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)	Cover Type: ()	
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Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Fullow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re	paration Checklist. It Reporting (\$30); Assessment (\$100); INC (Fee S Fhrough Survey (Resurvey) against INC Only (wef 10 Jan 20) cotion + SMRT Survey ional Services y Car / Tpt Allowance Ca-ordination pair Inspection	Ant: (5)	Am
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Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Fullow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Addit OD.* *N5: Courtes *N6: Repair (*N7: Fost Re *N8: DV / Co	paration Checklist It Reporting (\$30); Assessment (\$100); INC (Fee Survey Phrough Survey (Resurvey) against INC Only (wef 10 Jan 20) action + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	Ant: (5) fst.Bill \$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$25 \$33 \$20 30	Add
	Claim Form W/O (Within: OD 2hr Uploaded nt/Survey Report ort by Fax / Hand INC (Date: as (WO): N: 0-2 S ()/NO (,000 ()	Claim Form W/O (Within: OD 2hrs, TP 4hrs) Uploaded nt/Survey Report ort by Fax / Hand to Owner/Wksp Tel: INC () / Non-INC () Tel:) Cover Type: (Date: Time: aus (WO): N: 0-20%; P: 21-79%. P: 80. S () / NO () y Confidential & Strictly NO refer of repairer LY. / NO (); Towing Co: ('	Claim Form W/O (Within: OD 2hrs, TP 4hrs) Uploaded nt/Survey Report ort by Fax / Hand to Owner/Wksp Tel: Fax: INC () / Non-INC () Tel:) Cover Type: () Date: Time:) us (WO): N: 0-20%; P: 21-79%. P: 30-100%] S () / NO () y Confidential & Strictly NO refer of repairer. LY.

SINGAPORE ACCIDENT STATEMENT

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 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.

arcresaid.	
A STATE OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	24/03/2020 10:13
Date Of Accident	19/03/2020 15:30
Exact Location Of Accident	JUNC GRANGE RD & NAPIER RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG955J
Insured/Policyholder	
Name Of Registered Owner	SANKARAN SHANMUGAM
Passport No/FIN	GXXXX948N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98666641
Alternative Phone No	OFFICE-98666641
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF150
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096071041-02
Cover Note Number	
Driver	
Name of Driver	SANKARAN SHANMUGAM
Passport No/FIN	GXXXX948N
B + Of B: #	20/06/1077

 Passport No/FIN
 GXXXX9481

 Date Of Birth
 20/06/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/10/2017

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98666641

Fax Number

Contact Number OFFICE-98666641

EMail Address NOEMAIL

25 GRANGE ROAD Address

239699 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

YES

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

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

ORCHARD NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7359999 - FAX NO: 67331934 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200320/2028.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLG4116U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

1

DETAILS OF INJURED PERSON 1

Name

SANKARAN SHANMUGAM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBG955J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 aforesald.
- 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) 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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 .:

/ehicle No.	FBG 9557 Model/Make Honda CBF 150.
Pate of Accident	19/03/2020.
ime of Accident	1530 HRS
ocation of Accident	Grange Road juntion Naprer Road
xact purpose use during accid	dent Privade Used.
Name of Owner	Sankaran Shanmugam.
elephone No.	H/P: 98666641. Home: Office:
NRIC	6 7007 948 N.
Address	25 Grange Road (S) 239699.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5096071041-02.
- marketing	
Name of Driver	As Above, If No,
NRIC	Any Passengers : NA
Date of birth	20/06/1977.
Occupation	Outdoor / Indoor
Driving License Pass Date	11/10/2017.
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No If Yes, Who?
Name And Contact No.	Sarkaran Shammugam (4/19: 98666641)
Name And Contact No.	
Police Report	No, If Yes, Where? Orchard N-P. C.
Vehicle B No.	3LG 4116 U. Any Passengers: N-A
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N-A · Witness Contact : NA
Accident Portion	Front and left side
Camera Recorder	Yes/ No
Email Address	sankaranshan mugam 7@ gmail. com.
Email Address	
PARTICULAR WORKSHOP	moto 51
CONTACT NO.	6842 0051 / 6744 0510
	Jacky.
CONTACT PERSON	6741 0510





1 of 3

Report No. T/20200320/2028

Police Station Of Origin: Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 11:25	fade:	Vide Report No.:		
Informa	nt's Partice	ulars		医医疗性阴茎管性的 发生	
	Informant: RAN SHAN		Address: 25 Grange Road SINGAPOR	E 239699	
	/ ID No.: / G7007948	BN	Contact No.: Home/Office:	Mobile: 98666641	
National INDIAN	ity:		Email:		
Sex: Male	Age:	Date of Birth: 20/06/1977	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupat	ion: ERING TE	CHNICIAN	Driving Licence Information: Class: 2B,3	Date of Expiry: 16/03/2023	

Type of Accident:	Injury Conveyed By Ambulanc	Drink Drive: No	Date/Time of Accident: 19/03/2020 15:30	Type of Location X-Junction
Location: Along Road 1 GRANGE RO NAPIER ROA Rider was on light. Lamp Post N	AD AD Grange Road towards Napie	· Road. Accide	nt happened at the cro	ss junction after traffic
Weather:	Ro	ad Surface:		Road Speed Limit: 60 Km/h
	Ro Dr			Road Speed Limit: 60 Km/h Traffic Volume: Moderate

Details of V			44-4-1	Calas	Candition	No of Bossonso
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBG955J	Motorcycle	HONDA	CBF150	Blue	Slightly Damaged	0
SLG4116U	Car	MINI	COOPER S CABRIO 1.6 AT HID D/AB ABS	Blue	Slightly Damaged	0





2 of 3

Report No. T/20200320/2028

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG955J	NTUC Income Insurance Co-Operative Limited	5096071041-02	13/03/2020	12/03/2021

Details of Perso	n Involved			-284	10.70	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider						A CONTRACTOR OF THE CONTRACTOR
Name	SANKARAN SHANMUGAM			ID No		G7007948N
Related Vehicle	FBG955J (Motorcycle)			Conta	ct No.	98666641
Hospital/Clinic	RAFFLES MEDICAL			Class Drivin Licend Expire	g	Class: 2B,3 Date of Expiry: 16/03/2023
Date Treatment	19/03/2020		Date Disc	harge	19/03	3/2020
No. of Days gran	ted Medical Leave	14	Degree of	Injury	Serio	us

Brief Details.

On 19/03/2020 at about, 1530hrs I was riding on my motorcycle (FBG955J). I was riding along Grange Road heading towards Napier Road. As the traffic light was in my favor, I then move off. When I was riding forward, a blue car (SLG4116U) hit my motorcycle from the right. The vehicle was on the opposite direction of me, which was on the Napier Road and turning towards Tanglin Road. My motorcycle front side was damaged with the headlight came off. The front side and its cover was also cracked and broken. The indicator light was also broken. There are also several scratches on the motorcycle body.

I was also conveyed to Raffles Medical by Ambulance for medical treatment. I suffered injuries on my left arm with some stitches done. I was then given a total of 14 days Medical Leave.

This accident is vide to T/20200319/2101.

I am also lodging this report for my insurance to follow up.





3 of 3

Report No. T/20200320/2028

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 2 BRYAN LIM KAH LOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2020 11:25
Officer in Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	

SN 172



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5096071041-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBG9551

Chassis Number

: LALKC11A11A43398068 : SANKARAN SHANMUGAM

2. Name of Policyholder

: 13 Mar 2020

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 12 Mar 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

N/A

NAMED DRIVER (1)

SANKARAN SHANMUGAM

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ONG YING NI CANDIA (00000602150)

Date of Issue

: 03 Mar 2020 13:28 hrs

Reprint

: 03 Mar 2020 13:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e • Cha	nge Password	· Log Out
My Desktop	Poli	cy Query									779
Natice of Loss	Policy N	No.				Date o	of Accident		19/03/2020	15:30	
	Vehicle	No.(For Mator)	FBG955	5)		Certific	cate Number	-			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096071041- 02		SANKARAN SHANMUGAM	G7007948N	GMC	Third Party	FBG955)	FBG9553	13/03/2020	12/03/2021
	-				C	Continue					

olicy No.	5096071041-02	Policyholder Name	SANKARAN	SHANMUGAM	Policyholder NRIC	G7007948N	
Certificate							
Address	750A CHAI CHEE ROAD #05-01	VIVA BUSINE	SS PARK SIN	GAPORE 469001			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/03/2020	Effective Date	13/03/2020	00:00	Expiry Date	12/03/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	ONG YING NI CANDIA	Agent Tel.	91286547		GST Flag	Y	
Co- insurance	No						
riag							
Open							
Open Policy Info Certificate							
Open Policy Info Certificate Info	nolder Mailing Address						
Open Policy Info Certificate Info Policy	nolder Mailing Address 750A CHAI CHEE ROAD	Addre	ess 2	#05-01 VIVA BL	SINESS PARK	Address 3	SINGAPORE 469001
Open Policy Info Certificate Info Policy Address 1	According appropriate a law years		ess 2 ess Type	#05-01 VIVA BL Singapore addre		Address 3 Post Code	SINGAPORE 469001 469001
Open Policy Info Certificate Info Policyl Address 1 Address 4	According appropriate a law years	Addre	ess Type ed Policy	The part of the same			
Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	750A CHAI CHEE ROAD	Addre Relat	ess Type ed Policy	Singapore addre			
Address 1 Address 4 Unit No.	750A CHAI CHEE ROAD 05-01 d Object: FBG955J	Addre Relat	ess Type ed Policy	Singapore addre			

				2010000	
icy No.	5096071041-02	Vehicle No.	FBG9553	GST Registration No.	
rtificate No.					
icyholder Name	SANKARAN SHANMUGAM			Policyholder NRIC	G7007948N
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	98656641	Contact No. (Office)	0	Contact No.(Home)	0
nel Address		Special Remark		eCode	No. V
K	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
D Prosection	No	NCD Entitlement(%)	15	Private Hire	No
P Accident Details					
	24 (02 (2020 10-22	Acodent Report Within 26 hrs	Yes	Accident Type	Collision - Cross Junction
port Date	24/03/2020 10:33				TO THE RESIDENCE OF THE PARTY O
ate of Accident	19/03/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
sporting Centre		Orange Force		3CM No.	
ocident Location	JUNC GRANGE RD & NAPIER RD				
F Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess			
D Standard Excess	0.00	TP Standard Excess	0.00		
ED DD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
dditional Excess					
stal OD Excess Applicable	0.00	Total TP Excess Applicable	0,00		
₹ Benefits					
GST Registered Informa	ition				
T Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	750A CHAI CHEE ROAD	Address 2	#05-01 VIVA BUSINESS PARK	Address 3	SINGAPORE 469001
doress 4		Address Type	Singapore address	Post Code	469001
mit No.	05-01	Related Policy Number	5096071041-02		
OI Driver Info	35-31				
niver Name	SANKARAN SHANMUGAM	Driver Type	Main Driver		
nnamed driver Name	annound around de-	Driver NRIC	G7007948N	Driver DOB	20/06/1977
egister Date of Driver License	11/10/2017	Driver Age	42	Driving Experience	2
	98666641	Contact No.(Office)	0	Contact No.(Home)	0
orriact No.(Mobile)		Address 2	SINGAPORE 239699	Address 3	SINGAPORE 469001
ddress 1	25 GRANGE ROAD			Post Code	239699
ddress 4		Address Type	Singapore address	Post Code	237977
Init No.					
loes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
registered car?					
registered car?					
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