NR3C	G5057586T
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Comact No. (Mobile)	96484805	Contact No.(Office)	0	Contact No.(Home)	0
Thas Address	HAVOO HA COOL	Special Remark		#Code	- V
ICD Protection	No ○Yes	TCA	No	eCode Reason	A Company
Accident Details	No	NCD Entitlement(%)	o	Private Hire	No
eport Date	27/12/2019 19:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	27/12/2019	Time of Academ nh. mm	16:45	Country of Accident	Singapore
eporting Centre		Orange Force		SCM No.	
ccident Location Fotal Excess Applicable	PAYA LEBAR FLYDVER				
icess Type					
	Per Accident	Windscreen Excess	190.00		
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7 Registration No.	0.710	GST Registration Date GST Status Verified		- W-C-	
diffication History			The second secon	Yes	
Policyholder Mailing Ac					
dress 1	BLH 820 #11-654	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760820
Oress 4		Address Type	Singapore address	Post Code	760620
it No.	11-654	Relaced Policy Number	5112836884		
OI Driver Info	w. 100 av. 100 00 00				
named driver Name	RAJMOHAN VIDAY	Driver Type	Main Driver		
ister Date of Driver License	18/12/2012	Driver NR3C	G5057586T	Driver DOS	21/04/1987
fact No.(Mobile)	1100000	Driver Age	32	Driving Experience	7
ress 1	96484805	Contact No.(Office)	0	Contact No.(Home)	0
reas 4	BLK 734	Address 2	VISHUN AVENUE 5	Address 3	NEE SOON CENTRAL VISTA
	SINGAPORE 760734	Address Type	Singapore address	Post Code	760734
t No. It he own a Singapore	09-406				
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