NATIONAL Assessment Cen	tre Services		1 - pri 11	1 1	
Date In: (1)/17-15: 35	Job description		Date & Time Completed	De	ne by
Ref No: NA/GAI MO3519/24	SAS e-filin				
Vely No: Ab284eW			 		
D.O.A : 5/0/17 12:45	i-Motor Cl	in Shrs, AIC 2hrs)		- Marie 199	
2		THE STREET	la		
OD / TP / Reporting Only	i-Photo Up	O (Within: OD 2hrs	, TP 4hrs)		
		Survey Report			
TP Insurer:		by Fax/Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (-V EMILY ARMING		-	-
TP Particulars: Veh No: 57	u llova	. INC (:x:	-
Owner / Driver: (V // Wally	, INC ()/Non-INC().		
Policy No: () P	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	[Note-Est. Status (%; P: 21-79%. F: 80-10	0%1	
Year of Registration: ()	Warranty: YES (0.01	
Excess: (\$) Loading: \$1,	,000 ()/\$2,000	The state of the s			-
General Remarks:-		The state of	PERSONAL COST	कर हैं। इंट	
() Walk-In Customer : Customer's inf	formation etrictly Co	pedantial 9 Ct	-th- NO ()		F- section
1) Apply for Transport Allowance ()/(2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ((3000] ()			
Injury:			648		
Date/Time Actions				9788875-75 A 10	A 11 July 2.
and fictions				รัสวิตสาม	, i
			W- 12-19-9-10-10-10-10-10-10-10-10-10-10-10-10-10-		
Name of the latest and the latest an					nikoika
,					-
141707647		Invoice Prepa	ration Checklist	Anit (S)	Amt (3
laimant's Particulars :-		1) AR : Accident Re	porting (\$30);	fat Bill	Add B
river/Owner:		2) DA : Damage As: 3) TF : Towing Fee	sessment (\$100); INC (\$80) \$40/\$4	15	
1ve//Owner:		4) FT : Follow-Thro	ugh Survey \$12	-	- 27
ontact No:	W 12		ugh Survey (Resurvey) \$3 ast INC Only (wef 10 Jan 2005)	0	
maged Portion:		6) TR : Re-inspection	n 3 7	-	
-	1	7) N1 : Idac DA + Si 8) NTUC Additional		0	
Checked by (Engr-In-Charge):		OD* *N5: Courtesy Car	r/Tpt Allowance \$	5	
Picare apprinted to the property of the proper		*N6: Repair Co-o	dination 51	0	
iditors! Comments :-		*N7: Fost Repair I *N8: DV / Collect	nspection \$2 Excess Coordination \$	-	
1:		TP (N11) : TP (N	in INC) against INC \$2	0	6
2/3:		9) N12: Idac Mobile Invoice dated	Pee Charged		动物对于
		Invalce dated	Fee Charged	结合的 ²	

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

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	ACCIDENT STATEMENT		
Date Of Report	11/12/2017 15:25		
Date Of Accident	05/12/2017 12:45		
Exact Location Of Accident	JUNC REDHILL CLOSE & JLN BUKIT MERAH		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YP5846M		
Insured/Policyholder			
Name Of Registered Owner	UNI-TAT ICE & MARKETING PTE LTD		
Co Reg No	199406736C		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-67448484		
Vehicle Particulars			
Manufacturer	HINO		
Model	HINO XZU700R-HKFMS3		
Exact Purpose for which vehicle was being used at time of accident	working		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
Vehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	MOMVC000002925-00-001		
Cover Note Number			
Driver			
Name of Driver	RAYAPPAN JUSTIN THIRAVIAM		
Passport No/FIN	G5190501L		
Date Of Birth	08/10/1987		
Occupation	OUTDOOR		
Date Of Driving Pass	11/06/2013		
Driving Experience	4 YEARS AND 5 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-85517006		
ax Number	50		
Contact Number	OFFICE-85517006		

NOEMAIL

Address

51 UBI AVENUE 1

#01-26 PAYA UBI INDUSTRIAL PARK

Postcode

408933

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

7

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 this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU1108M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
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- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

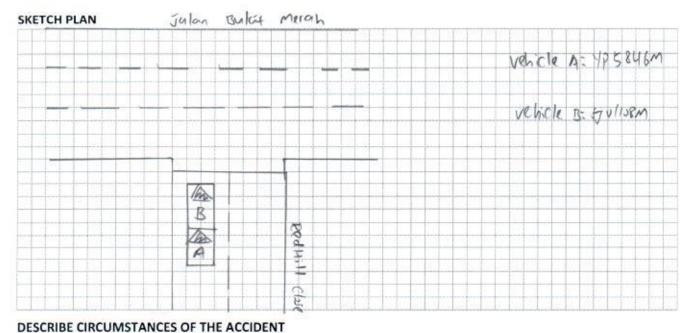
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Centre Pe nel's Signature Name:

NRIC/FIN No .:



travelling 12:45 LINS Ridhill chie towards Julian ghn9 vehicle B (STU1108M) war unask control my vehicle break, in a result vehicle BC STULLORM) rear portion

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



S PASS

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

Employer

UNI-TAT ICE & MARKETING PTE LTD

Sector: MANUFACTURING



RAYAPPAN JUSTIN THIRAVIAM

DRIVER

5 Pass No. 0 35450300

28-10-2016

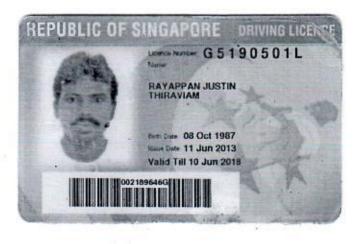
Date of Issue

09-11-2016

18-11-2018

0000

L7369858









GREAT AMERICAN INSURANCE COMPANY

GST REG. NO.: M90370081T UEN: T15FC0029B 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER

SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

除保險經紀私餐有限公司 TAN INSURANCE BROKERS PTE LTD

3A/5A Aliwai Street, Chenn Loonn Building Singapore 199896 www.tib.com.sg

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third0Party Risks and Compensation)Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number

MOMVC000002925-00-001

Cover : Commercial Vehicle (Comprehensive)

Policyholder Name

Uni-Tat Ice & Marketing Pte Ltd

Chassis Number

: JHHTCS3H70K003237

NCD Entitlement

Engine Number

20% Fleet Discount

: N04CUS30853

Hire Purchase

HL Bank

Registration Number

YP5846M

Period of Insurance

From 16/02/2017 (00:00) To 15/02/2018 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

- Use in connection with Policyholder's business a)
- Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business b)

This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing b)
- * Limitations 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

Excess (Section 1)

SGD 800.00

Excess (Section 2)

N/A

:

Windscreen Excess

SGD 100.00

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Named Driver 01

Any driver driving on the policyholder's order or permission

Name of Intermediary

Tan Insurance Brokers Pte Ltd

Date of Issue

27/03/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

igoh