		the age of the second second	Done	37
Date In: (1) 10- 10:01	Jeb description	Date &Time Completed	Done	
Res No: NALINCTO 03908729	SAS e-filing			
Veh No: 5m 838 E	E-mail (within Shrs, AIC 2	hrs)		•
D.O.A: 11/3/20-11:50	i-Motor Claim Form	M7 1087906 001	12/3/20 1	V:19
	i-Motor W/O (Within: C	DD 2hrs, TP 4hrs)		
OD : TP)! Reporting Only	i-Photo Uploaded			-
TP Insurer:	Assessment/Survey Rep Ass't Report by Fax / H			
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	
TP Particulars: Yeh No:57x	3938 E	NC( )/Non-INC( ).		
Owner / Driver: (		Tel:	)	
	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N	I: 0-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NC	)( )		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
General Remarks;			Sicon Silve	
		A. CO. A. P. Marie I. I. Marie		
( ) Walk-In Customer : Customer's in		A Sulcuy No Total Company		
( ) Total Loss Case : to e-mail Ins		\ m : G: /	- <del></del>	
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) / NO (	); Towing Co: (		
Remarks: (INC hotline: 6788 6616		Date&Time Completed	Done	by
	Companie all appropriate seed appear to appropriate and a seed as a seed of the seed of th		College Commercial	
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		Commercial Section	
-71-FF-9	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	( )			
2) QC Check / Post Repair Inspection	( )			1000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )			V-1, F.S.
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Inimant's Particulars:- river/Owner:	( ) \$3000] ( ) Invoice 1) AR: / 2) DA: I 3) TF: I 4) FT: F 5) FT: F For sk	C Preparation Checklist  Accident Reporting (530);  Damage Assessment (\$100); INC  owing Fee follow-Through Survey follow-Through Survey (Resurvey)  siming against INC Only (wef 10 Jan 2)  Re-inspection	(\$80) \$40/\$45 \$120 \$30 \$205) \$75	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Inimant's Particulars:- river/Owner:	( ) \$3000] ( ) Invoice 1) AR: / 2) DA: I 3) TF: T 4) FT: F 5) FT: F Force 6) TR: I 7) NI: I	C Preparation Checklist  Accident Reporting (530);  Damage Assessment (\$100); INC owing Fee follow-Through Survey (Resurvey)  Siming against INC Only (wef 10 Jan 2)  Re-inspection  dae DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$105)	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	( ) \$3000] ( )  Invoice  1) AR: /  2) DA: 1  3) TF: T  4) FT: F  5) FT: F  Forel  6) TR: I  7) NI: I  5) NTUC  OD.*  *NS:	c Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  lowing Fee  Collow-Through Survey  Collow-Through Survey (Resurvey)  Siming against INC Only (wef 10 Jan 2)  Re-inspection  dae DA + SMRT Survey  C Additional Services:-	(\$80) \$40/\$45 \$120 \$30 \$205) \$75	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  laimant's Particulars :- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	( ) \$3000] ( )  Invoice  1) AR: 2) DA: 3) TF: T 4) FT: F 5) FT: F 60 TR: 7) NI: I 2	c Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Collow-Through Survey (Resurvey)  Siming against INC Only (wef 10 Jan 2)  Re-inspection  dae DA + SMRT Survey  C Additional Services:-  Courtesy Car/Tpt Allowance  Repair Co-ordination  Post Repair Inspection  DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$105 \$75 \$160 \$5 \$10 \$25 \$5	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time / Actions	( )  \$3000] ( )  Invoice  1) AR: // 2) DA: 1 3) TF: T 4) FT: F 5) FT: F 60 TR: I 7) N1: I 8) NTUC  OD: *N5: *N6: *N6: *N7: *N8: TP(N	c Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  Follow-Through Survey (Resurvey)  Follow-Through Survey (Resurvey)  Follow-Through Survey  Follow-Through Survey  Follow-Through Survey  Follow-Through Survey  Courtesy Carl Tpt Allowance  Repair Co-ordination  Fost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160 \$5 \$10 \$25	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	12/03/2020 12:01
Date Of Accident	11/03/2020 18:50
Exact Location Of Accident	SLE TWDS BKE BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM5838E
Insured/Policyholder	
Name Of Registered Owner	ARIPURATH ITTEERA VARGHESE
NRIC No	SXXXX441J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90296210
Alternative Phone No	OFFICE-90296210
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X M
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	5034116790-11
Cover Note Number	
Driver	
Name of Driver	ALEX VARGHESE
NRIC No	SXXXX103E
Date Of Birth	30/07/1995
Occupation	INDOOR
Date Of Driving Pass	14/03/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-90236570

OFFICE-90236570

NOEMAIL

Address BLK 637 JURONG WEST STREET 61

#13-123

Postcode 640637

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

. The same of the

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: REENA VARGHESE

GENDER: :

: FEMALE

**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 SJX3938E

Vehicle Make/Model/Colour

HONDA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SALEHA BINTE ROHANI

NRIC/Passport Number

SXXXX097H

Contact Number

97625166

Address Postcode

Insurance Company Name

Nature Of Damage

#### No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJQ1909P Vehicle Make/Model/Colour HYUNDAI

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LEE CHEE LEONG

NRIC/Passport Number SXXXX950B Contact Number 81337698

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLM9810J Vehicle Make/Model/Colour MAZDA 3

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver BENJAMIN LIM WEE HAN

NRIC/Passport Number SXXXX889J Contact Number 96283909

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name ALEX VARGHESE

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJM5838E

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name REENA VARGHESE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJM5838E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### 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.
- 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
- 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:

- (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 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:
  - (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
  - (ii) 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:

Reporting Centre Personne Name:

MRIC/FIN No .:

SLE TOMACON BLOE CRESCRE MANDRY PAI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	V	CAU	Te	ANR	MAR	201	my	YEN	PICH	BZA	RINF	5	JM B	82
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DECLARATION

I/We declare the foregoing 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 Signature

Name:

NRIC/FIN No .:

	Date of Accident	11/3/2000 Accident Time: (24-HR-Format)
	Accident Place	SLE TOMARD BYE BEFORE MANGER BY
	Vehicle Reg. No. (Car Plate No.)	92W 8038 E.
	Vehicle Make/Model	TOYOTA AXIO.
	Insurance Company	HTUC FUCCHAR Policy No.
	Owner or Company Name /IC No.	Carried Services Control Contr
	Owner or Company Contact No.	9029 6210 : 9023 6570 Owner's HpCompany Tel
	DRIVER'S Name / IC No.	: ALEX. YAR GHESP. 395701032.
	DRIVER'S Date Of Birth	30 07 1995 DRIVER'S License Pass Date 14 3   2014
	Relationship of Owner & Driver	: Spouse (Parents \ Children \ Sibling \ Employee\ Others:
	DRIVER'S Address	BK 637 JUROUG WAST STE1 #13.123
	DRIVER'S Contact No./ Alt No.	(1) 90236570° 64° 637 .
	DRIVER'S Occupation	:(NDOOR \ OUTDOOR (e.g. working inside or outside office)
	Email Address	: AONINE MYCAR. Sq.
	Weather & Road Surface	: CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
	Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
	Number of Passengers (Including Dr	
	Was there any video Captured by car	
		being used at the time of accident: Private use \ Work purpose
$\Omega$	Vehicle Reg. No: STQ 1909	Vehicle Reg. No: 37x 3938E (B)
	Vehicle Make Model: Hyunon	
	Name Driver: 182 CHES LEG	
	IC No. Driver: 58052950	Name Driver: SALZHA BINTE ROHANI
	IC No. Driver: Sou So 130	DB 1C No. Driver: S77 150974.
6	Driver's Contact & Add: 8133	
6	VEH PERS NO! SI	m 98105.19)
	MODEL / MAGE . ; MA	200
	ICH DRIVER ! BEI	JAMIN LIM NEE HAY. (595348895)
	DRIVER COLTACT :	96283909.

<b>eBao</b> Tech	GeneralC										alClaim	
Hello, NAC_PAYA_UBI_80	00601						· Change	Language	• Chan	ge Password	· Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	Vo.					Date of Accident			11/03/2020 18:50		
	Vehicle	No.(For Motor)	S3M583		Certificate Number							
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5034116790- 11		ARIPURATH ITTEERA VARGHESE	52631441)	GPC	drivo CLASSIC	S3M5838E	SJM5838E	09/01/2020	08/01/2021	
					00	Continue						

Policy No.	5034116790-11	Policyholder Name	ARIPURAT	H ITTEERA VARGHESE	Policyholder NRIC	S2631441J	
Certificate No.							
Address	BLK 637 #13-123 JURONG W	EST STREET 61	SINGAPORE	640637			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/12/2019	Effective Date	09/01/202	0 00:00	Expiry Date	08/01/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0.0	Own damage Excess	600.0		Windscreen Excess	100.0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0			Youn	g/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▼ Policyh	older Mailing Address						
Address 1	BLK 637 #13-123	Addres	ss 2	JURONG WEST STRE	ET 61	Address 3	SINGAPORE 640637
Address 4		Addres	s Type	Singapore address		Post Code	640637
		Relate Numbe	d Policy er	5034116790-11			
Unit No.							
	d Object: SJM5838E						
	7/2						

Claim Handling								
Accident MT/1087906								
Policy No.	5034116790-11	Vehicle No.	S3M5838E		G	ST Registration N	10.	
Certificate No.								
Policyholder Name	ARIPURATH ITTEERA VARGHESE					alicyholder NRIC		S2631441J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASS	SIC		gnibed		0
Contact No. (Mobile)	90296210	Contact No. (Office)	0			ontact No.(Home	9	0
Email Address	(ACC) (ACC)	Special Remark	0.0000000000000000000000000000000000000			Code		N: V
(FK	® No ○Yes	TCA	® No ○Y	ME		Code Reason		
ACD Protection	Yes	NCD Entitlement(%)	50		P	rivate Hire		No
Accident Details								
leport Date	12/03/2020 12:17	Accident Report Within 24 h	rs. Yes			codent Type		Chain Collision
ate of Accident	11/03/2020	Time of Accident hh:mm	18:50		0	Country of Acciden	Nt.	Singapore
eporting Centre		Drange Force			.10	CM No.		
codent Location	SLE TWOS BKE BEPORE MANDAJ RD EXIT							
Total Excess Applicable	E							
xcess Type	Per Accident	Windscreen Excess		100.00				
O Standard Excess	600.00	TP Standard Excess		0.00				
IED OD Excess	2500.00	YIED TP Excess			0	river is Covered?	ě	
daltional Excess	a							
otal OD Excess Applicable	3100.00	Total TP Excess Applicable						
V Benefits								
GST Registered Informa	ation			95. 340				
T Registered	No		GST	Registration Date		0.124		
ST Registration No.			GST	Status Venfied		Yes		
odification History								
and the Heaville State of the S								
Policyholder Mailing Ad		0503 - 52	100000000000000000000000000000000000000	110000000000000000000000000000000000000				
ddress 1	BLK 637 #13-123	Address 2	JURONG WI	IST STREET 61	A	ddress 3		SINGAPORE 640637
ddress 4		Address Type	Singapore a	ddress	P	ost Code		640637
nit No.		Related Policy Number	503411679	0-11				
OI Driver Info								
river Name	Unnamed Driver	Driver Type	Unnamed D	river				
nnamed driver Name	ALEX VARGHESE	Driver NRIC	SXXXX103E		D	river DOB		30/07/1995
gister Date of Driver License	14/03/2014	Oriver Age	24		D	riving Experience	5	5
ontact No. (Mobile)	90236570	Contact No.(Office)	0		0	ontact No.(Home	,	0
idress 1	BLK 637	Address 2	JURONG WE	ST STREET 61	A	ddress 3		SINGAPORE 640637
Joress 4		Address Type	Singapore a	ddress	P	ost Code		640637
nit No.	13-123							
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.			D	viver Insurer Com	vnegn	
egistered car?	8 8						0.0	
eclaration								
reathalyser or Blood Test eading?	0 mg	Any injury?	® Yes ○N	0				
1000/620								
odification History								
Claim 001 New								
				The state of the s				nie .
aim Type *	00-MX	Insured Name	ARIPURATH	ITTEERA VARGHESE	1r	nsured NRIC		526314413
antact No.(Mobile)	90296210	Contact No.(Home)	67901579			ontact No.(Office)		
mail Address	aripuram@gmail.com	OI Vehicle Number	SJM5838E		T	P Vehicle Number	Š.	5JX3938E
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