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Date In: 7/4/2-13:38	Jeb description		Date &Time Completed	Done b),
Ref No: 44/14/02005012/24	SAS e-filing				
Veh No: 50/91955	E-mail (within 5)	hrs, AIC 2hrs)			
D.O.A: (1/12-08:30	i-Motor Clain	Form	M1109096V-001	7/4/20 1	3:49
	i-Motor W/O	(Within: OD 2hr	s, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uploa	ded			125,400,617,6
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Hand	to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:	
TP Particulars: Veh No: IN		. INC()/Non-INC().	+	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(Wote-Est. Status)	7O): N: 0-2	0%; P: 21-79%. F: 80-	100%]	-
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 (()			
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() Walk-In Customer: Customer's		ifidential & S	thetiy NO rater of repailer		
() Total Loss Case : to e-mail Ins	surer URGENTLY.				
Drive-In ()/ Towed-In (); Inve	oice: YES () / N	0();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616		100	Date&Time Completed	Done	by
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) / Courtesy Car ()	-		
2) QC Check / Post Repair Inspection	()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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 aforesaid.

aforesaid,	
Medical and relative to the control of	ACCIDENT STATEMENT
Date Of Report	07/04/2020 13:38
Date Of Accident	06/04/2020 08:30
Exact Location Of Accident	AMK AVE 4 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
Paradian and the paradian para	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV9199S
Insured/Policyholder	
Name Of Registered Owner	KALAI RANJANI D/O RETHINAM
NRIC No	SXXXX979C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87848614
Alternative Phone No	OFFICE-87848614
Vehicle Particulars	
Manufacturer	PERODUA
Model	VIVA ELITE EZ AT 2WD 5DR
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	5116611810
Cover Note Number	
Driver	
Name of Driver	KALAI RANJANI D/O RETHINAM
NRIC No	SXXXX979C
Date Of Birth	12/09/1985
Occupation	INDOOR
Date Of Driving Pass	22/02/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87848614

OFFICE-87848614

NOEMAIL

Address BLK 173 ANG MO KIO AVENUE 4

#03-711

Postcode 560173

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

onio.

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? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

YES

NO

2

NO

NO

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)

NAME: :

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

SMA7848R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HUI NENG YUE

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 13

No. Of Passenger (Including Driver)	
and the second Constitution of the Parket Second	DETAILS OF INJURED PERSON 1
Name	KALAI RANJANI D/O RETHINAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV9199S
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.
- 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 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 .:

SKETCH PLAN	
3	
IngMokro St 11	1 mo tio st 11
4	Veh A: SJV91995
A P	Veh B. SMA 7848R
4	
3 E	
2	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On above date of tim	ie, I was driving my vehicle A (SJV91995
Traveling along Ang Mo Kito F	Avenue 4 tods Tro Chu Kang Road on
0 1 1 1 - 1	
tint lane of a 2-lanes,	road. Samewhere before the junction of
Ang Mo Kib Street 11, my	vehicle was stationery due to the traffic
Had 11/0 140 21/18[1 11 , 119]	verior was stationery and to the traffic
light was red. Out of sue	oblen, vehicle B (SMA7848R) came
110	the property of the property o
from behind and collided	directly onto the rear portion of
my vehicle.	
<u>J</u>	

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's Signature Name:

NRIC/FIN No .:

Vehicle No.	SJV9199S Model/Make Porodus Vivo
Date of Accident	6A/2020
Time of Accident	0830 HRS
ocation of Accident	Along Any Mo Kio Avenue 4 toods Yib Ony Kang Roger
Exact purpose use during acc	
Name of Owner	Kalai Ranjani Olo Rethinan
Telephone No.	H/P: 8784 8614 Home: Office:
VRIC	S8527979C
Address	BLK 173 Am Mo Kio Avenue 4 #03-711 S(560173)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5116611810
Name of Driver	As Above If No,
NRIC	Any Passengers: \ (IV)
Date of birth	12 9 1985
Occupation	Outdoor / Indoor
Driving License Pass Date	27 2 3050
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	The state of the s
Relationship	Employee, If no, state Cuhe
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	(f Yes, Who?
Name And Contact No.	Kalai Ranjari 0/0 Rethinan 8784 8614
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SMA 7848R Any Passengers:
Name of Driver	Hui Newy Yue 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	Witness Contact:
Accident Portion	Rear portion
Camera Recorder	Yes / No
Email Address	Vasau Jini@qua. 1. com.
PARTICULAR WORKSHOP	Thinar Autorotivo Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg

eBao Tech									Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601			The second second second	AND DESCRIPTION OF THE PERSONS		• Change	Language	• Chan	ge Password	↑ Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date o	f Accident	8	6/04/2020 (08:30	
	Vehicle	No.(For Motor)	SJV919	95		Certific	cate Number	Ε			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116611810		KALAI RANJANI D/O RETHINAM	S8527979C	GPC	drivo CLASSIC	SJV91995	SJV9199S	07/03/2020	21/02/2021
			7	A REC CONCINCIAL	13	Continue					

♥ Endors	Taranta de la companya del companya de la companya del companya de la companya de						
Unit No.	03-711 d Object: SJV9199S	Numb		5116611810			
Address 4	SINGAPORE 560173		ss Type d Policy	Singapore address		Post Code	560173
Address 1	BLK 173 #03-711	Addre		ANG MO KIO AVENI		Address 3	KEBUN BARU LINK 1
CONTROL OF	DESTRUCTION CONTRACTOR	2020000	202		22.2		
Info	older Mailing Address						
Policy Info Certificate							
Open							
Co- insurance Flag	No						
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Excess Outside	0	Premium Outside	0				
Additional	4	Excess			CXCESS		
Third Party Excess	0	Own damage	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	06/03/2020	Effective Date	07/03/202	0 00:00	Expiry Date	21/02/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 173 #03-711 ANG MO KIO	AVENUE 4 KEE	BUN BARU L	INK 1 SINGAPORE 56	0173		
Certificate No.							
Policy No.	5116611810	Policyholder Name	KALAI RAN	JANI D/O RETHINAM	Policyholder NRIC	S8527979C	

Claim Handling							
ccident MT/1090962	- LOUIS AND THE STATE OF THE ST	100000	o translationale	SCHOOL VALVE HOURS			
olicy No.	5116611810	Vehicle No.	\$1/91995	GST Registration No.			
ertificate No.							
olicyholder Name	KALAJ RANJANI D/O RETHINAM			Potcyholder NR3C	S8527979C		
roduct Code	Code PRIVATE CAR INSURANCE		drive CLASSIC	Loading	0		
ontact No.(Mobile) 87848514		Contact No.(Office)	0	Contact No.(Home)	0		
mail Address		Special Remark		eCode	16. V		
FK	® No ◯ Yes	TCA	® No ○Yes	eCode Reason			
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No		
Accident Details							
eport Date	07/04/2020 13:47	Accident Report Within 24 hrs.	Yes	Accident Type	Collegon - Head to Rear		
ate of Accident	06/04/2020	Time of Accident Nh:mm	08:30	Country of Accident	Singapore		
eporting Centre	1 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Orange Force		ICM No.	2000000		
coident Location	AMK AVE 4 TWOS YIO CHU KANG RD	Crange rocks		1007140			
♥ Total Excess Applicable							
		22020002000					
xcess Type	Per Accident	Windscreen Excess	100.00				
D Standard Excess	600.00	TP Standard Excess	0.00				
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
		TIED IP EXCESS:	0.50	Univer is Covereur	Covered		
dditional Excess	0		1,557,654				
otal OO Excess Applicable	600.00	Total TP Excess Applicable	0.00				
♥ Benefits	Who.						
GST Registered Informa	TOTAL CONTRACTOR OF THE PARTY O		ACT BASE TO SEE THE SECOND SEC				
ST Registered ST Registration No.	No		GST Registration Date GST Status Verified	Yes			
a f. Registration No. lodification History			See Section Control	2,571			
Policyholder Mailing Ad	Idrasa						
oddress 1	BLK 173 #03-711	Address 2	ANG MO KID AVENUE 4	Address 3	KEBUN BARU LINK 1		
didness 4	SINGAPORE 560173	Address Type	Singapore address	Post Code	560173		
				1000			
Init No.	03-711	Related Policy Number	S116611810				
OI Driver Info							
Iriver Name	KALAI RANJANI DYO RETHINAM	Driver Type	Main Driver	Driver DOB	1200000000		
Innamed driver Name		Oriver NR3C	S8527979C		12/09/1985		
egister Date of Driver License		Driver Age	34	Driving Experience	0		
ontact No.(Mobile)	97949614	Contact No. (Dffice)	0	Contact No.(Home)	0		
ddress 1	BLK 173	Address 2	ANG MO KID AVENUE 4	Address 3	KEBUN BARU LINK 1		
ddress 4	SINGAPORE 960173	Address Type	Singapore address	Post Code	560173		
Jnit No.	03-711						
Does he own a Singapore Registered car?	C Yes ® No	Driver Vehicle No.		Driver Insurer Company			
eclaration		NY 100 - 200					
reathalyser or Blood Test leading?	0 mg	Any injury?					
fedification History							
Salar Market Salar							
Claim 001 New							
A COLUMN TO SERVICE AND A SERV							
A-2000		PERSONAL PROPERTY.					
Jaim Type •	ОО-МХ	Insured Name	KALAI RANJANI D/O RETHINAM	Insured WRIC	58527979C		
Contact No. (Mobile)	87849614	Contact No.(Home)	MIL	Contact No.(Office)			
mail Address	KALAIRAN)ANIRETHINAM@GMA	Of Vehicle Number	SJV91995	TP Venicle Number	SMA7848K		
lamant Type Claimant Type*	Please Select	Type of Benefit *	Please Select				
Paimant Name *	>>	Cament NRJC *		-			
leimant Address			The second second second second				
laim Description	SJV91995 / SMA7848R ON 6 Apr 2020		9	Name of Preferred Workshop			
referred Workshop Contact io.		Insured Liability *	Not at Fault				
equire Finalisation	Yes 🔻	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
ate Registered	07/04/2020 13:49	Claim Close Date		Date Received	07/04/2020 00:00		
eport Taken By	Jackson				A 1000 A		
Print AK letter	William 15						
Contract of letter							
			Save Submit				
Attachment							
and the second second second							
9							
ocident No.	MT/1090962	Claim No.	001				
ast Doc. Received	● Yes ○ No	Upload Date	07/04/2020 13:50				
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