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	i-Motor W/O	(Within: OD 2hr			
OD / TR / Reporting Only	i-Photo Uploa	aded			
	Assessment/Sur	rvey Report			
TP Insurer:	Ass't Report by	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: [WIZTOR .	. INC()/Non-INC()	- 9	
Owner / Driver: (*	Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (W	VO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000	()			
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Drive-In ()/ Towed-In (); Inve	oice: YES () / N	10();	3	and suit was as	KHATE T
Remarks: (INC hotline: 6788 6616	0)		Date&Time Completed	Don	by ·
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1) Apply for Transport Allowance () / Courtesy Car ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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.	unerepy consent to the archiving of this report at the centre and to copies of the report soling made available.
Wildings Add Strong Street	ACCIDENT STATEMENT
Date Of Report	07/04/2020 14:01
Date Of Accident	06/04/2020 15:30
Exact Location Of Accident	AMK AVE 1 TWDS LOR CHUAN
Country/State of Loss	SINGAPORE
BUTTER AND METERS OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ2629U
Insured/Policyholder	
Name Of Registered Owner	TANARAJ S/O VELLAKANNOO
NRIC No	SXXXX682F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91835040
Alternative Phone No	OFFICE-91835040

Vehicle Particulars

Manufacturer HYUNDAI

Model OS KONA 1.0 T-GDI MT

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

5100654041-01 Policy Number

Cover Note Number

Driver

TANARAJ S/O VELLAKANNOO Name of Driver

SXXXX682F NRIC No 25/06/1981 Date Of Birth INDOOR Occupation 01/06/2007 Date Of Driving Pass

12 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91835040 Mobile Number

Fax Number

OFFICE-91835040 Contact Number

NOEMAIL **EMail Address**

BLK 475B UPPER SERANGOON CRESCENT Address

#09-537

532475 Postcode

NO Was driver an employee of the Insured's Company

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

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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)

NO

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

SLW5270R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

MOHAMED HERWAN BIN MOHAMED AHMED Name of Driver

NRIC/Passport Number

91810608 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLV1488L

Page 2 of 15

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

TANARAJ S/O VELLAKANNOO

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLZ2629U

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.
- 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 interested parties.
- 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:

- 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
- (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 Personnel's Signature Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date of time, was driving my vehide A SLZ 26294) Mo Kro Avenue 1 traveling along twas Lorona Chuan on second Somewhere before Bishan Road a 3-laner. road. vehicle ahead slowed down and stopped due to the heavy As such, I applied brate and stopped behind vehicle ahead adden, vehicle B (SLW 5270R) came from rear and collided onto portion of my vehide. After absident, was involved in a 3 con chain accordent. Illhide C: SLV 1488L

DECLARATION

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

9

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.	SLZ26294 Model/Make Hyundai Kona
Date of Accident	6/4/2020
Time of Accident	1530 HRS
Location of Accident	Along Any Mo Kio Ave 1 tude Lorong Chuan
Exact purpose use during accid	
Name of Owner	Tanarai Slo Vellakannoo
Telephone No.	H/P: 9183 5040 Home: Office:
NRIC	58 119682F
Address	BLK 475B Upper Serrangoon Chescent #09-5375 (5324)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5100654041-01
Name of Driver	As Above If No.
NRIC OF DITVE	
Date of birth	Any Passengers :
Occupation	Outdoor / Indoor
Driving License Pass Date	116/2007
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	Tione. Once.
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.	Tanaraj S/O Vellakannou 91835040
Name And Contact No.	Totales STO VEHICLOVIDO 11832010
Police Report	No, If Yes, Where?
Vehicle B No.	SLW 5270R Any Passengers: \
Name of Driver	Mohamed Herman Bin Contact No.: 9181 0608
Vehicle C.No.	Mulwined Ahmed Any Passengers:
Vehicle D.No. Ven C	
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear partion
Camera Recorder	Yes (No
Email Address	tanurajev g yahoo.com.sg
	Je v minu - J
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brondon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



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)

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

Certificate Number: 5100654041-01

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SLZ2629U

Chassis Number

: KMHK3811LJU089497

2. Name of Policyholder

: TANARAJ S/O VELLAKANNOO

3. Effective Date of Insurance

: 27 Apr 2019

4. Expiry Date of Insurance

: 26 Apr 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : TANARAJ S/O VELLAKANNOO

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: KOMOCO TRADING PTE LTD (00000614810)

Date of Issue : 23 Apr 2019 12:55 hrs Reprint : 23 Apr 2019 12:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80					· Change	e Languag	e · Chan	ge Password	' Log Ou		
My Desktop	Poli	cy Query									e maara
Notice of Loss	Policy I	No.				Date o	of Accident	6	06/04/2020	15:30	
	Vehicle	No.(For Motor)	SLZ26	290		Certifi	cate Number	[
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100654041- 01		TANARAJ S/O VELLAKANNOO	S8119682F	GPC	drivo PREMIUM	SLZ2629U	SLZ2629U	27/04/2019	26/04/2020

Sequen	ce Date of Endorsement	-	ndorsement	********	Endorsement	±29280	Endorsement Content
□ Endors	ements						
Insured	Object: SLZ2629U						
Init No.		Related	Policy	5100654041-01			
ddress 4		Addres	s Type	Singapore address	3	Post Code	532475
ddress 1	BLK 475B #09-537	Addres	s 2	UPPER SERANGOON	CRESCENT	Address 3	SINGAPORE 532475
No. No. of Co.	older Mailing Address						
nfo							
Open Policy Info Certificate							
nsurance lag	No						
Co-		2000	13010110		G31 Flag	ð	
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	68018948		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess	0	damage Excess	600		Excess	100	
Third Party		Own	ere com		Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	23/04/2019	Effective Date	27/04/201	9 00:00	Expiry Date	26/04/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 475B #09-537 UPPER SER/	NGOON CRES	CENT SING	APORE 532475			
Certificate No.					mac		
Policy No.	5100654041-01	Policyholder Name	TANARAJ S	5/0 VELLAKANNOO	Policyholder NRIC	S8119682F	

Claim Handling							
Accident MT/1090973	Was an experience of the control of	0000000					
olicy No.	5100654041-01	Vehicle No.	SLZ2629U	GST Registration No.			
ertificate No.							
olicyholder Name	TANARAJ S/O VELLAKANNOO			Policyholder NRJC	58119682F		
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0		
Contact No. (Mobile)	91835040	Consact No. (Office)	0	Contact No.(Home)	0		
mail Address		Special Remark		eCode	N. V		
PK	® No ○ Yes	TCA.	® No ⊜Yes	eCode Reason	(CASSA)		
CD Protection	No	NCD Entitlement(%)	50	Privace Hire	No		
Accident Details							
port Date	07/04/2020 14:11	Accident Report Within 24 hrs	Yes	W000000000000	SALISTS DECEMBER OF THE		
ate of Accident	06/04/2020			Acadent Type	Chain Collision		
eporting Centre	00,04,2020	Time of Accident hh:mm	15:30	Country of Academ	Singapore		
		Orange Force		ICM No.			
cident Location	AMK AVE 1 TWDS LOR CHUAN						
7 Total Excess Applicable							
cess Type	Per Accident	Windscreen Excess	100.00				
Standard Excess	22000						
D OD Excess	600.00	TP Standard Excess	0.00				
	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
ditional Excess	0						
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00				
Benefits							
GST Registered Inform	0100000						
T Registered T Registration No.	No		GST Registration Date				
diffication History			GST Status Venfied	Yes			
Policyholder Hailing Ad	fdress						
dress 1	BLK 4758 #09-537	Address 2	LIBROR CHE LA COMPANIA	0011201111111111			
dress 4	5005 47.00 # 6 # 6 # 7 # 7 F		UPPER SERANGOON CRESCENT	Address 3	SINGAPORE 532475		
		Address Type	Singapore address	Post Code	532475		
t No.		Related Policy Number	5100654041-01				
OI Driver Info	200700000000000000000000000000000000000						
ver Name	TANARA) S/O VELLAKANNOO	Driver Type	Main Driver				
named driver Name		Driver NRIC	S8119682F	Driver DDB	25/06/1981		
ister Date of Driver License		Driver Age	38	Driving Experience	12		
tact No.(Mobile)	91835040	Contact No.(Office)	0	Contact No.(Home)	0		
Ireas 3	BUX 4758	Address 2	UPPER SERANGOON CRESCENT	Address 3	SINGAPORE 532475		
Iress 4		Address Type	Singapore address	Post Code	532475		
it No.	09-537						
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
laration							
athalyser or Blood Test iding?	0 mg	Any injury?	Yes ○ No				
Iffication History							
and a superior of the superior							
laim 001 New							
20000							
n Type •	00-MX	Insured Name	TANARAJ S/O VELLAKANNOO	Insured NRIC	S8119682F		
act No.(Mobile)	91835040	Contact No.(Home)	64874116	Contact No.(Office)			
il Address	tanarajsu@yahoo.com.sg	Of Vehicle Number	SL22629U	TP Vehicle Number	SLW5270R		
nant Type Claimant Type •	Please Select	Type of Benefit *	Please Select V) (n		
nant Name. *	22	Claimant NRIC +					
nant Address							
Description	SLZ2629U / SLW5270R ON 6 Apr 2020			Name of Preferred Workshop			
erred Workshop Contact		Insured Liability *	Not at Fault	TO A THE SECOND			
ire Finalisation	Yes 🔻	Preferered Repair Option		TI TIS WALLE			
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A.C.	NAC_PAYA_UB(_800601(NAT CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 7 Apr 2020 14:14	Photos		Normal	P	notos 2020-4-7	
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ALL IN	NAC_PAYA_UBI_800601(NAT CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 7 Apr 2020 14:14	NRIC/ Driving License	٧	Normal	NAJC/ Dr	iving License 2020-4-7	100257
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