

SM08229K000

[illegible]

NA2202521

ΣΤΙΓΜΕΣ/ΟΧΗΜΑΤΑ:

Contact No:

amaged Portion:

C. Checked by (Engr-In-Charge):

auditors' choice

1.13

(2/3)

Inverse Regression Credits

1) ARI Accident Reporting (509)

2) DA | Damage Assessment (\$100); TRC (330)

2) T7 Towing Fee				5400
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4) FT: Follow-Through Survey

5) FT: Follow-Through Survey (Priority)

For claiming against RRP Only (wef 10 Jan 2005)

c) TR (Re-lapsetion)

T) Niles DA + S.M.B.T Survey

1) NTUC Additional Services:

8) NTUC AGENT: 86719971

001

1. IN: Courtesy Car / Tpl Allowance	
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4161 Repair Coordination

* N71 Post Republic Inspiration

INDY / College Bureau Coordination

TE (N11): TE (P16, N18) established

9) 8121 line 10000

9) 1941-1942 season	
taxes due	Rs: Charvat

Invoice #	101-1000000
Invoice Date	10/1/2000

Invoice Date	Per Charge
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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	20/09/2022 11:00 (SGT)
Reported by	Driver
Date of Accident	19/09/2022 10:50 (SGT)
Exact Location of Accident	Yishun Ave 5, Singapore
Additional Location Information	SLIP ROAD TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8605R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALPHA SECURITY MANAGEMENT SERVICES PTE. LTD.
Company Reg No	2XXXXX349C
Email Address	sundramsg@gmail.com
Mobile Phone No	(Phone) +65-98560051
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	T3
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120066172200

DRIVER

Name of Driver	SHANMUGA SUNDARAM S/O NANA THINA SHANMUGAM PILLAI
NRIC No	SXXXX673G
Date Of Birth	01/04/1970

Occupation	Outdoor
Date Of Driving Pass	09/02/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98560051
Alt. Phone Number	-
Email Address	sundramsg@gmail.com
Address	BLK 129B CANBERRA STREET #10-606
Address complement	-
Postcode	752129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AT ABOUT 1050HRS I WAS EXITING FROM YISHUN AVENUE 5 TO SEMBAWANG ROAD TO MANDAI. THE VEHICLE IN FRONT OF ME SLM8981E MOVED AND CONTINUE TO DRIVE AND TURN INTO SEMBAWANG ROAD. THE CAR STOPPED SUDDENLY AT THE SLIP ROAD AND I COULDN'T REACT ON TIME. I BRAKE MY VAN YET I HIT ON HIS REAR BODY. AFTER CHECKING THE DAMAGE ON THE DRIVER OF SLM8981E CONFRONT THAT THERE IS NO DAMAGE ON THE REAR DOOR MECHANISM EXCEPT FOR DENTED ON THE LOWER LEFT OF THE DOOR. NO OTHER VISIBLE DAMAGE WAS SEEN. WE EXCHANGE PARTICULAR AND LEFT SCENE. HE WAS ABLE TO DRIVE OFF SMOOTHLY THAT ALL.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM8981E
Vehicle Manufacturer	Toyota
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ISWARAN S/O SIVARAM
NRIC No	SXXXX438F
Contact Number	(Phone) +65-90012193
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

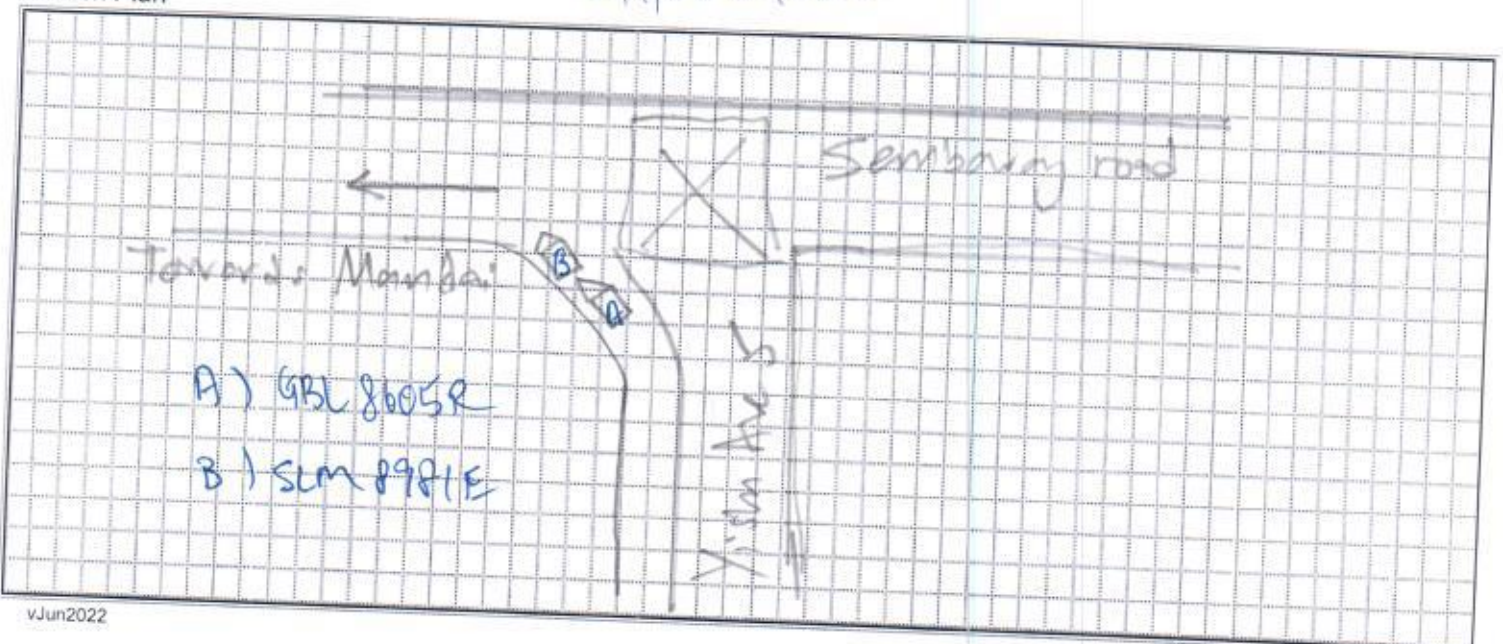


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

At about 1050am I was exiting from Yishu Ave 5 to Sembawang road towards Mandai. The vehicle in front of me SLN 8981 E moved and I came to a halt and then into Sembawang rd. The car stopped suddenly at the slip road and I couldn't react on time. I brake my van yet I hit on his rear body. After checking the damage the driver of 8981 E confirmed that there is no damage on the rear door mechanism except for dented on the lower left of the door. No other visible damage was seen. ~~After~~ we then exchange particulars and left scene. He was able to drive off smoothly - That's all.

Declaration

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



Policyholder's Signature / Date & Time

Shayang

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

20/9/22 @ 1030am

[Signature] 20/09/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 19/9/2022 (DD/MM/YYYY), TIME: 10.50 (HH:MM)
LOCATION: Yishun Ave 5 X Sembawang rd. (slip rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL 8605 R
b) INSURANCE COMPANY: United Insurance Overseas limited.
c) POLICY NUMBER: DHOM 120066172200
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BYD
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Alpha Security Mgmt Svs Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200502349 C CONTACT: 98560051
c) ADDRESS: 165 Bukit Merah Central #08-3671 5150165

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Shammuga Sundram s/o NTSP. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S701268739 CONTACT: 98560051
c) ADDRESS: B12913 Canberra st #10-606 752129

* d) DATE OF BIRTH: 01/04/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9/2/94

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 8981 E MODEL: Toyota
b) DRIVER'S NAME: Swaran s/o Sivaram
c) NRIC/FIN/PASSPORT: S8005488 F CONTACT: 90012193

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = Sundramsg@gmail.com
VIDEO

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM120066172200	Excess:	\$750/-SECTION 1 \$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBL8605R		
Name of Insured	ALPHA SECURITY MANAGEMENT SERVICES PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 31 May 2022 to 31 May 2023
Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# 321027072
Chassis# LC0CE4DBXM0090092

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

For the Company

FSGMY Date : 02/06/2022