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Veh No: pc4301	E-mail (within Shr	s, AIC 2hrs)			•
D.O.A: 70/5/20-07/	i-Motor Claim	Form	m/1893603-001	1 3/6/2 1	38:0
	i-Motor W/O (W. Court Control College			
OD / TP / Reporting Only	i-Photo Upload	ed	- 0.10		
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by]	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Gr	3651936	INC ()/Non-INC()	4	
Owner / Driver: (28	Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (The state of the s	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC): N: 0-209	%; P: 21-79%. P: 3	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		49-1-1-1-1-1-1	
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() Total Loss Case : to e-mail Insu	rer URGENTLY.			+	
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Remarks: (INC hotline: 6788 6616)	Section Section		Date&Time Completed	Done	by
CONTRACTOR	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
	()				
	()				
3) Upload Resurvey Photo [Repair Cost > 5	()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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.

WO THE WORLD WINDOWS	ACCIDENT STATEMENT
Date Of Report	05/06/2020 09:47
Date Of Accident	30/05/2020 03:25
Exact Location Of Accident	TUAS VIEW WALK 2 TWDS TUAS VIEW SQUARE
Country/State of Loss	SINGAPORE
a succession of the second second second	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC4382R
Insured/Policyholder	
Name Of Registered Owner	PARDESHI PTE LTD
Co Reg No	2XXXXX054N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE COMMUTER GL 3.0A
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	5114605038
Cover Note Number	
Driver	
Name of Driver	SINGH GUDDU KUMAR
NRIC No	SXXXX043E
Date Of Birth	15/10/1975
Occupation	OUTDOOR

10/12/2013

MALE

NOEMAIL

6 YEARS AND 5 MONTHS

(LOCAL) +65-81157999

Address

BLK 169 BEDOK SOUTH AVENUE 3

#06-445

Postcode

460169

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

Number of Passengers (Including Driver)

1

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

GBG5693G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

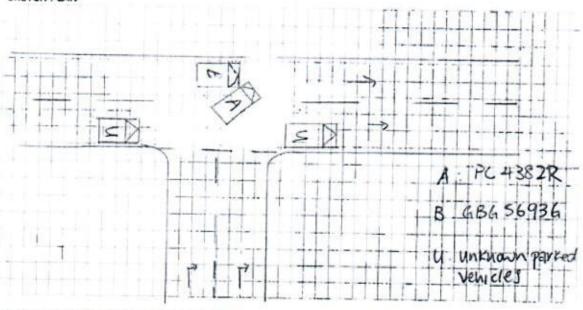
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

PAROP PHI

Policy holder's signature Date / time: Driver's signature

Driver's signature (if driver is not policy holder) Date / time: reporting centre p rsonnel's Signature Date / time: SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling along Tuas View Walk towards Tuas View Square. After checking that the major road is clear; I then proceed to turn at a slow speed. When I was at the dotted line, vehicle B came at a fast speed and failed to stop which resulted in Vehicle B colliding onto me. I wish to state that when I saw vehicle B came at a fast speed I immediately jam brake but however it still collided onto vehicle B right hand portion.

DECLARATION

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

PAR DES

Policy holder's signature Date & time: Oriver esignature (if driver is not policy holder) Date & time: reporting centre personne 's Squat NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

TANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Jackson

A Section of the sect	ACCIDENT DETAILS	Remarks a series of the series
Date of accident	30/05/2020	(DD/MM/YY)
Time of accident	3:25 am	(HH:MM)
Exact location of accident	Thas view walk 2 towards	

		DETAILS OF	VEHICLE	Service III	
Vehicle registration number	PC A	4382 R			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Vehicle make and model	Toyo	ta thro	S Hia	ce.	
Type of vehicle	Saloon Lorry	MPV Bus	CRV D	Van	Others:
Vehicle category	Private	Comme	ercial 🗆	Motorcyc	ele 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part o	No D	if no, plea	se select:	

以 以近年从外下的发生产的运动。	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

的是是 在10%,但是不是一个	INSURED / POLICY HO	LDER	Received to	A SECTION	A CONTRACTOR
Name	Pardeshi Pte. Ltd		Male		Female
NRIC / Fin / Passport number	201523054N				
Contact					
Address	51 desker Road 5(209645)	Ħ 01-02	Golden	Royal	Hutel

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Singh Guddu Kumar Maleo Female o					
NRIC / Fin / Passport number	Singh Guddu Kumar Maled Female of S7389043E					
Contact						
Address	BIK 169 Bedok South Avenue 3 #06-445 S(460169)					
Email address						
Date of birth	15 10 1975					
Occupation	Indoor D Outdoor D					
Driving date pass	20/11/2015					

Many Company	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noz		
the insured's company?	If no, rel	ationship of the	driver and insured: _	owner
Accident captured by camera?	Yes 🗆	No 🗷		
Weather condition	Clear	Raining	Others:	
Road surface	Dry,a	Wet □		
No of passenger				(Inclusive of driver)
建元的各种企业		PASSENGE	R1	发展的主要,但是
Name	and the second second second second			
Gender	Male 🗆	Female		
	To the second	PASSENGE	R 2	manufacture of the second
Name				
Gender	Male 🗆	Female		
	Ar			
		PASSENGE	R 3	
Name	THE RESERVE OF THE PARTY.			A STATE OF THE STA
Gender	Male 🗆	Female		
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Gender	Male 🗆	Female		
Gender	IVIAIC L	remate u		
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Name		PASSENGE		· 加速则引用的社会企业的 [17] 20 利息的主义的
Gender	Male 🗆	Female □		
Gender	iviale u	remaie u		1000
	orie currents filmings	DACCENCE	Parallel Carrier State Control	
		PASSENGE	К Б	
Name Gender	Male 🗆	Female		
Gender	Iviale 🗆	remale u		
		OTHER INFORM	ATION	F6 - \$2.5 () TE T - \$2 F 2 F 2 F 2 F 2 F 2 F 2 F 2 F 2 F 2
Was anybody injured?	Yes 🗆	No.2	ATION	
Was other vehicle damaged?	Yes	No 🗆		
was other venicle damaged?	Tes U	NO		
	(Shapers			
		S OF POLICE STA	The same of the sa	
Reported to police?	Yes 🗆	No. If ye	s, please state which	police station.
Police station name				
	CONTRACTOR OF	MATNESS		
NAME OF TAXABLE PARTY O	MARK CUANTING	WITNESS		
Name				
				SECTION OF THE PROPERTY OF THE
		WITNESS	2	设施的证据的证据的证据
Name				

APPROVED TO THE PROPERTY.	THIRD PARTY VEHICLE 1
Vehicle registration number	986 5693 G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STATE OF THE STA	THE PARTY OF THE P
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIS PART PERIOLE 9
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

10 00年 100年 100年 100年 100年 100年 100年 100	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1	0000000
Name			
Injuries sustained			
Which vehicle person in?			-/-
Were seat belts worn?	Yes 🗆	No 🗆	/
Was injured conveyed to	Yes 🗆	No 🗆	/
hospital by ambulance?			
Market of the Line of the Land			
Name		INJURED PERSON 2	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No p	
Was injured conveyed to	Yes 🗆	No a	
hospital by ambulance?	163 🛭	110 0	
and a second second			
即日本下的企业 C 1413		INJURED PERSON 3	Chic State
Name	-		20mm 大田田 大田
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes□	No p	
Was injured conveyed to	Yes 🗆	No D	
hospital by ambulance?	To constitution of		
		INJURED PERSON 4	
Name	/		Caralle Caralle
Injuries sustained			
Which vehicle person in?	-/-		
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
THE RESIDENCE OF THE PARTY OF T	SALE SALES		
Vame		INJURED PERSON 5	专为一个自
njuries sustained			
Which vehicle person in?			- No-let
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes	No 🗆	
nospital by ambulance?			
		INJURED PERSON 6	ALL MAN TO THE SAME
lame	The state of the s		
njuries sustained			
Vhich vehicle person in?			271
Vere seat belts worn?	Yes 🗆	No 🗆	
Vas injured conveyed to	Yes 🗆	No 🗆	
ospital by ambulance?	1	010000170K	

Claim Handli Accident MT						4 Task Transf	And in case of the latest terminal and the latest term		
			MANUAL PROPERTY.	HERBERT ST		tos	SAL SUB		
Policy No.	5114605038	Vehicle No.	PC4382R	GST R	egistration				
Certificate No. Policyholder Name	PARDESHI PTE. LTD.			Police	holder NRIC	201522054H			
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loadir	holder NRIC	201523054N			
Contact No. Mobile)	NA.	Contact No. (Office)		Conta (Home	ct No.		-		
mail Address	•	Special Remark		eCode		N			
FK	O No Yes	TCA NCD	O No Yes	eCode	Reason				
CD Protection	No	Entitlement(%)	0	Private	Hire	No			
Accident Det	alls		A DO LOUGH				All Indiana		
eport Date	02/06/2020 15:07	Accident Report Within 24 hrs	No	Accide	nt Type	Collision - Major I Road	Minor		
ate of Accident	30/05/2020	Time of Accident hh:mm	12:25	Counti		Singapore			
eporting Centre	NATIONAL ASSESSMENT CENT	Orange Force	No	ICM N		3000			
Total Excess	Marine San Control of the Control of	VIEWSQUARE) TWDS PIE	TUAS						
		Windscreen		BAR STAIR		Philadel Bar			
ccess Type	Per Accident	Excess	5	500.00					
D Standard cess	2,000.00	TP Standard Excess	3,0	00.00					
ED OD Excess	0.00	YIED TP Excess		0.00 Driver Covere	No. of Contract of	Covered			
otal OD Excess	2,000.00	Total TP Excess Applicable	3,0	00.00					
Benefits GST Registere	ed Information								
ST Registered	No		GST Registration	n Date					
ST Registration N	The form to the form to the form to the first of the firs		GST Status Verified	fied Y	es				
ldress 4 nit No.	01-02	Address Type Related Policy Number	Singapore address	Post Co	de	209645			
OI Driver Info			NESTRE PARK	Sales of the					
named driver	Unnamed Driver	Driver Type	Unnamed Driver						
me egister Date of	SINGH GUDDU KUMAR	Driver NRIC	S7589043E	Driver I	008	15/10/1975			
iver License	10/12/2013	Driver Age Contact No.	44	Driving Experie		6			
lobile)	81157999	(Office)		Contact (Home)			E I I		
dress 1	BLK 169 #06-445	Address 2	BEDOK SOUTH AVENUE 3	Address	3	SINGAPORE 460169			
dress 4 it No.	06-445	Address Type	Singapore address	Post Co	de	460169			
oes he own a ngapore ngistered car?	○Yes○No	Driver Vehicle No.		Driver I Compar					
Declaration				STATE OF THE PARTY.					
eathalyser or ood Test ading?	0 mg	Any injury?	○Yes ○ No						
dification tory	08/06/2020 07:40 s04777 08/06/2020 07:40 s04777	'S Modify Driver Nam 'S Modify Driver Type	e(>Unnamed Driver (>Unnamed Driver)	7)					
Investigation			S 2000	* 101.21	5 4 1 To	CHILLIPPINE			
laim 002 OD-M	X New								
Claim Case	Officer			THE REAL PROPERTY.	BEEN A			NI CONTRACTOR	103 249
im Type		OD-MX		nsured Name	PARDESHI P	TE. LTD.	Insured NRIC	201523054N	
ntact No.(Mobile))	81157999	(Contact No. Home)			Contact No. (Office)		
all Address				I Vehicle lumber	PC4382R		TP Vehicle Number Name of	GBG5693G	
							THE WILLIAM		
im Description		PC4382R	/ GBG5693G ON 30 M	1ay 2020			Preferred Workshop		

Reading? 08/06/2020 07:40 s047775 Modify Driver Name(-->Unnamed Driver) Modification 08/06/2020 07:40 s047775 Modify Driver Type(-->Unnamed Driver) History Investigation Claim 002 OD-MX New Claim Case Officer LOS SAL SUB Claim Type OD-MX Insured Name PARDESHI PTF, LTD. 201523054N Insured NRIC Contact No. Contact No. (Mobile) 81157999 Contact No. (Home) (Office) OI Vehicle TP Vehicle Email Address PC4382R G8G5693G Number Name of Claim Description PC4382R / GBG5693G ON 30 May 2020 Preferred Workshop Preferred PreferredInsured Fully Workshop PreferredInsured at WorkshopJaNiAty Received Preferered English Yes Repair Nealisation Name report Option unknown Date Registered Claim Close 05/06/2020 15:54 Date Received 05/06/2020 10:38 Date Workshop Total Loss but Report Taken By Repairer Repaired Print AK letter Modification History Special Claim Creation Approval Approval Reason Remarks Attachment MT/1093603 Accident No. 002 Claim No. Last Doc. Received O Yes O No 05/06/2020 10:38 Upload Date Path * Category * Confidential Urgency * Description * Choose File) no file selected NO NO Clear Please Select Normal | Choose File) no file selected Clear Please Select NO. Normal ... Choose File I no file selected Clear Please Select NO. Normal | Choose File on file selected NO. Normal | Clear Please Select Choose File) no file selected NO. Clear Please Select Normal 🔲 Choose File on the selected Clear Please Select NO. Normal | Send Message Upload Attachment List Msg Attachment Uploaded By/Date Category Urgency Description Sent? Action (CO) NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT NRIC/ Driving Licen Normal NRIC/ Driving License 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:38 PAYA_UBI_800601(NATIONAL ASSESSMENT NRIC/ Driving Licen Normal NRIC/ Driving License 2020-6-5 CENTRE SERVICES) on 05 Jun 2020 10:38 Edit NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT NRIC/ Driving Licen Normal NRIC/ Driving License 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:38 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT SAS Normal SAS 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:33 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT Photos Normal Photos 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:32 NAC PAYA UBI 800601(NATIONAL ASSESSMENT Photos Normal Photos 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:32 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT Photos Normal Photos 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:32 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT Photos Normal Photos 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:32 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT Photos Normal Photos 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:32 NAC PAYA UBI 800601(NATIONAL ASSESSMENT Photos Normal Photos 2020-6-5 Edit CENTRE SERVICES) on 05 Jun 2020 10:32 Video List Uploaded By/Date Folder Date File Name Source Action

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