Date In: 877/20 - 11:48	Jeb description	Date & Time Completed	Done	by "
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Veh No: 123440A	E-mail (within Shrs, AIC 2hrs)			
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OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	The second secon	- 17/KO / 1	-
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TP Insurer:	Assessment/Survey Report			
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Preferred Wksp / INC Assign Wksp / QW: (The second secon	Tel: F	ax:	-
TP Particulars: Veh No: SH	B3311C INC(
Owner / Driver: (555110	Tel:)	101VE
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%1	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()	<u> </u>		-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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 of

Charles and the contract of th	ACCIDENT STATEMENT
Date Of Report	08/07/2020 11:48
Date Of Accident	07/07/2020 22:10
Exact Location Of Accident	
	BOON LAY AVE
Country/State of Loss	SINGAPORE DETAILS OF OWN VEHICLE
CHAIN AND A SECOND AND A SECOND AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT ASSESSME	
Vehicle Registration Number	SJS3440A
Insured/Policyholder	
Name Of Registered Owner	HARUN RASHID S/O ABDUL HAMEED
NRIC No	SXXXX176I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83129752
Alternative Phone No	OFFICE-83129752
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	REPORTING ONLY
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	5111110434
Cover Note Number	
Driver	
Name of Driver	KARUPPAIYA DHARMARAJ
Passport No/FIN	GXXXX673N
Date Of Birth	10/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84252579

OFFICE-84252579

NOEMAIL

Address

BLK 58 MARINE TERRACE

#09-62

Postcode

440058

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

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?

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

SHB3311C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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 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.
- 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:

Oriver'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 stated date	and time, I was travelled	g ching Bo	on lay	and two
	that vehicle B stopped	in front	of my	which. in
vehicle lift anda	vehicle B Mar partion.			

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 .:

ACCIDENT STATEMENT

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EHICLE NUMBER: SHE	33116	MODEL:	
RIVER'S NAME:			
RIC/FIN/PASSPORT:		CONTACT:	
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EHICLE NUMBER:		MODEL:	
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fax = Dharmaraj 1083 @ ganail. Com

VIDEO =

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	Vehicle	No (For Motor)	SJS344	DA .		Certifi	cate Number				
					I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111110434		RASHID S/O ABDUL HAMEED	S15671761	GPC	drivo CLASSIC	S3S3440A	SJ53440A	12/07/2019	11/08/2020

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	Object: SJS3440A						
□ Endorsem	ients						
Sequence	Date of Endorsement 17/02/2020 00:00		etension/Shi		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Jul 2019 TO 11 Aug 2020 In view of this amendment, an additional premium of \$55.24 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches to the page of the cheese.

Claim Handling							
crident MT/1096361							
olicy No.	5111110434	Vehicle No.	5153440A			GST Registration No.	
rtificate No.							
licyholder Name	HARUN RASHID S/O ABOUL HAMEED					Palicyholder NRIC	515671761
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASS	ac		Loading	0
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D Protection	No	NCD Entitlement(%)	50			Private Hire	No
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port Date	08/07/2020 11:59	Accident Report Within 24 hrs	Yes			Accident Type	Producer Market Book Book in
ite of Accident	07/07/2020	Time of Accident his mm					Collision - Head to Rear
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t No.	11-04	Related Policy Number	5111110434			Altica Alas	17/44 23/57
OI Driver Info		ALTERNATION STATES					
ier Neme	Unnamed Driver	Driver Type	Unnamed Dr	OME			
named driver Name	KARUPPATYA CHARMARAS	Driver NRIC	GXXXXXXXX	ver .		Driver DOB	10001000
exter Date of Driver License		Onver Age	37				10/03/1983
tact No.(Mobile)	8425257P	Cornact No. (Office)	0			Driving Experience	11
iress 1	BLK S8	10.000 11.000		200		Contact No.(Home)	0
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ress 4	SINGAPORE 440058	Address Type	Singapore ad	dress		Post Code	440058
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