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TP Insurer:	Assessment/Su		0 000	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (		y <u>Fax / Hand</u> to	Owner/Wksp	<u> </u>	-
TP Particulars: Veh No:		INC (		Fax:	1555
Owner / Driver: (	C1177 E	· INC (	)/Non-INC( ).		
Policy No: (	Period: (		Cover Type: (		
Confirmed by : (		Date:	Time:		
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Year of Registration: ( )	Warranty: YES (	)/NO(	70, 1.21-7570. 1.30-	10070]	
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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.
- 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

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Service and the first of the	ACCIDENT STATEMENT
Date Of Report	21/07/2020 09:14
Date Of Accident	16/07/2020 22:00
Exact Location Of Accident	WOODLANDS AVE 3 TWDS WOODLANDS ST 13
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6020R
Insured/Policyholder	
Name Of Registered Owner	KRISHNAN S/O SHANMUGAM
NRIC No	SXXXX141Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87502021
Alternative Phone No	OFFICE-87502021
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105894616-01
Cover Note Number	
Driver	
Name of Driver	KRISHNAN S/O SHANMUGAM
NRIC No	SXXXX141Z
Date Of Birth	21/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2016
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87502021

OFFICE-87502021

NOEMAIL

Address

BLK 791 WOODLANDS AVENUE 6

#05-611

Postcode

730791

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 - 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?

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?

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

SMK1194E

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category 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

- 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.
- 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.
- 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 :
  - (1) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (11) Investigations the accident and/or my claims;
  - (111) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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
  - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) 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:
  - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

Policy holder's signature

Date / time:

Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN						
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DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

Page 6

## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT 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.

	ACCID	ENT D	ETAIL	S	<b>中国的植物</b>	A CONTRACTOR	
Date of accident	A Shekarara wa Sanshi A	161	07	12020		(DD/	MM/YY)
Time of accident			120				HH:MM)
Exact location of accident	woodlands		3	toming	towards	woodlanks	

特性的曲点。EN	No. of State	DETAILS OF	VEHICLE
Vehicle registration number		531	46020 R
Vehicle make and model			MITSUBISHI LONCET EX
Type of vehicle	Saloon D	MPV D	CRV U Van U
Vehicle category	Private Ø	Comm	ercial   Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes  Third part of	No Ø	if no, please select: Reporting only □

	INSURANCE IN	FORMATION	<b>公司</b>
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSU	RED / P	OLICY HOLDER	TO COM	REP IS		September 1
Name	Krishnan	slo	Shanmugo	in	and the same	Male 🗆	Female
NRIC / Fin / Passport number			261412			mare D	Territor D
Contact			87502	021			
Address	BIK	791	moodlands	Ave	6	#05-61	ı

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male   Female
NRIC / Fin / Passport number	Tomate D
Contact	
Address	
Email address	
Date of birth	21107/1990
Occupation	Indoor  Outdoor
Driving date pass	10/05/2016

<b>经验证据的</b>	<b>GENERAL</b> I	NFORMATION	OF THE ACCIDENT	· 医红色红色
Was driver an employee of	Yes 🗆	No p		
the insured's company?	If no, rela	tionship of the	driver and insured:	owner
Accident captured by camera?	Yes 🗆	No 🔛		
Weather condition	Clear 🗷	Raining	Others:	
Road surface	Dry 🗹	Wet 🗆		
No of passenger	1			(Inclusive of drive
to troops without livery and a service and				
Name		PASSENG	ER 1	思考以除了中华中国
Gender				
Gender	Male 🗆	Female		
		PASSENGI	R 2	CHARLES MANAGEMENT MANAGEMENT
Name			Market Market Company of the Company	ALLE SECTION AND ADDRESS OF THE PARTY OF THE
Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Female		
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		PASSENGE	R 5	
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Name Gender	Mala	- 1		
Jender	Male 🗆	Female		
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Was other vehicle damaged?	Yes	No 🗆		
eported to police?			ATION ACTION	
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Vehicle registration number	SMICI 94E
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	James Lander L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
provide the property of the property	THIRD DARRY VEHICLE
Vohicle registration number	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
MATERIAL PROPERTY OF THE PROPE	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Vehicle make model Name	

THIRD PARTY VEHICLE 7					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

AND PROPERTY OF THE PARTY OF THE		INJURED PERS	ON 1	
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	1725-1826			
		INJURED PERS	ON 2	
Name				
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Which vehicle person in?		-1,		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?		The second secon		
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hospital by ambulance?				
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Injuries sustained				
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Were seat belts worn?	Yes 🗆	No		
Was injured conveyed to		No 🗆		
hospital by ambulance?	Yes 🗆	No 🗆		
nospital by ambulance?				
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Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes□	No 🗆		
hospital by ambulance?	1030	110 🗅		
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Were seat belts worn?				

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Notice of Loss	Policy I	No.				Date o	of Accident	-	16/07/2020 2	22:00	
	Vehicle	No.(For Motor)	S3M602	2DR		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	5105894616- 01		KRISHNAN S/O SHANMUGAM	59026141Z	GPC	drivo CLASSIC	S1M6020R	- 10 BOOK	12/01/2020	11/01/202

Sequenc	e Date of Endorsement	Er	ndorsement	Туре	Endorsement	Status	Endorsement Content
7 Endorse	ments						
Insured	Object: SJM6020R						
nit No.	17-569	Related Number		5105894616-01			
ddress 4	SINGAPORE 537475	Address		Singapore address	1	Post Code	537475
ddress 1	BLK 475D #17-569	Address	5 2	UPPER SERANGOON	CRESCENT A	Address 3	PARKLAND RESIDENCES
	older Mailing Address						
ertificate nfo							
olicy Info							
lag Ipen							
o- osurance	No						
gent	I INSURANCE AGENCY	Agent Tel.	66411407		GST Flag	Υ	
Outside lingapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional	1500	OS Premium	0				
hird Party excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Type	Per Accident	All Claims Excess					
Policy ssue Date	09/01/2020	Effective Date	12/01/202	0 00:00	Expiry Date	11/01/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 475D #17-569 UPPER SER/	NGOON CRES	CENT PARK	LAND RESIDENCES S	SINGAPORE 53	7475	
Certificate No.		warne			NRIC	390201412	
Policy No.	5105894616-01	Policyholder Name	KRISHNAN	S/O SHANMUGAM	Policyholder	S9026141Z	

Claim Handling					
Accident MT/1097428					
Policy No.	5105894616-01	Vehicle No.	SIM6020R	GST Registration No.	
Certificate No.				and the second second second	
Policyholder Name	KRISHNAN S/D SHANMUGAM			belones as are	100000000000000000000000000000000000000
Product Code	PRIVATE CAR INSURANCE	Cover Type	Anna C Affrica	Palicyholder NRIC	590261412
Contact No. (Mobile)	87502021		drive CLASSIC	Loading	.0
Email Address	0/302025	Contact No.(Office)	0	Contact No. (Home)	0
	COARMINE CONTRACTOR	Special Remark		eCode	N- V
KFIK	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	a	Private Hire	Yes
Accident Details				AT HOUSE PARTY	Tes
eport Date	21/07/2020 09:23	Accident Report Within 24 hr	τ Ves		
late of Accident	16/07/2020 -			Accident Type	Collision - Head to Rear
	10/07/2020	Time of Academ hit mm	22:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coldent Location	WOODLANDS AVE 3 TWDS WOO	OLANDS ST 13			
▼ Total Excess Applicable	•				
xcess Type	Per Accident	Windscreen Excess	100.00		
			100.00		
D-Standard Excess	2,000.00	TP Standard Excess	1.500.00		
ED OD Excess	0.00	YTED TP Excess	1,500.00		
ddinional Excess		THEO IP EXCESS	0.00	Driver is Covered?	Covered
	1500				
nal OD Excens Applicable	3500.00	Total TP Excess Applicable	1,500.00		
P Benefits					
GST Registered Inform					
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History				11/1/2	
Policyholder Mailing Ac	ddress				
Idress 1	BLK 475D #17-569	Address 2	UPPER SERANGOON CRESCENT	***	
Idness 4	SINGAPORE 537475			Address 3	PARIOLAND RESIDENCES
it No.		Address Type	Singapore address	Post Code	537475
	17-569	Related Policy Number	5105594616-01		
OI Driver Info					
ver Name	KRISHNAN S/O SHANMUGAM	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$9026141Z	Driver DOB	21/07/1990
gister Date of Driver License	10/05/2016	Driver Age	29	Driving Experience	4
ntact No.(Mobile)	87502021	Contact No. (Office)	0		
dress 1	BLK 791			Contact No.(Home)	0
dress 4		Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730791
	SINGAPORE 537475	Address Type	Singapore address	Post Code	730791
it No.	05-611				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
The state of the s				Diver made Company	
deration					
eathalysier or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
only.		0.000 .000 e. 0.	0.000		
diffication History					
1 H h					
laim 001 New					
m Type •	On Hy	35 TOW			
	ОО-МХ	Insured Name	KRISHNAN S/O SHANMUGAM	Insured NRIC	590261412
tect No. (Mobile)	67502021	Contact No.(Home)		Contact No. (Office)	
ili Address	MGKRIZ@GMAIL.COM	OI Vehide Number	\$3M6020R	TP Vehicle Number	SMK1194E
mant Type Claimant Type •	Please Select.	Type of Benefit *	Please Select	100001000000000000000000000000000000000	- Tomas and the
mant Name *	2		(2)		
mant Address					
n Description	\$3M8020R / 5MK1194E ON 16 Jul 2	2020			
erred Workshop Contact		NAME OF THE PARTY	war and the same of the same o	Name of Preferred Workshop	
		Insured Lieblity •	Not at Fault		
ire finalisation	Yes 🗸	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	21/07/2020 09:25	Claim Close Date	7,000,000,000,000,000	Date Received	And the second s
ort Taken By	Jackson	**************************************		processors of the state of the	21/07/2020 00:00
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