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3) Upload Resurvey Photo [Repair Cost > \$30	000] (·)		1		-
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NATIONAL Assessment Centre	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		SM 0920 CE 0		

101 11



SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability of 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.
 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.

ACCIDENT STATEMENT

14/12/2020 18:06 (SGT) Date of Submission 12/12/2020 07:00 (SGT) Date of Accident 25 Kaki Bukit Rd 3, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

YN6599E Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? TOWNER CONSTRUCTION PTE LTD Name Of Registered Owner 1XXXXX490D Company Reg No SUDARSONSANKARAN@GMAIL.COM Email Address (Phone) +65-62910328 Mobile Phone No. +65-62910328 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Canter Model Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5075030184-05 Policy Number Cover Note Number

DRIVER

SANKARAN SUDARSAN Name of Driver GXXXXX016M Work Permit No 13/06/1990 Date Of Birth Occupation Outdoor

Date Of Driving Pass 10/01/2013 7 YEARS AND 11 MONTHS Driving experience Gender Mobile Number (Phone) +65-86151000 Alt. Phone Number SUDARSONSANKARAN@GMAIL.COM Email Address Address 25 KAKI BUKIT RD 3 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collided into Parked Vehicle Type of Accident Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 14 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 UNKNOWN Name Male Gender PASSENGER 2 UNKNOWN Name Male Gender PASSENGER 3 UNKNOWN Name Male Gender PASSENGER 4 UNKNOWN Name Male Gender PASSENGER 5 UNKNOWN Male Gender PASSENGER 6 UNKNOWN Name Male Gender PASSENGER 7 UNKNOWN Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police?

No

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?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB5661A
Vehicle Manufacturer	*
Vehicle Model	5:
Vehicle Variant	•
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	¥
Address	-
Address complement	÷
Postcode	*
Insurance Company Name	
Nature Of Damage	5
Details of property damaged in accident	5
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.
- 3. 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>.
- 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. 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 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) 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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

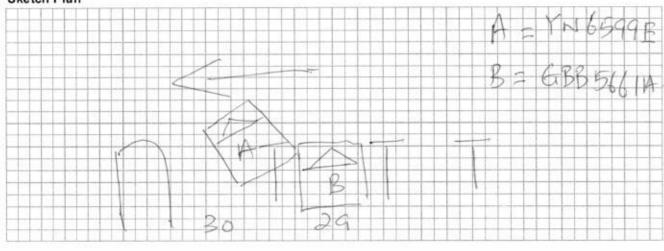
J. 2/12/20

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
On 8 12 12 220 @ 0700 ms, 2 Nes driving my letter YM 65991
out of Perking lat 30 at the carear inside 25 ket sukit
Road 3. I was twing lift out of the Parking lot when the
right rear side of my deane with the lift side mirror of
GBB 5661A that was Javed inside the Tolking lot on my
Left. Q had 13 ressureers on board but no one was injured.
There was no damage to my vehicle. The right corner edge
There was no damage to my velicle. The right corner edge of my loting velicle side to gate hit the stoer velicle
/

Declaration

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

OHNER COLLSTRUC

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

1 4

Policyholder's Signature / Date &

Witnessed by Reporting Centre Personnel



THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number

: 5075030184-05

The Policyholder

TOWNER CONSTRUCTION PTE LTD

BLK 809 FRENCH ROAD

#05-150 KITCHENER COMPLEX

SINGAPORE 200809

Period of Insurance

: 29 Oct 2020 To 28 Oct 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$2,015.71

Interest Insured

Cover Type

: Comprehensive

Make/Model

: MITSUBISHI/CANTER

Capacity

: 2.72 ton(s)

Number of Seater

: 3

Registration Number

: YN6599E

Registration Date

: 29 Oct 2014

Chassis Number

: FEB21EA00861

Insure with COE

: Yes

Excess (Section 1)

: S\$600

NCD Entitlement

: 20%

Excess (Section 2)

: N/A

Loyalty Discount

: 5%

Windscreen Excess

Hire Purchase Company

: S\$100

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Memo A: N/A

Endorsement Operative: N/A

Agency

: LOO KENG HONG INSURANCE AGENCY (00000591250)

Date of Issue

: 12 Oct 2020 21:27 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

ACCIDENT STATEMENT

ACC	IDENT DATE: 12 12	2020)(DD/MM/YY)	M), TIME: (D7 . DE	(MM:MM)	
100	ATION: 25 Kalci 1	Bulat Food 3	CEVDEAC.	**************************************	15
. 100/	AllON;		1		
1	. DETAILS OF VEHICLE	V . 15000	1	¥0	
	a) VEHICLE NUMBER:_	TH 6599 R	¥.		
	b)INSURANCE COMPA	INY: HTUC			100
¥6	c)POLICY NUMBER:	5075	030184-05		
		PREHENSIVE / THIRD PA		EIDE & THEFT!	4
			Li Centa	INC WITHOUT	
	e)MAKE & MODEL:			CTHERS	
	g) VEHICLE CATEGORY	JPE / MPV /V AN / LOR			
	h)PURPOSE OF USING	AT ACCIDENT TIME	Warking	Tetch Doi	(Keys)
	I) ARE YOU CLAIMING I				
		THIRD PARTY CLAIM / I			
2.	INSURED / POLICY HOL				(8)
	A)NAME: 10W	ner Construction	, Pte LIGMALE/	FEMALE)	
	b) NRIC/FIN/PASSPORT:		CONTACT:_6		
		French Id #	-05-150		
20 10 10					
ADERAGY TYAN	* CONTINUE TO 3.d IF D	RIVER ALSO POLICY H	IOLDER	× ×	
* He of passangs	DRIVER .	. 0			n
(Including driver)	a) NAME: JULIA	an Judarsan		FEMALE)	361 5000
(14)	DITTICLE IN ASSICTATION	5 5248016 EN	CONTACT:	8615100	
()	CIADDRESS: 25 K	elci Bulat Pano	13		0015100
	*-UD ATE OF BIRTING 12	101,1990 VDD	A111 000001		
•	*d)DATE OF BIRTH: (13		/MM/1111)	8 8	
	OCCUPATION: (INDC f) YEARS OF DRIVING EX				
4	WAS DRIVER AN EMP		PED'S COMPANY?	YES (NO)	88
4.	IF NO, RELATIONSHIP			1007	
5.	a) WEATHER CONDITION				
	b)ROAD SURFACE: (DR				
6.	WAS ANYBODY INJURED			and property of the property of	*
7.	a)REPORTED TO POLICE	(YES / NO)	3		
	IF YES, PLEASE STATE V	HICH POLICE STATION	V:		
8.	THIRD PARTY VEHICLE	ARRELLIA	Tour	1. Du.	80
tide of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:		MODEL: Toye	19 Jus	· · ·
(Including driver)	b) DRIVER'S NAME:		CONTACT:		ē.
(C) NRIC/FIN/PASSPOR	1:	CONTACT:		
N-000007080-0	THIRD PARTY VEHICLE		MODEL:	**	100
tho of passanger	d) VEHICLE NUMBER: _e) DRIVER'S NAME:		WODEL		200
(Including driver)	f) NRIC/FIN/PASSPOR	T•	CONTACT:		
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