NATIONAL Assessment Ce	ntre Services   wet 1 Jan'05	MNAIMMOSTY				
Date In: 2010/10-09:49	Jeb description	Date &Time Completed	Doi	ie py		
Res No: HAI /NC17024657/24	SAS e-filing					
Veh No: GBOGGOSB	E-mail (within Shrs, AIC 2hr	s)				
D.O.A : 27/17-14:30	i-Motor Claim Form	M10975574	29/12/17	10:08		
OD / TP / Reporting Only	I-Motor W/O (Within: OD	2hrs, TP 4hrs)				
OD : 17 - Reporting Only	i-Photo Uploaded		-1515-751			
TP Insurer:	Assessment/Survey Report	rt				
	Ass't Report by Fax / Har	nd to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	ax:			
TP Particulars: Veh No: S	PATTISE . INC	C( )/Non-INC( )	¥2			
Owner / Driver: (		Tcl:	)			
Policy No: ( )	Period: (	) Cover Type: (	),	-		
Confirmed by: (	Date:	Time:	)			
Insured/Driver Liability: ( %	6) [Note-Est Status (WO): N: (	0-20%; P: 21-79%. F: 80-1	00%]			
Year of Registration: ( )	Warranty: YES ( ) / NO (	)				
Excess: (\$ ) Loading: \$	\$1,000()/\$2,000()					
General Remarks:-			188 - 17. T.			
( ) Walk-In Customer: Customer's						
( ) Total Loss Case : to e-mail Ins						
		; Towing Co: (		)		
			A PER A SERVICE PO	MANUEL TO SERVICE AND ADDRESS OF THE PARTY O		
Remarks:- (INC horline: 6788 6616		Date&Time Completed	Don	by		
	/ Courtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
<ol> <li>Upload Resurvey Photo [Repair Cost &gt;</li> </ol>	\$3000] ( )		4			
Injury:						
			removed A.v.	271, 29, 25		
Date/Time Actions			goglescus			
•						
AM08036	Invoice P	reparation Checklist	Anit (\$) fat Bill	Amil (3)		
aimant's Particulars :-	1) AR : Accid	ent Reporting (\$30);	S. S. Liebins	- Mon.Dill		
	2) DA : Dame	ge Assessment (\$100); INC (\$8				
iver/Owner:	3) TF : Towin 4) FT : Follow		120			
ntact No:	5) FT : Follow	-Through Survey (Resurvey)	\$30			
		g against INC Only (wef 10 Jan 2005)	\$75			
maged Portion:		6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160				
	3 8) NTUC Add	litional Services:-				
Checked by (Engr-In-Charge):		csy Car / Tpt Allowance	\$5			
2 1/2 ve apar 270 se car a description of the	*N6: Repair	r Co-ordination	510			
ditors' Comments :-		Lepair Inspection Collect Excess Coordination	\$25			
<u>1:</u>	TP(NII):	TP (Non INC) against INC	\$20	4		
2/2	9) N12: Idao N	Mobile	30	ears were		
	Invalor dated	Fee Charged		CONTROL AND		
2/3:	Invoice dated Invoice dated	Fee Charged Fee Charged	<b>建筑机</b>	图1000 图		

#### 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 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.	sent to the archiving or this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/12/2017 09:49
Date Of Accident	27/12/2017 14:30
Exact Location Of Accident	SLIP RD ANG MO KIO AVE 5 TWDS CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD9605B
Insured/Policyholder	
Name Of Registered Owner	ETREK CONSTRUCTION PTE LTD
Co Reg No	200515189K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62995880
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092768187
Cover Note Number	
Driver	
The state of the s	

Name of Driver MUTHU VAIRU BALA KUMAR

 NRIC No
 \$7361777D

 Date Of Birth
 11/03/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 04/08/1997

Driving Experience 20 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85516199

Fax Number

Contact Number OFFICE-85516199

EMail Address NOEMAIL

10 HOUGANG STREET 32 Address

#06-27

Postcode 534037

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NO

NO

NAME: . .

> GENDER: : MALE

**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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SFH7778E

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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 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:

- 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
- 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:

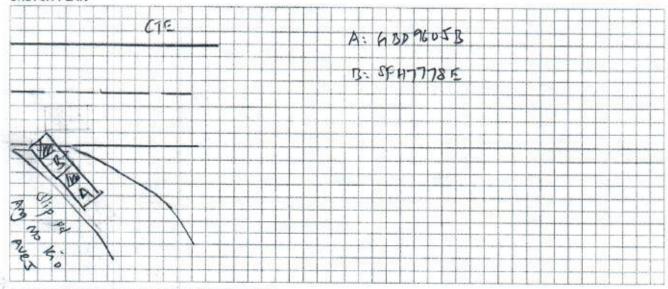
Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

1

# SKETCH PLAN



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tods	CTE.	anddenly	ve hich	e B s	topped	والمزيا	in after	the	Hopping	line	, In	9
resolu	~y	vehicle	cally hed	vehic	e B	rear	ports a					
3												

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.:

# ACCIDENT STATEMENT

ACC	İDEN	DATE: ( )7 / 13 / 17 )(DD/MM/	YYYY), TIME:( 14	:_32_)(HH:MM)	•
1			t tude co	E .	
LOC	ATIO	1: Stip Rd Ang Mo 190 Ave	2 that col	-	
					100
1	. DI	TAILS OF VEHICLE	mi/L		•
4	a)	VEHICLE NUMBER: 6 109605 B	213 7 10	71	
	h	INICIDANCE COMPANY. NIV.			
80	c)	POLICY NUMBER: 5092768/87			
	d	POLICY TYPE: (COMPREHENSIVE / THIRI	D PARTY / THIRD PAR	RTY FIRE & HEFT)	9
	-1	MAKE & MODEL.	6		
	f١٦	YPE: (SALOON / COUPE / MPV /VAN /	LORRY / MOTORCY	CLE./ OTHERS)	
	-1	VEHICLE CATEGORY: (PRIVATE / COMA	FRCIAL / MOTORC	YCLE)	
	91	PURPOSE OF USING AT ACCIDENT TIME	· Worlding >		<u></u>
	nj	OKPOSE OF USING AT ACCIDENT TIME		101	
	I) A	RE YOU CLAIMING UNDER YOUR OWN	I INSURAINCE TIEST	VI	
	IF	NO, PLEASE STATE (THIRD PARTY CLAIR	M / KEP.OKING ON	-11	
2	. IN	SURED / POLICY HOLDER	e LAJ IMA	LE / FEMALE)	
	A)	NAME: F. II.CIC 1311		62995880	
85	b)	VRIC/FIN/PASSPORT: NO 315 1401	CONTACT:	07-1-13	X HO OF
	c).	ADDRESS:			possenger
	10				. (Including d
		CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER	*	(2)
3.	DR	IVER		FEMALE)	(-)
	a)	NAME: Muthy Mira Bala lam	(MA	CTHL 1 GA	10
	b)	VRIC/FIN/PASSPORT: 573617770	CONTACT	34077/	<del>-</del>
	cli	DDRESS: 10 Houging Hart 32	\$606-37 CJ	3901/	• •
	*d)		(DD/MM/YYYY)		
	0)(	CCUPATION: (INDOOR / OUTDOOR)	1 - GT (-14.1)	3)	12
	f)Y	EARS OF DRIVING EXPRERIENCE:	19-1 1 CC1N32	-	
4.	WA	S DRIVER AN EMPLOYEE OF THE IN	ISURED'S COMPAN	ILL (LES LINO)	
	IF	NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:_		_
5.	a)V	VEATHER CONDITION: (CLEAR / RAININ	NG / OTHERS		
	b)F	OAD SURFACE: (DRY) / WET / OTHERS_			-
6.		S ANYBODY INJURED (YES (NO)	8	** B	W W
7.	a)R	EPORTED TO POLICE (YES / NO)			
	IF	YES, PLEASE STATE WHICH POLICE STA	TION:		<u> </u>
. 8.	THII	D PARTY VEHICLE			. 0
	a)	VEHICLE NUMBER: SF47778 E	MODEL:		- XNO of passo
	b)	DRIVER'S NAME:			- Clududing di
	c)	NRIC/FIN/PASSPORT:	CONTACT:		- (1)
9.	200 100	Ď PÁRTY VEHICLE		- W	(+)
		VEHICLE NUMBER:	MODEL:		Ho of passi
150		DRIVER'S NAME:	TO THE SHOW THE TAXABLE		- No of passi
1	f)	NRIC/FIN/PASSPORT:	CONTACT:	٠,	- (Induding d
	250	00.00.00.00.00.00.00.00.00.00.00.00.00.	- (** /***/*****************************		( )
			- I		(-)

Qmail =

fax =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7361777D





MUTHU VAIRU BALA KUMAR

முத்து வயிறு பால குமார்

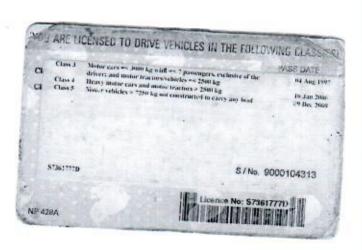
INDIAN

INDIA

Date of birth 11-03-1973 Country/Piace of birth







<b>eBao</b> Tech							Gene	ralClaim		
Hello, NAC_PAYA_UBI_80	0601					,	Change La	nguage	Change Passwo	rd , Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Accident 27/		27/12/	2017 14:30	
	Vehicle No.(For Motor)		GBD9605B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	8	5092768187	CONSTRUCTION PTE, LTD.	200515189K	GCV	Comprehensive	GBD96058	G8D9605B	03/08/2017	02/08/2018
	-		630,466,653		1	Continue				

Policy No.	5092768187	Policyholder Name	ETREK CONSTRUCTION PTE. LTI	Policyholder NRIC	200515189K
Address	18 VERDUN ROAD #05-01 CRU	CENTRE SING	APORE 207280		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy ssue Date	20/07/2017	Effective Date	03/08/2017 00:00	Expiry Date	02/08/2018 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	THIS MARKETING INSURANCE A	Agent Tel.	63444479	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
→ Policyl	nolder Mailing Address				
Address 1	18 VERDUN ROAD	Address 2	#05-01 CRU CENTRE	Address 3	SINGAPORE 207280
Address 4		Address Type	Singapore address	Post Code	207280
Unit No.		Related Policy Number	5092768187		
<b>▶</b> Insure	d Object: GBD9605B				
♥ Endors	sements				
Sequen	ce Date of Endorsement	Endores	ement Type Endorseme	nt Status	Endorsement Content

# Claim Handling

Accident MT/0975574					
Policy No.	5092768187	Vehicle No.	GBD9605B	GST Registration No.	
Policyholder Name	ETREK CONSTRUCTION PTE. LTD.			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	62995880	Contact No.(Home)	
Email Address		Special Remark		eCode	-
KFK .	® No € Yes	TCA	No TYes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	o .	Private Hire	No
Accident Details					
Report Date	29/12/2017 10:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	27/12/2017	Time of Accident hh:mm	14:30	Country of Accident	Singapor
Reporting Centre	177112017	Orange Force		ICM No.	
Accident Location	SLIP RD ANG MO KIO AVE 5 TWDS CTE				
<b>▽</b> Benefits					
Coverage			Sum Insured		-
PAB			2000		
<b>▽</b> 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		500 E 453			
GST Registered	Yes		GST Registration Date	01/01/2015	
GST Registration No.	200515189K		GST Status Verified	No	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	18 VERDUN ROAD	Address 2	#05-D1 CRU CENTRE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5092768187		
✓ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUTHU VAIRU BALA KUMAR	Driver NRIC	S7361777D	Driver DOB	
Register Date of Driver License	04/08/1997	Driver Age	44	Driving Experience	
Contact No.(Mobile)	85516199	Contact No.(Office)	0	Contact No.(Home)	
Address 1	10 HOUGANG STREET 32	Address 2	PARC VERA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-27				
Does he own a Singapore Registered car?	E Yes @ No	Driver Vehicle No.		Driver Insurer Company	
Declaration  Breathalyser or Blood Test	0 mg	Any injury?	₽ Yes Ŵ No		_
Reading?	v org	turk many			
Modification History					
Claim 001 New					
Claim 001 New					
Claim Type +	OD-MX ▼	Insured Name	ETREK CONSTRUCTION PTE. LT	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL.	Contact No.(Office)	
Email Address		O1 Vehicle Number	GBD9605B	TP Vehicle Number	
Claim Description	GBD9605B / SFH7778E ON 27 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Dability *	Not at Fault +		
No. Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown ▼	GIA report	
Date Registered	29/12/2017 10:08	Claim Close Date		Date Received	
	Jackson Jackson	January Barre			
Report Taken By  Print AK letter	POSSESSE				
EL Frint AK letter			particular and the second		-0
B			Save Submit		
Attachment					
•	Value of the second		201		
Accident No.	MT/0975574	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	29/12/2017 10:09		

