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Year of Registration: ( ) Warranty: YE	S( )/NO(	)		
Insured/Driver Liability: ( %) [Note-Est Sta		0%; P: 21-79%. P: 80-	100%]	·
Confirmed by: (	Date:	Tlma:	10000	
Policy No: ( ) Period: (	).	Cover Type: (		
Owner / Driver: (		Tel:		
TP Particulars: Veh No: GBH 7686	P.B. INC(			
Professed Wksp / INC Assign Wksp / QW: (	94 94	10.,	Fax:	1
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Ref Ha NA INC 200 12564 1 ht SAS C-11				
17.00 10. 16 111/20 12:02	-1	-		
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NATIONAL Assessment Centre Services	S. Part 1 Jan'05] . [	4MA 120101100		

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## 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.

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.

Later to the control of the second second second	ACCIDENT STATEMENT
Date Of Report	16/11/2020 12:02
Date Of Accident	14/11/2020 10:35
Exact Location Of Accident	MCNAIR RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD6804M
Insured/Policyholder	
Name Of Registered Owner	DC CONTRACTORS PTE. LTD.
Co Reg No	1XXXXX904N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67156951
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116022411
Cover Note Number	
Driver	型。1500 可可用的 1500 1500 1500 1500 1500 1500 1500 150
Name of Driver	SHANMUGA SUNDARAM ILANGOVAN
NRIC No	SXXXX783A
Date Of Birth	22/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90276203
Fax Number	
Contact Number	
EMail Address	ILANGOVAN@DAVYOMEGA.COM

Address

BLK 68 GEYLANG BAHRU #18-3235

Postcode

330068

Was driver an employee of the Insured's Company YES

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

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?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

: UNKNOWN NAME:

: MALE GENDER:

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201114/2021

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

**GBH7689B** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

COMMERCIAL VEHICLE

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:
  - (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 .:

SKETCH PLAN

A = GBD 68 04 M

B = GBH 7659 B

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	40	Police	Report	7 / 2020 1114 / 2021
				/
			/	/
	- 9	, ,	/	10
		/_		

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: mat

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:





1 of 3

Report No. T/20201114/2021

Police Station Of Origin: Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE

330072

Tel No: 1800-2969999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 12:41		Vide Report No.:	Station Diary No.: 9	
Informa	nt's Partici	ulars		
SHANM			Address: APT BLK 68 GEYLANG 330068 Contact No.:	BAHRU #18-3235 SINGAPORE
ID Type / ID No.: NRIC NO / S6867783A		Home/Office: Mobile: 90276203		
National INDIAN	ity:		Email:	4
Sex: Male	Age: 52	Date of Birth: 22/05/1968	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Operations officer (except transport operations)			Driving Licence Informati Class: 2B,3	tion: Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/11/2020 10:35	Type of Location Car Park
Location: MCNAIR RO	AD			
Weather:		Road Surface:		Road Speed Limit:
		Traffic Control:		Traffic Volume: No Traffic
Traffic Flow: Two Way		Not Controlled		NO Traine

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6804M		NISSAN		Grey	Seriously Damaged	1000
GBH7689B	Van	NISSAN		Silver	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20201114/2021

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE

Tel No: 1800-2969999

CONTINUATION OF REPORT

Driver					WE SEL	The second design of the second second
Name	SHANMUGA SUNDARAM ILANGOVAN			ID No,		S6867783A
Related Vehicle	GBD6804M (Van)			Contac	ct No.	90276203
Hospital/Clinic	NIL			1 CO		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days gran	ted Medical Leave NIL	L	Degree of	Injury	NIL	NAME OF THE PARTY
Driver		LO MASSAGE		BANKSH		
Name	RAM PRASAD S/O RAM MOHAN PANDE			ID No.		S7112147Z
Related Vehicle	GBH7689B (Van)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave NI	1	Degree of	f Injury	NIL	

#### Brief Details.

On the 14/11/2020 at about 1035hrs, I was at the open space carpark of Blk 120 Mcnair Road. I was reversing to park my van (GBD6804M). As I was adjusting my vehicle to make it straight to fit into the lot, my vehicle was moving forward when I felt an impact on the driver side of the vehicle.

Thus I came down to make a check on my vehicle and found that, from front bumper and the panel above my right front wheel was damage. I was able to exchange particulars with the other driver of vehicle (GBH7689B).





3 of 3

Report No. T/20201114/2021

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 2 JACKY CHEONG HEEN HOE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2020 12:41
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp	

## **eBao**Tech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

· Change Language

· Change Password

Log Out

My Desktop Notice of Loss

**Policy Query** Date of Accident 16/11/2020 11:23 Policy No. Certificate Number Vehicle No.(For Motor) GBD6804M Search Policyholder NRIC Insured Object Commence Expiry Date Policyholder Certificate Product Cover Type Vehicle No. Select Policy No. Number Name DC CONTRACTORS 199607904N PTE. LTD. GCV Comprehensive GBD6804M GBD6804M 24/03/2020 23/03/2021 O 5116022411

Continue

# ACCIDENT STATEMENT

ACCII	DENT DATE: (14 / 11 / 20 )(DD/MM/YYYY), TIME: (12 : 33 )(HH:MM)
LOCA	TION: Manair 12 d.
1.	DETAILS OF VEHICLE
L***	ajvehicle NUMBER: 600.6804 M.
	blinsurance company:
16	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: " NOTS & MU 20 9 .
	()TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: Proute USE.
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	A) NAME: DC CONTINUE S 1240 CONTACT: G715 6951
	c)ADDRESS:
n n n	C/ADDRESS
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
\$ Ho of personger	DRIVER
	a)NAME:(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:CONTACT: 9 = 27 62 = 3
(3)	c) ADDRESS:
/	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
. M.	e)OCCUPATION: (INDOOR / OUTDOOR)
	f)YEARS OF DRIVING EXPRERIENCE:
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
156	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
0.	b)ROAD SURFACE: (DRY / WET / OTHERS
	WAS ANYBODY INJURED (YES / NO)
7.	OF YES, PLEASE STATE WHICH POLICE STATION: KOLOM AYER MPP.
Ω	THIRD PARTY VEHICLE
the of passenger	a) VEHICLE NUMBER: GBH 7 689 B. MODEL:
(Induding driver)	b) DRIVER'S NAME:
changing carreil	c) NRIC/FIN/PASSPORT:CONTACT:
() 9.	THIRD, PARTY VEHICLE
* No of passenger	d) VEHICLE NUMBER:MODEL:
	e) DRIVER'S NAME:
(Including driver)	f) NRIC/FIN/PASSPORT:CONTACT:
	新 MS
	ilangovan @ davy omegia . com.
	52 125/4
	: [mail = ilangovan@davyomega.com
CEA	email = chargovare 1 1
29	$f_{a\times} =$
- W	Jux 2
	VIDEO - Yes.