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| Opload Resurvey Photo [Repair Cost > \$:  Injury:  NA 2101834                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3000] ( )              | DA : Damage<br>) Tr : Towing !<br>) FT : Follow-1                                                                                                                                                                           | Intraction Gill City of the Reporting (530); 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| Injury:  Injury:  NA 201834  Injury:  NA 201834  Injury:    |                        | DA: Damage Tr: Towing: Tr: Follow-T Tr: Follow-T Tr: Follow-T Tr: Follow-T Tor Olalmina Tr: Re-Inspe                                                                                                                        | tReparting (330); Assessment (5100); treating Burvey (Resurvey) and institute Only (west 10 Journal Burvey) and institute Only (west 10 Journal Burvey) and institute Only (west 10 Journal Burvey)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 230<br>240/245<br>2120<br>230<br>2120<br>230<br>2120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |
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| Infury:  Infury:  MA 2101834  Infuring Cost > \$:  NA 2101834  Infuring Cost > \$:  Infury:  Checked by (Engr-In-Charge):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | P) DA: Dameyor  1) TF: Towing:  1) FF: Follow-1  1) FF: Follow-1  For claiming:  5) TR: Re-insper  7) NI: Idao DA  8) NTUC Addit  O])  *NS: Courles  *NS: Courles  *NS: Lapeir  *NT: Fast Re-  *NT: Fast Re-  *NT: Pollow-1 | Illian (10 (G) (C) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TIO TO STORY | Signal And Pali                          |
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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed</u> 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.

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.

#### **ACCIDENT STATEMENT**

| Date of Submission Date of Accident Exact Location of Accident | 19/02/2021 14:32 (SGT)<br>18/02/2021 19:15 (SGT)<br>244 Tampines Street 21, Singapore 521244 |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Additional Location Information                                | CARPARK                                                                                      |
| Country/State of Loss                                          | Singapore                                                                                    |

#### **DETAILS OF OWN VEHICLE**

Mitsubishi

| Vehicle Registration Number | *************************************** | GBD2460Y |  |
|-----------------------------|-----------------------------------------|----------|--|
|-----------------------------|-----------------------------------------|----------|--|

#### INSURED/POLICYHOLDER

| Is company?              | Yes                   |
|--------------------------|-----------------------|
| Name Of Registered Owner | NANDHA MART PTE. LTD. |
| Company Reg No           | 2XXXXX213N            |
| Email Address            | KALKEE0516@GMAIL.COM  |
| Mobile Phone No          | (Phone) +65-84295720  |
| Alternative Phone No     | +65-84295720          |

#### VEHICLE PARTICULARS

Manufacturer

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

#### INSURANCE COMPANY

| Name of Insurance Company | NTUC          |
|---------------------------|---------------|
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | 5119051709    |
| Cover Note Number         | -             |

#### DRIVER

| Name of Driver | VELMURUGAN KALKEE |
|----------------|-------------------|
| Work Permit No | GXXXX400M         |
| Date Of Birth  | 23/11/1991        |
| Occupation     | Outdoor           |

| Date Of Driving Pass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 29/12/2020                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| Driving experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 MONTHS                                               |  |
| Driving experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |  |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                   |  |
| Mobile Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Phone) +65-98614727                                   |  |
| Alt. Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                      |  |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | KALKEE0516@GMAIL.COM                                   |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BLK 360 TAMPINES STREET 34 #05-421                     |  |
| Address complement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |  |
| Postcode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 520360                                                 |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 110                                                    |  |
| Venicle Registration Number of Other Venicle Owned by Error                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                                                      |  |
| Insurance Company of Other Vehicle Owned by Driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                      |  |
| GENERAL INFORMATION OF THE ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |  |
| Type of Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Collided into Parked Vehicle                           |  |
| Weather Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Clear                                                  |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                      |  |
| Has the driver been approached by unknown person(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |  |
| soliciting/offering accident claims assistance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                                     |  |
| Soliding of one in grant and a second of the |                                                        |  |
| DETAILS OF POLICE ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |  |
| Was the accident reported to the police?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No                                                     |  |
| Was notice of intended Prosecution given?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No                                                     |  |
| If yes, against whom?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del>-</del> 2-10-00-00-00-00-00-00-00-00-00-00-00-00- |  |
| CIRCUMSTANCES OF ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |  |
| DEFED TO STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |  |
| 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 OTHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R VEHICLE PROPERTY 1                                   |  |
| Vehicle Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMH4052C                                               |  |
| Vehicle Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                                      |  |
| Vehicle Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                      |  |
| Vehicle Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |  |

Private car

Insurance Company Name .....

Vehicle Category

Vehicle Variant Vehicle Colour

Address

Postcode

Name of Driver
Contact Number

Address complement

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: 5NO 9212 JOOO 9 Vehicle Registration No: 6BD 2460 Y Name(as shown in NRIC): VELMURUGAN KALKEE NRIC/FIN/Passport No: GXXXX HOOM. (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate \_\_\_\_Singapore( Address :\_\_\_\_\_Mobile No.:\_9861 4 + 2 + Contact (Tel) Email Address Date of Accident : 18 02 2021 Time of Accident : 19:15 Place of Accident : BIK 244 TAMINES STREET 21 Insurance Company: NTOC. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMENO- PLACE OF LOCATION H7. Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No.:

Date:

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 w ith 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time & Time Witnessed by Reporting Centre Personnel

Sketch Plan

| n stated date 3 time. I was reversing my vehicle (6     | BD 2460Y   |
|---------------------------------------------------------|------------|
| n stated date 3 time, I was reversing my vehicle (6     |            |
| to carpork lot 154 at BIK 244 Tampines Street 21. T     | mo 10f4    |
| differ to 101 - on - 11 femples sirees                  |            |
| ear portion of my vehicle hit the front left portion to | A Loldon A |
| ar portion of my venicle vist the tion left portion to  | T VENICIC  |
| (SMH 40520) that is parked on lot 155 on the 1          | 1001       |
| C SMH 4051C) From 15 parked on 10+ 155 ON THE           | 1044       |
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### Declaration

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

Witnessed by Reporting Centre Personnel

| <b>eBao</b> Tech       |          |               |                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                   |                |                   | Genera           | alClaim     |
|------------------------|----------|---------------|-----------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |               |                       |                             | - State of the sta |         | › Change          | Language       | Chang             | e Password       | › Log Out   |
| My Desktop             | Polic    | cy Query      |                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                   |                |                   |                  | •           |
| Notice of Loss         | Policy N | lo.           |                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D       | ate of Accident   |                | 18/02/2021 1      | 13:43            |             |
|                        | Vehicle  | No.(For Motor | (GBD                  | 2460Y                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C       | ertificate Number | . [            |                   |                  |             |
|                        |          |               |                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Searc   | h                 |                |                   |                  |             |
|                        | Select   | Policy No.    | Certificate<br>Number | Policyholder<br>Name        | Policyholder<br>NRIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Product | Cover Type        | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0        | 5119051709    |                       | NANDHA<br>MART PTE.<br>LTD. | 201828213N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GCV     | Comprehensive     | GBD2460Y       | GBD2460Y          | 16/09/2020       | 04/08/2021  |
|                        |          |               |                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Continu | ue                |                |                   |                  |             |

## ACCIDENT STATEMENT

| LOCATIO               | N: Tampines Street 21 E                                          | 31x 24+ Corporic .                    |
|-----------------------|------------------------------------------------------------------|---------------------------------------|
| 1. D                  | ETAILS OF VEHICLE                                                |                                       |
|                       | VEHICLE NUMBER: 480 24                                           | 60Y.                                  |
|                       | INSURANCE COMPANY: NTUC                                          |                                       |
|                       | POLICY NUMBER:                                                   |                                       |
|                       |                                                                  | IIRD PARTY / THIRD PARTY FIRE &THEFT) |
|                       | MAKE & MODEL: Mit conter                                         |                                       |
|                       |                                                                  |                                       |
| o).                   | VEHICLE CATEGORY: (PRIVATE / COM                                 | / LORRY / MOTORCYCLE / OTHERS)        |
|                       | PURPOSE OF USING AT ACCIDENT TIME                                |                                       |
|                       | RE YOU CLAIMING UNDER YOUR OV                                    |                                       |
|                       | NO, PLEASE STATE (THIRD PARTY CL.                                |                                       |
|                       | SURED / POLICY HOLDER                                            |                                       |
|                       | NAME: Nandra Mort Pte. Lt                                        | (MALE / FEMALE)                       |
| b)                    | VRIC/FIN/PASSPORT:                                               | CONTACT: 48 8429 5                    |
| c).                   | ADDRESS:                                                         |                                       |
|                       | <u>-</u>                                                         |                                       |
| **                    | ONTINUE TO 3.d IF DRIVER ALSO PO                                 | LICY HOLDER                           |
| 1 1.220115            | IVER<br>NAME: 40 Ve mury gan Kaiko                               | (28 (244) 5 (55)                      |
| Including driver) bit | RIC/FIN/PASSPORT:                                                | CONTACT: 9861 4727                    |
|                       | DDRESS: BIK 360 Tampines                                         |                                       |
|                       | #05-421 (520.360                                                 |                                       |
| . *d)                 | DATE OF BIRTH: (//                                               | _)(DD/MM/YYYY)                        |
| e)C                   | CCUPATION: (INDOOR / OUTDOOR                                     | 1                                     |
| f) YE                 | ARS OF DRIVING EXPRERIENCE:                                      |                                       |
|                       |                                                                  | INSURED'S COMPANY? (YES / NO)         |
|                       | NO, RELATIONSHIP OF THE DRIVE                                    |                                       |
|                       | EATHER CONDITION: (CLEAR / RAIN                                  |                                       |
|                       | OAD SURFACE: (DRY / WET / OTHER:<br>S ANYBODY INJURED (YES / NO) |                                       |
|                       | EPORTED TO POLICE (YES / NO)                                     |                                       |
|                       | YES, PLEASE STATE WHICH POLICE ST                                | ATION:                                |
| 8 THIR                | D PARTY VEHICLE                                                  |                                       |
| of passenger al       | VEHICLE NUMBER: 15MH 40                                          | 52 C MODEL:                           |
| idualing driver) b)   | DRIVER'S NAME:                                                   |                                       |
| ( ) ()                | NRIC/FIN/PASSPORT:                                               | CONTACT:                              |
| y. IHIK               | D. PARTY VEHICLE                                                 |                                       |
| 0 64 03               | VEHICLE NUMBER:                                                  | MODEL: "                              |
| 1 1 1 1               | DRIVER'S NAME:                                                   | CONTACT                               |
| ~ \ \                 | NRIC/FIN/PASSPORT:                                               | CONTACT:                              |
| ()                    |                                                                  |                                       |
|                       |                                                                  |                                       |
|                       |                                                                  |                                       |
|                       | north last                                                       | 051/00mg1/00m                         |
|                       | . · · · · · · · · · · · · · · · · · · ·                          | 20516 Egmail. com                     |
|                       |                                                                  |                                       |

VIDEO = NO