NATIONAL Assessment Contre Ser	vices [versus ent]			
	description	Date & Time Completed	Done by	
	AS e-filing	1		
	mail (within 8hrs, AIC 2hrs)			
1 1 1 10111 11	Motor Claim Form	: MT/0971985	01/12/17	17:30
DOA 01/12/2017 12:40 1-1	Motor W/O (Within: OD 2h	rs. TP 4hrs)		FOR
OD TP Reporting Only	Photo Uploaded		1	Car Carlo
As	ssessment/Survey Report			
TP Insurer:	ss't Report by Fax / Hand	to Owner/Wksp	!	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
	18795 INC	( )/Non-INC ( )		
Owner / Driver: (		Tcl:		
Policy No: ( ) Period: (	)	Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-E	Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80	-100%]	
Year of Registration: ( ) Warran	nty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks:-	Considerate Disa	THE MANAGEST	167	100
( ) Walk-In Customer : Customer's information	on strictly Confidential &	Strictly NO rafer of repaire	er.	
( ) Total Loss Case : to e-mail Insurer UR	GENTLY.		1	
	The second secon	Towing Co. (		)
Drive-ln ( )/ Towed-ln ( ); Invoice: YES	3( )/110( /,		4277 CP 131	
Remarks:- (INC horline: 6788 6616)		Date&Time Comple'ed	Done	.,y
1) Apply for Transport Allowance ( )/ Courte	sy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )	#1	7	
Injury:				
	Accepted the strong to the property	PERSONAL PROPERTY.	We As Fig.	9.
Date/Time Actions			ALL SALES	
29				And the House
The second secon				
		And the second s	-1140 =	
	D-2557 CH399	ARCHIERTS CONTROL	Ani((S)	Amt (3
" NA17074	144 Invoice I	reparation Checklist	la Bill	Add Si
The same and a second s	1) AR · Acci	dent Reporting (\$30);	C (\$30)	
Claimant's Particulars :-	2) DA : Dem 3) TF : Town	age Verentalism	\$40/\$45	1
Driver/Owner:	A) ET · Follo	w-Through Survey	\$120 \$30	
	5) FT : Follo	ow-Through Survey (Resurvey) ing against INC Only (wof 10 Jan	The second secon	
Contact No:	6) TR : Re-i	nspection	3/3	
Damaged Portion:	7) N1 : Idao	DA + SMRT Survey dditional Services:-	\$160	
	OD.			
QC Checked by (Engr-In-Charge):	*N5: Cox	artesy Car / Tpt Allowance	310	
	*N7: Pos	t Repair Inspection	\$25 \$5	-
Auditors Comments:-	•N8: DV	): TP (Non INC) against INC	\$20	
Cat. 1:	9) N12: lde	no Mobile	30	
	Involce dat		100.0	
Cal. 2/3:	Invoice da	red Fee Chr	851	

### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the 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.

aroresaio.	ACCIDENT STATEMENT
Date Of Report	01/12/2017 16:53
Date Of Accident	01/12/2017 12:40
Exact Location Of Accident	176 RACE COURSE ROAD TWDS KINTA ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE7416M
Insured/Policyholder	
Name Of Registered Owner	IDEAL MULTIPLE ENGINEERING PTE LTD
Co Reg No	201416587E
Email Address	IDEAL.ELECTRICAL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93746057
Alternative Phone No	OFFICE-93746057
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078310705-01
Cover Note Number	
Driver	
Name of Driver	MUTHU KARTHIK
Passport No/FIN	G8327521P
Date Of Birth	23/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96433544
Fax Number	
Contact Number	OFFICE-97243085
	THE PROPERTY OF THE PROPERTY O

IDEAL.ELECTRICAL@YAHOO.COM.SG

BLK 7 JALAN BATU Address

#10-11

431007 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident?

Was any other material or property damaged? YES

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

7 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

NO

Was there any video captured by Car Camera?

NO

NO

NO

NO

Was there any audio recorded?

YES

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGS1879S

Vehicle Make/Model/Colour

**Details Of Properties** 

FRASER TAN MING JUN Name of Driver

NRIC/Passport Number

S8917778B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Complete and submit this form to the individual statutes automatises reporting control.

  Please report correctly on the details of the accident to speed up the claim process.

  This form must be filled up by the policy holder and/or authorised driver.

  Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

  The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  Any false reporting may be referred to the traffic police department for investigation.

Date and time of accident	Date: 01/12/17 (DD/MM/YY) Time: 12 HO (HH:MM)
Exact location of accident	176 Race Course Road

## Details of vehicle

Vehicle registration number	GBE7HIGM
Vehicle make and model	Nissan Cabstal
Type of vehicle	Saloon D MPV D CRV D Van D  Lorry D Bus D Motorcycle D Others:
Vehicle category	Private u Commercial Motorcycle u
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No d if no, please select: Third part claim D Reporting only D

### Insurance information

Type of policy	Comprehensive D Third party fire & theft D TP only D
Policy number	
Insurance company	NTOC

## Insured / Policy holder

-		100	100	100		-
D.	T	-	- 4	1		
A.		-	7.	-	V.	-
		_				

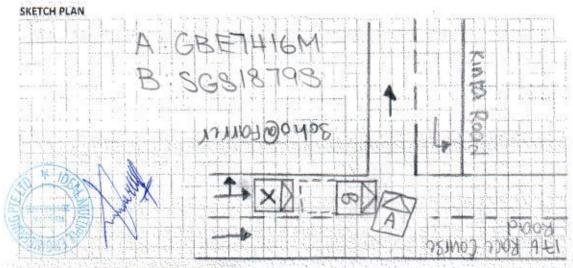
Ideal	Mult	iple En	gineering	Male	Female ti
2014	16:28.	15		( passeauce	
937-	+605	7 1986	7 2931	141111	
#64	Sing	Avenue	2:udob	ore 2	-17910
	937-	9374605	201416587E	9374605 1/9869 2931	201416587E 93746657/9869 2931

## Same as insured above □ (skip to D.O.B)

Name	Muthu Karthik Maleo Female 11
NRIC / Fin / Passport number	034384347
Contact	964338 44 19724 3085 (DWMer)
Address	BIK T Jailan Batu #10-11 Sinapapore H31007
Email address	
Date of birth	23/10/1986
Occupation	Indoor I Outdoor I
Driving date pass	11/7/2016

Page 1

ideal. electrical @ yahoo.com-sq



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Race Course Road towards Kinta Road. Vehicle X in front of me was completely stationary with hazard lights on. So I have no alternative but to move into the right lane to make a left turn into Kinta Road. Before I move into the right lane, I ensure that there was no vehicle travelling on the right lane and Vehicle X was still stationary. After ensuring that the traffic was entirely clear, I overtook Vehicle X. As I drove pass Vehicle X, I saw that Vehicle B was completely stationary as well. I signaled left and make a left turn proceed to move towards Kinta Road and Vehicle B was still stationary. While I was in the process of making a left turn, Vehicle B all of a sudden accelerated from its original stationary position and hit onto my vehicle's left side portion.

Policyholder's Signature
Date & Time:

Date

Stranger own later over 192



S PASS

Employment of Foreign Mangower Act (Chapter 91A) Republic of Singapore

Employer IDEAL MULTIPLE ENGINEERING PTE. LTD.

Sector CONSTRUCTION



MUTHU KARTHIK ASSISTANT PROJECT MANAGER

0 34384347

Date of Application 20-02-2017 Date of Issue 06-04-2017

21-05-2020



L7809204

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Motorcycles =< 200 cc 15 Aug 2011 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2000kg Mith =< 7 passengers, exclusive of driver and other motor vehicles with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver

Licence No:G8327521P

VISIT PASS Immigration Regulations

Mame MUTHU KARTHIK



23-10-1985 M

INDIAN Date of Issue Date of Expiry

G6327521P 06-04-2017 21-05-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

NP 428A



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 18
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5078310705-01 Cover: Comprehensive

Index mark and Registration Number of Vehicle
 GBE7416M

Chassis Number : JN1SC2F24Z0858190

Name of Policyholder : IDEAL MULTIPLE ENGINEERING PTE LTD
 Effective Date of Insurance : 15 Mar 2017

3. Effective Date of Insurance : 15 Mar 2017 4. Expiry Date of Insurance : 14 Mar 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving 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.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

HIRE PURCHASE COMPANY

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100

INSURE WITH COE : YES

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: TAN CHONG CREDIT PTE LTD

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 09 Mar 2017 12:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech			133						Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE RESERVE	Name and Address of the Owner, where		Change La	nguage	Change Password	Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	Vo.				Date of Acc	ident	01/12	/2017 12:40	
	Vehicle	No.(For Motor)	GBE7416M							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	6	5078310705-01	IDEAL MULTIPLE ENGINEERING PTE LTD	201416587E	GCV	Comprehensive	GBE7416M	GBE7416M	15/03/2017	14/03/2018
					- 1	Continue				

Policy No.	5078310705-01	Policyholder Name	IDEAL MULTIPLE ENGINEERING	Policyholder NRIC	201416587E
Address	64 SING AVENUE SINGAPORE 21	7910			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy issue Date	09/03/2017	Effective Date	15/03/2017 00:00	Expiry Date	14/03/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	64 SING AVENUE	Address 2	SINGAPORE 217910	Address 3	
Address 4		Address Type	Singapore address	Post Code	217910
Unit No.		Related Policy Number	5078310705-01		
1 Insure	d Object: GBE7416M				
<b>⊕</b> Endors	ements				
120000000000000000000000000000000000000	ce Date of Endorsement	6200	ement Type Endorseme	nt Status	Endorsement Content

Claim Handling					
Accident HT/0971985	Walter and the Control of the Contro	Vehicle No.	GBE7416M	GST Registration No.	
Policy No.	5078310705-01	venicle No.	GBE/410h	Policyholder NRIC	
Policyholder Name	IDEAL MULTIPLE ENGINEERING PTE LTD		(Parisipone)	Loading	
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type -	Comprehensive 0	Contact No.(Home)	
Contact No.(Mobile)	93746057	Contact No.(Office)	, u	eCode	
Email Address	1 A 100 A	Special Remark		eCode Reason	
KFK	No Yes	TCA	@ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		
<b>⇒</b> Accident Details			- 900	Single Landers De Les	
Report Date	01/12/2017 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/12/2017	Time of Accident hh:mm.	12:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	176 RACE COURSE ROAD TWDS KINTA ROAD				
<b>▽</b> Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa	ation				
GST Registered	Yes		GST Registration Date	07/06/2014	
GST Registration No.	201416587E		GST Status Verified	No	
Modification History					
	deser				
Address 1	64 SING AVENUE	Address 2	SINGAPORE 217910	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5078310705-01		
OI Driver Info		neided Forey Married			
	Unnamed Driver	Driver Type	Unnamed Driver		
Driver Name Unnamed driver Name	MUTHU KARTHIK	Driver NRIC	G8327521P	Driver DOB	
		Driver Age	31	Driving Experience	
Register Date of Driver License		Contact No.(Office)	0	Contact No.(Home)	
Contact No.(Mobile)	96433544	Address 2	JALAN BATU	Address 3	
Address 1	BLK 7		Singapore address	Post Code	
Address 4	1000000	Address Type	singapore adoress	Post Code	
Unit No.  Does he own a Singapore	<b>≠10-11</b>	W101000000000000		Balance Farmer Farmers	
Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes       No		
Modification History					
Claim 001 OD-MX New					
A WOMBERS	DESIGNATION TO THE PARTY OF THE	150-000-000-00-00-	[man   man   man	Local de Marie	
Claim Type •	OD-MX -	Insured Name	IDEAL MULTIPLE ENGINEERING	Insured NRIC	
Contact No.(Mobile)	96433544	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBE7416M	TP Vehicle Number	
Claim Description	GBE7416M / SGS1879S ON 1 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault *		
Require Finalisation	Yes .	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	01/12/2017 17:30	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
CL SUBSESSMENTS			Save Submit		
Attachment					
Attachment					
<b>*</b>	MT/NO21GRS	Claim No.	001		9
- A	MT/0971985	Claim No. Upload Date	001 01/12/2017 17:30		

