Date In: 30 W 19-19:15	Jeb description		Date &Time Completed	Don	e pi.
Rel No: 49/14/19/2008/2014	SAS e-filing	SUGDENITE PROPERTY			
Veh No: PCSSV7	E-mail (within 8	ihrs, AIC 2hrs)		110322-22 00-7	
D.O.A: 28/M19-1540	i-Motor Clain	n Form	M711277596-001	70/11/19	04:35
	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		
OD : TP : Reporting Only	i-Photo Uploa	aded	1		10000
TP Insurer:	Assessment/Sur	rvey Report		*****************	
TP Insurer:	Ass't Report by	Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SN	na buty	, INC ()/Non-INC()	*	
Owner / Driver: (Harrison - Chia,		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	Vyrima region
Insured/Driver Liability: (%) [Note-Est. Status (W	70): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$		()			
			PETRIS CARACTER		
() Walk-In Customer : Customer's i	The state of the s	*************	ALTERNATION AND A STREET OF THE ACT OF THE A	W. C.	
		ilidential & St	notify 140 Taler of reporter.		
() Total Loss Case : to e-mail Ins					
Drive-In ()/ Towed-In (); Invo	pice: YES () / N	O();T	owing Co: ()
Cemarks: (INC horline: 6788 6616	V-		Date&Time Completed	Don	by
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1) Apply for Transport Allowance ((policy Auditor Color day production action action to the) 		0.121.14	1800
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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.
- 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 indocement 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	30/12/2019 09:23
Date Of Accident	28/12/2019 15:40
Exact Location Of Accident	TELOK BLANGAH RD TWDS SENTOSA GATEWAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC552T
Insured/Policyholder	
Name Of Registered Owner	ANUSREE
Co Reg No	5XXXX937D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91028910
Alternative Phone No	OFFICE-91028910
Vehicle Particulars	
Manufacturer	тоуота
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110886251
Cover Note Number	
Driver	
Name of Driver	SREEVALSAN VASU
NRIC No	SXXXX791C
Date Of Birth	12/07/1972

OUTDOOR Occupation 26/08/2011 Date Of Driving Pass 8 YEARS AND 4 MONTHS **Driving Experience** Gender MALE (LOCAL) +65-91028910 Mobile Number Fax Number OFFICE-91028910 Contact Number

EMail Address NOEMAIL Address BLK 66 LORONG 4 TOA PAYOH

#06-315

Postcode 310066

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

venicio

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

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 SMQ1545U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HUSSEIN BIN KAMARUDIN

NRIC/Passport Number SXXXX734G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

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 <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>.
- 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.
- 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 St Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		
\	TEST TEST	A: pc5527 B: SMG15454.
10 00 of 10		5.5 Ma 1.454.
ESCRIBE CIRCUMSTANCES OF		
Refer to Materia.	1.	

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE SLOW DOWN. I COUNLDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICE B REAR PORTION.

ACCIDENT STATEMENT

ACCI		Y), TIME:(15 : 40.)(HH:MM)
LOCA	HON: Tebk Blungah Rd trud H	info su Garlevay
	DETAILS OF VEHICLE G) VEHICLE NUMBER: PC SSV. b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: \$110.85 6 v s 1 · d) POLICY TYPE: (COMPREHENSIVE / THIRD PA e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /V AN / LORI g) VEHICLE CATEGORY: (PRIVATE / COMMERCE h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSI	RTY / THÎRD PARTY FIRE &THEFT) RY / MOTORCYCLE / OTHERS) CIAL / MOTORCYCLE) WOTORCYCLE)
2.	IF NO, PLEASE STATE (THIRD PARTY CLAIM / FINSURED / POLICY HOLDER A) NAME: A OUSCIL b) NRIC/FIN/PASSPORT: 532399370. c) ADDRESS:	REPORTING ONLY) (MALE / FEMALE)
* No of passenga. (Including driver)	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H DRIVER a) NAME: Scentian Vasa b) NRIC/FIN/PASSPORT: 57767910 c) ADDRESS:	(MAJE / FEMALE) CONTACT: 910 28 919.
5.	*d)DATE OF BIRTH: (RED'S COMPANY? (YES / NO) ITH INSURED: OWN ()
4 he of necessary	THIRD PARTY VEHICLE a) VEHICLE NUMBER: 4M & 15434 b) DRIVER'S NAME: MASSEIN BIN KAME	MODEL:
(4) 9. *Ho of passanger	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	
(Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT:

Phasi = amusivee 10 @ yahoo. com. 59

VIDEO = X

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change L	anguage	Char	ige Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	la.				Date o	of Accident	2	8/12/2019	15:40	
	Vehicle	No.(For Motor)	PC552T			Certifi	icate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110886251		ANUSREE	53239937D	GBS	Comprehensive	PC552T	PC552T	18/07/2019	17/07/2020
					C	continue					

Policy No.	5110886251	Policyholder Name	ANUSREE		Policyholder NRIC	532399370	
Certificate		(valine			WALC		
Address	BLK 66 #06-315 LORONG 4	TOA PAYOH SING	SAPORE 3100	66			
roduct lame	BUS INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	08/07/2019	Effective Date	18/07/2019	9 00:00	Expiry Date	17/07/2020	23:59
xcess ype	Per Accident	All Claims Excess					
hird Party excess	3000	Own damage Excess	2000		Windscreen Excess	500	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ing/Inexperience Driver Excess
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933		GST Flag	Y	
co- nsurance	No						
	MU .						
Flag Open Policy Info	NV						
Flag Open							
Flag Open Policy Info Certificate Info	older Mailing Address						
Plag Open Policy Info Certificate Info Policyh		Addre	·ss 2	LORONG 4 TOA PA	уон	Address 3	SINGAPORE 310066
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Den Open Open Open Open Open Open Open Op	older Mailing Address BLK 66 #06-315 06-315 d Object: PC552T	Addre Relate	ss Type ed Policy	Singapore address	10000		
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Claim Handling					
ccident MT/1077596					
alicy No.	5110686251	Vehicle No.	PC552T	GST Registration No.	
Certificate No.					
olicyholder Name	ANUSREE			Policyholder NRSC	532399370
roduct Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	91039810	Contact No (Office)	0	Contact No.(Home)	α
mail Address		Special Remark		eCode	N. V.
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hare	No
Accident Details					
eport Date	30/12/2019 09:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
rte of Accident	28/12/2019	Time of Accident hh;mm	15:40	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	TELOK BLANGAH RD TWDS SENTO	SSA GATEWAY			
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	500.00		
		TP Standard Excess	1000000		
Standard Excess	2,000.00		3,000.00	12-23-00-23-00-22	
ED OD Excess ditional Excess	0.00	VIED TP Excess		Driver is Covered?	
	2000.00				
al OO Excess Applicable	2000,00	Total TP Excess Applicable			
Benefits GST Registered Informa					
T Registered Informa T Registered	ation 140		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
Ofication History	30/12/2019 09:34	52 System changed GST Status Verified from		132	
Policyholder Mailing Ad	dress				
toresa 1	BLK 06 #06-315	Address 2	LORONG 4 TOA PAYOH	Address 3	SINGAPORE 310066
dress 4		Address Type	Singapore address	Post Code	310066
rt No.	06-315	Related Policy Number	5110886251		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SREEVALSAN VASU	Driver NRIC	500007910	Driver DOB	12/07/1972
gister Date of Driver License	26/08/2011	Driver Age	47	Driving Experience	8
ntact No.(Mobile)	91028910	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 66	Address 2	LORONG 4 TO 4 PAYOH	Address 3	TOA PAYOH VISTA
oress 4	SINGAPORE 310066	Address Type	Singapore address	Post Code	310066
NO.	06-315		200 200000		
ses he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
igistered car?	V#3507070000	50000000000000000000000000000000000000			
deration					
reatholyser or Blood Test eading?	0 mg	Any injury?	○ Yes (€) No		
aurig.					
odification History					
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im Type *	OD-MX	Insured Name.	ANUSREE	Insured NR3C	53239937D
ntact No.(Mobile)	81466484	Contact No. (Home)		Contact No.(Office)	+
ail Address		OI Vehicle Number	PCS52T	TP Vehicle Number	SMQ1545U
imant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
iment Name *	2	≥ Claimant NRIC •			
emant Address		W6		911191090000000000000000000000000000000	71 -
im Description	PC552T / 5MQ1545U ON 28 Dec 2	019		Name of Preferred Workshop	
iferred Workshop Contact		Insured Liability *	Fully at Fault		
quire Finalisation	Yes	Preferenced Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received 🔻
te Registered	30/12/2019 09:35	Claim Close Date		Date Received	30/12/2019 00:00
port Taken By	Jackson				
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cident No.	MT/1077996	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	30/12/2019 09:36		
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