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	I-Photo Uplo:				
TP Insurer:	Assessment/Su		1		
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Profutred Wksp / INC Assign Wksp / QW: (IF eck :	
The state of the s	18 2947 A.	· INC()/Non-INC().	- 31	
Owner / Driver: (Tel:		
	rlad: (-)	Cover Type: (/	-
Confirmed by i (Date:	Time:	1000/7	
			10%; P: 21-79%. P: 80-	-100%]	-
	Warranty: YES ()		
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(ING holling (1) (1) Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3 Injury : Durithing Action and a second and a s	Courtesy Car (Involved District Section 1 AR; Acades 2) DA; Damey 3) TF; Follow-Forelaiming 6) TR; Re-Insp 7) N1; Idae DA 8) NTUC Addition ODL* *N6; Repair	Through Survey Throug	(538) 540/545 5120 530 105) 575 5160	(L(3)
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Remarks Section Community Communit	Courtesy Car () (Involved) (In	Through Survey Throug	(520) 510 510 510 510 510 510 510 510	(L(3)

per 11

SINGAPORE ACCIDENT STATEMENT

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.
- 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.	ossation matri abnomes ham sussa estato of 1 millo una comment respectations some collect of 1,000 milloridad s
	ACCIDENT STATEMENT
Date Of Report	08/08/2020 16:34
Date Of Accident	08/08/2020 11:45
Exact Location Of Accident	ALONG NEWTON RD TWDS UPP THOMSON
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN6857B
Insured/Policyholder	
Name Of Registered Owner	HARIRAGAVANTHIRA S/O MURUGAYAH
NRIC No	SXXXX963E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87495165
Alternative Phone No	OFFICE-87495165
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L
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
f 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	5118429383
Cover Note Number	
Driver	
Name of Driver	HARIRAGAVANTHIRA S/O MURUGAYAH
NRIC No	SXXXX963E
Date Of Birth	14/03/1992
Occupation	INDOOR
Date Of Driving Pass	04/10/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87495165
Fax Number	W 40
Contact Number	OFFICE-87495165
EMail Address	NOEMAIL

Address BLK 324 SEMBAWANG CLOSE #10-323 Postcode 750324 Was driver an employee of the Insured's Company NO OWNER If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) Passenger 1 NAME: : OMANA PRIYA GENDER: : FEMALE Details of Police Action Was the accident reported to the police? YES If Yes, Please state which Police Station TRAFFIC POLICE DIVISION HQ Police Station Name ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE TEL NO: 65470000 - FAX NO: Police Station Contact Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT T/20200808/7018 Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP2947A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

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

HARIRAGAVANTHIRA S/O MURUGAYAH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKN6857B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

OMANA PRIYA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKN6857B

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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 truthful 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.
- 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.
- 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:

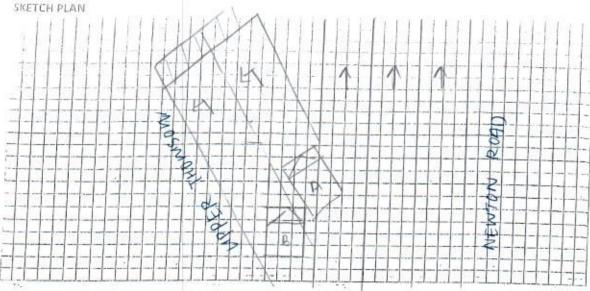
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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: Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

VENTCLE A: SEN 6857B VENTCLE B: YP2947A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

4	refer	to police	report.	7/20200	808/ 7018	2	
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	Harris II and a second						
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	NAME OF THE OWNER OWNER OF THE OWNER O			7/1 =	30		
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DECLARATION

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

-K.

Policyholder's Signature Date & Time: A.

Driver's Signature (If driver is not the policyholder) Date & Time: H

Reporting Centre Personnel's Signature Name: NRIC/FIN No :

2000 Charling Penn Oc





2000007010

1 of 4 Report No. T/20200808/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report I)20 15:49	Made:	Vide F	Report No.:	Station Diary No.:			
Informa	Informant's Particulars						and the second second	
Name of Informant: HARIRAGAVANTHIRA S/O MURUGAYAH			Addres 324 SI		IG CLOSE #1	10-323 SIN	GAPORE 750324	
	/ ID No.: D / S92079	63E	Conta	ct No.: Office:		Mobile: 8	7495165	
National SINGAP	ity: ORE CITIZ	ZEN	Email:		TMAIL.COM			
Sex: Male	Age: 28	Date of Birth: 14/03/1992	Type of Driver	Type of Informant:				
Race: Indian	[- 10 N T T T T T T T T T T T T T T T T T T			Language: Institutio			n / School Name:	
Occupation: Aeronautical engineer		Driving	Driving Licence Information: Class: Date of Expiry:					
General I	nformatio	n of the Accident						
Type of Accident	1	njury Others	Drive: Acciden		Date/Tim Accident: 08/08/20		Type of Location: Y-Junction	
Location	:			WOODERS				

Type of Accident:	Others	Drive:	Accident: 08/08/2020 11:45	Y-Junction
Location:	245			
NEWTON RO	DAD			
Weather: Clear		Road Surface: Dry	1.00	Road Speed Limit: 0 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled	127	raffic Volume: lo Traffic
Type of Collis Between Mov		Swipe - Same Direction	а	nyone conveyed by mbulance: lo

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKN6857B	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5 HID	White		0
YP2947A	Lorry	FUSO	MITSUBISHI	White		1





T/20200808/7018

2 of 4

Report No. T/20200808/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKN6857B	NTUC Income Insurance Co-Operative Limited	5118429383	30/07/2020	29/07/2021		

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Passenger						· ·
Name	OMANA PRIYA			ID No	э.	S9244653J
Related Vehicle	SKN6857B (Car)			Conta	act No.	93691194
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	08/08/2020		Date		08/08	3/2020
No. of Days gran	ted Medical Leave	05	Degree of	f	Slight	t
Driver				distant.	Million	
Name	HARIRAGAVANTH	IRA S/O M	URUGAYAH	ID No).	S9207963E
Related Vehicle	SKN6857B (Car)			Conta	act No.	87495165
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	08/08/2020		Date		08/08	3/2020
No. of Days gran	ted Medical Leave	05	Degree of	f and a	Slight	

Brief Details.

ON THE STATED TIME AND DATE,

I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SKN6857B ALONG NEWTON ROAD TOWARDS UPPER THOMSAN, THE 2 LANES ON THE LEFT ARE TURN LEFT ONLY LANES. WHILST I WAS AT THE TURN LEFT ONLY LANE, THERE WAS A LORRY WHO WAS TRAVELLING ON THE MOST EXTREME LEFT LANE, WENT STRAIGHT INSTEAD OF TURNING LEFT WHEN IT IS A MANDATORY TURN LEFT LANE WHICH CAUSED A COLLISION TO THE SIDE OF MY VEHICLE. THE IMPACT CAUSED ME TO FEEL UNWELL IN WHICH I WENT TO SEEK MEDICAL ATTENTION AND WAS PRESCRIBED WITH A 5 DAYS MC.

I DO NOT HAVE A DASH CAM IN MY VEHICLE.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 4

Report No. T/20200808/7018

CONTINUATION OF REPORT





4 of 4

Report No. T/20200808/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sket	-1-1		-	_
SKAT	CD	-	21	n

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2020 15:49
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

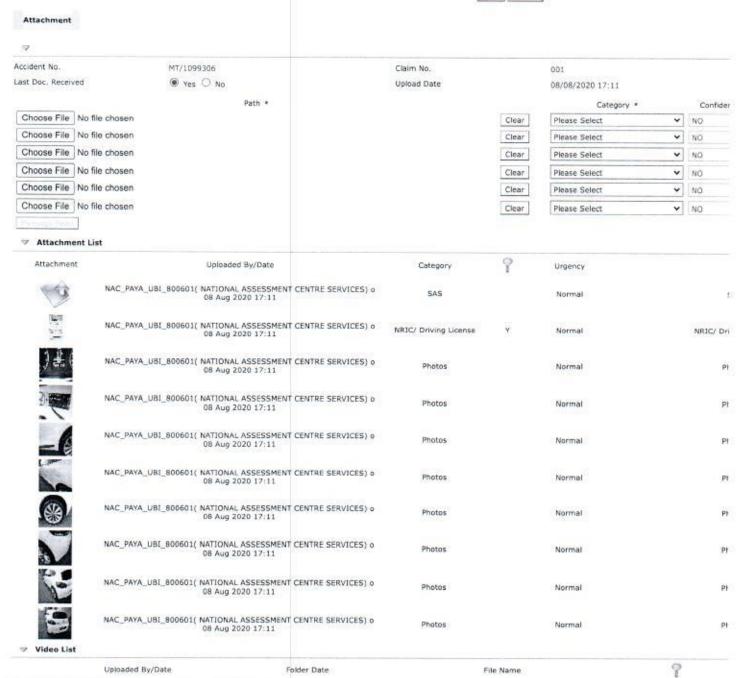
eBaoTech									Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601					• Change	Language	• Chang	e Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date of	Accident		08/08/2020 1	6:34	
	Vehicle No.(For Motor)	SKN	8857B		Certifica	ite Number				
				Se	arch					
		tificate umber	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5118429383		HARIRAGAVANTHIRA S/O MURUGAYAH	S9207963E	GPC	drivo CLASSIC	5KN68578	SKN6857B	30/07/2020	29/07/2021
				Cor	ntinue					

	Date of Accident	: 8 Aug 2020 . Accident Time: 11. 45 am (24-HR-Format)
	Accident Place	: Along newton road towards upper thomsan.
	Vehicle Reg. No. (Car Plate No.)	: 5kN6857B.
	Vehicle Make/Model	: Volks magon scirossco.
	lasurance Company	NTUC. Policy No. 5118429383 -
	Owner or Company Name /IC No.	
	Owner or Company Contact No.	: 0749 5165 Owner's Hp Company Tel
	DRIVER'S Name / IC No.	: 59207963E
	DRIVER'S Date Of Birth	: 14 03 1992 DRIVER'S License Pass Date 04 10 2011
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
	DRIVER'S Address	: Bit 324 sembawang (lose #01-323
	DRIVER'S Contact No./ Alt No.	:1)2)
	DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
	Email Address	:
- 0	Weather & Road Surface	: OLEAR & DRY\RAINING & WET \ AFTER RAIN & WET
	Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
	Number of Passengers (Including I	Driver): 2.
	Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES (NO) as being used at the time of accident: Private use \ Work purpose
	Other	Party Driver's Particular (if any)
	Vehicle Reg. No: YP 2947A	Vehicle Reg. No:
	Vehicle Make\Model:	Vehicle Make\Model:
	Name Driver:	Name Driver:
	IC No. Driver:	IC No. Driver:
	Driver's Contact & Add:	Driver's Contact & Add:

Claim Handling

Accident MT/1099306						
Palicy No.	5118429383	Vehicle No.	SKN6857B		GST Regis	strati
Certificate No.						
Policyholder Name	HARIRAGAVANTHIRA S/O MURUGAYAH				Policyhold	Jer N
Product Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC		Loading	
Contact No.(Mobile)	87495165	Contact No.(Office)			Contact N	lo.(H
Email Address		Special Remark			eCode	
KFK	No Yes	TCA	No Yes		eCode Re	ason
NCD Protection	No	NCD Entitlement(%)	0		Private Hi	re
	(722.9	ice and the capital field of the state of	1 58			
Report Date	00/00/2020 17-00	Accident Report Within 24 hrs	Yes		Accident 1	Tuno
	08/08/2020 17:08					
Date of Accident	08/08/2020	Time of Accident hh:mm	11:45		Country o	II AL
Reporting Centre		Orange Force			ICM No.	
Accident Location	ALONG NEWTON RD TWDS UPP THOMSON					
▼ Total Excess Applicable	W. (1999)	were the second				
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	600.00	TP Standard Excess		0.00		
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is	Cove
Additional Excess	0			755760		
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
	600.00	local IP Excess Applicable		0.00		
₩ Benefits	4					
□ GST Registered Informat			GET Boolets	cation Date		
SST Registered SST Registration No.	No		GST Registr GST Status			Yes
Modification History			GGT Status	vermed		163
Hoomication History						
Policyholder Mailing Add	ress					
Address 1	BLK 324 #10-323	Address 2	SEMBAWANG CLOS	E	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Jnit No.	10-323	Related Policy Number	5118429383			
OI Driver Info						
Driver Name	HARIRAGAVANTHIRA S/O MURUGAYAH	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	59207963E		Driver DO	В
Register Date of Driver License	04/10/2011	Driver Age	28		Driving E	крег
Contact No.(Mobile)		Contact No.(Office)			Contact N	
	87495165	Address 2	CEMBANNANC CLOS	2	Address 3	XA.
Address 1	BLK 324 #10-323		SEMBAWANG CLOS	-		
Address 4		Address Type	Singapore address		Post Code	
Unit No.	10-323					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Ins	ure
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	> Yes No			
Reading?	S. mg	2017 11/2017)				
Addification History						
Claim 001 New						
Charles Charles						
Claim Type *				OD-MX	Insured	14,4
				- serie and	Name Contact	-
- Carrier Park						N
					No.	124
					(Home)	
Contact No.(Mobile)					(Home) OI Vehicle	Si
Contact No.{Mobile}					OI Vehicle Number	Si
Contact No.{Mobile}				SKN6857B / YP2947A	OI Vehicle Number	Si
Contact No.(Mobile) Email Address Claim Description Preferred	Insured Liability			SKN6857B / YP2947A	OI Vehicle Number	Si
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