| ATIONAL Assessment Centre S | rvices we say on | ETime Completed | Done by |
|--|--|--|--|
| 1 1 10010 11.05 113 | b description Date | | |
| 10 1516 18000252 KY | SAS e-filing | 1 | |
| erno NATANC (8000332) | Fmail (within Shes, AIC 2hrs) | 1-7/7-7 0 | 118 10:40 |
| ch No GBC 8918K | i-Motor Claim Form : WY | 10976707 8 | 1.] 12 |
| 004 02 01 5018 11:22 | i-Motor W/O (Within: OD 2hrs. TP 4hrs |) | |
| | TAILED STORY | | |
| OD TP Pepoiting Only | i-Photo Uploaded | | |
| | Assessment/Survey Report | aw/WESD | |
| TP Insurer: | Ass't Report by Fax / Hand to Own | |) |
| Preferred Wksp / INC Assign Wksp / QW: (| Tel | Non-INC () | |
| III II Nint | K7650B, INC()/ | |) |
| P Particular | The state of the s | er Type: (|) |
| Owner/Driver: () Peri | d: () Cov | Time: |) |
| Policy No: (| Date: | | 6) |
| Confirmed by : (%) IN | te-Est. Status (WO): N: 0-20%; | P: 21-7950. 1. 30 1 | |
| Insurco Difference | arranty: YES ()/NO () | | |
| Year of Registration: (Leading: \$1.00 |)()/\$2,000() | | |
| P.Y.CESS. 13 | The transfer of the contract o | KARLAN A A STORY | |
| General Remarks:- () Walk-In Customer's information (Customer's Information (| nation strictly Confidential & Strictly | NO Talet of Topon | |
| Drive-In ()/ Towed-In (); Invoice Paragray (INC horline: 6788-6616) | A STATE OF THE STA | ate&Time Completed | - Indiana |
| (INC hotline: 6788-6616) | ourtesy Car () | ate&Time Comple vd | Joins by |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(| ourtesy Car () | | |
| Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | Durtesy Car () () () () () () () () () (| | Anic(S): Aint |
| Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | Ourtesy Car () | iration Chr.cklist | Amr(3) Amt 1st Bill Add |
| Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | Durtesy Car () | iration Chr.cklist sporting (330); ssotsment (5100); INC (54 | Amt (5) Aint (1st Bill Add (1st) (1s |
| Remarks:- (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | Invoice Preparate April 19 1 Ar: Accident 19 29 DA: Darrage A 19 FT: Follow-Th | aration Checklist sporting (\$30); ssessment (\$100); INC (\$100); sough Survey | Amt(3) Amt (3) Amt (3) Add (30) (0)(545 (5120 (530) |
| Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | Invoice Preparate April 19 1 Ar: Accident 19 29 DA: Darrage A 19 FT: Follow-Th | aration Checklist sporting (\$30); ssessment (\$100); INC (\$100); sough Survey | Amt(3) Amt (1st Bill Add 10) 0/545 5120 530 |
| Remarks:- (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claumant's Particulars:- Driver/Owner: | Invoice Prepared (a) (b) (c) (d) (e) (e) (e) Invoice Prepared (e) (e) (e) Invoice Prepared (e) (f) Invoice Prepared (e) | ration Checklist eporting (\$30); ssessment (\$100); INC (\$100); rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 200) | Amt(3) Amt (1st Bill Add 10) 0/545 5120 530 |
| Remarks:- (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claumant's Particulars:- Driver/Owner: Contact No: | Invoice Preparation of the Control o | ration Checklist sporting (\$30); ssessment (\$100); INC (\$40); rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200) tion SMRT Survey | Am((3) Am 1st Bill Add 30) 50/545 \$120 \$30 5) \$75 |
| Remarks:- (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: | Invoice Preparation of the control o | ration Chrcklist eporting (\$30); ssessment (\$100); INC (\$20); rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 200) tion SMRT Survey and Services: | Amc(3) Amt 1st Bill Add 30) 37545 3120 330 55) \$75 \$160 |
| Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: | Invoice Prepared to the state of the state o | iration Chr.cklist sporting (330); ssotsment (5100); INC (5); rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200) tion SMRT Survey inal Services: Car / Tpt Allowance co-ordination | Am (3) Am (30) 1st Bill Add 30) 0/545 5120 530 575 5160 |
| Remarks:- (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: | Invoice Preparation of the second of the sec | iration Chr.cklist sporting (330); sporting (330); sporting (3100); INC (50); rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200) tion SMRT Survey shall Services: Car / Tpt Allowance Co-ordination wir Inspection | Am((3) Am 1st Bill Add 50) 0/545 5120 530 575 5160 525 530 525 530 |
| Remarks:- (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): | Durtesy Car (| iration Checklist sporting (\$30); ssessment (\$100); INC (\$20); sough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200) tion SMRT Survey inal Services: Car / Tpl Allowance Co-ordination sair Inspection illect Excess Coordination P (N:n INC) against INC | Am((3) Am 1st Bill Add 30) 30/545 \$120 \$30 \$55 \$160 \$25 \$310 \$25 \$30 \$20 \$30 \$30 \$30 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$4 |
| Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: | Invoice Preparation of the second of the sec | ration Chrcklist eporting (\$30); ssessment (\$100); INC (\$20); rough Survey rough Survey (Resurvey) einst INC Only (wef 10 Jan 200) tion SMRT Survey inst Services: Car / Tpt Allowance co-ordination wir Inspection illect Excess Coordination P(N:n INC) against INC | Am((3)) Amt Ist Bill Add Add Signature Add Add |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to
- 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.

- The issue and acceptance of this Form by insurance companies is not an admission of policy insuling of the part of each insurance companies.
 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

| . By the lodgement of this report to the insurers, you hereby consu- foresaid. | |
|--|--|
| THE RESERVE OF THE PARTY OF THE | ACCIDENT STATEMENT |
| Date Of Report | 05/01/2018 17:05 |
| Cot Assident | 05/01/2018 11:55 |
| Exact Location Of Accident | CECIL STREET TWDS FINLAYSON GREEN |
| Country/State of Loss | SINGAPORE |
| DI CONTROL DI CONTROL DI CONTROL DI | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBC8918K |
| Insured/Policyholder | |
| Name Of Registered Owner | ATLAS FINEFOOD PTE LTD |
| Co Reg No | 201333336E |
| Email Address | ATLASFOOD@SINGNET.COMSG |
| Mobile Phone No | (LOCAL) +65-84506002 |
| Alternative Phone No | OFFICE-84506002 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | NV350 PANEL VAN 2.5 5MT 5DR EURO V |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | A PROPERTY LESS |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5069711856-02 |
| Cover Note Number | |
| Driver | THE STANDARD PARTY AND AND ADDRESS OF THE STANDARD PARTY AND ADDRESS OF TH |
| Name of Driver | NATESA MURTHY GUNASEKARAN |
| M. J. Barnit No. | F8153471M |

F8153471M Work Permit No 12/05/1970 Date Of Birth OUTDOOR Occupation 18/11/2002 Date Of Driving Pass

15 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-84506002 Mobile Number

Fax Number

OTHERS-84506002 Contact Number

ATLASFOOD@SINGNET.COMSG **EMail Address**

Address

ATLAS FINEFOOD PTE LTD

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

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) soliciting/offering accident claims assistance.

s) NO

Number of Passengers (Including Driver)

1

NO

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

PLS REFER TO THE ATTACHED 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

SJK7650B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SYLVIA

NRIC/Passport Number

Contact Number

81259371

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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)
 - (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")
- 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.
- 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.
- the information so collected under (d) above may be shared / disclosed: (e)
 - (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 Personnel's Signature

Name NRIC/FIN No.:

| CH PLAN | | SXC | | | HTH |
|-----------------------------|------------|-----------------|-----------|---------|-----------------|
| | Bre - | | 10 10 10 | | |
| inlayson Green | | | | | 1 680 |
| | | | | | A -680 B -57 |
| SCRIBE CIRCUMSTANCES OF THI | E ACCIDENT | | | | |
| traffic. L Vehicle B | ight bu | t sudde vear | enly from | n behin | chikale A |
| | | | | | |

Policyholder's Signature

Date & Time:

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

Name: NRIC/FIN No.:

GIARME StietchPlankorm, V3



S PASS

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

Employer ATLAS FINEFOOD PTE, LTD.

Sector: SERVICE



Name NATESA MURTHY GUNASEKARAN

MAINTENANCE SUPERVISOR

5 Pass No. 0 31744555

Date of Application 13-01-2016

Oate of Issue 25-02-2016 Date of Expiry

12-05-2018



L6521752



VISIT PASS Immigration Regulations

NATESA MURTHY GUNASEKARAN



25-02-2016

MULTIPLE JOURNEY VISA ISSUED

Nationality INDIAN Date of Expiry

12-05-2018





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:F8153471M

NP 428A



Countersigned By:

Authorised Officer

Certificate of Insurance

| | Certificate | e of insurance |
|---|--|---|
| MOTOR VEHICLES (THIRD PARTY RIS MOTOR VEHICLES (THIRD PARTY RIS ROAD TRANSPORT ACT, 1987 (MAL | SKS AND COMPENSATION AYSIA) | N) RULES, 1960 |
| MOTOR VEHICLES (THIRD PARTY RIS | | Cover : Comprehensive |
| Certificate Number: 5069711856- | | |
| 1. Index mark and Registration Nu | mber of Vehicle | ; GBC8918K |
| Chassis Number | | : JN1MC2E26Z0001510 |
| 2. Name of Policyholder | | : ATLAS FINEFOOD PTE LTD |
| Effective Date of Insurance | | : 07 Feb 2017 |
| 4. Expiry Date of Insurance | | : 06 Feb 2018 |
| 5. Persons or Classes of Persons en | ntitled to drive# | |
| (a) The Policyholder | | |
| (b) Any other person who is dr | iving on the Policyholder | r's order or with his/her permission. |
| Provided that the person d the Motor Vehicle or has be enactment or regulation in | een so permitted and is r | ordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any the Motor Vehicle. |
| 6. Limitations as to Use# | | 3, 138 |
| (a) Use for social domestic and | pleasure purposes and | in connection with the Policyholder's business or profession. |
| (b) Use for the carriage of pass | engers or goods in conn | ection with the Policyholder's business. |
| This Policy does not cover | | |
| (a) Use for hire or reward. | | |
| (b) Use for racing, pace-makin, | g, reliability trial or speed | d-testing. |
| (c) Use whilst drawing a trailer | except the towing of an | ny one disabled mechanically propelled vehicle. |
| # Limitations rendered inope Act (Chapter 189) and Sect headings. | rative by Section 8 of the ion 95 of the Road Trans | e Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these |
| EXCESS (SECTION 1) | : S\$600 | |
| EXCESS (SECTION 2) | : N/A | |
| WINDSCREEN EXCESS | : 5\$100 | |
| INSURE WITH COE | : NO | |
| HIRE PURCHASE COMPANY | | EAS BANK LIMITED |
| SUM INSURED | : MARKET VALUE OF LOSS | OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE AT TIME |
| I/We hereby Certify that the Policy Vehicles (Third Party Risks and Con | to which this Certificate opensation) Act (Chapter | relates is issued in accordance with the provisions of the Motor r 189) and Part IV of the Road Transport Act, 1987 (Malaysia) |
| Agency : TRC RA | JA INSURANCE AGENCY | (00000591373) |
| | 2017 13:37 hrs | |
| | 2017 13:38 hrs | |
| 101 | | For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE |
| Delive James A | 1 | |
| 7.00 | . 12 - | 1 1 |
| 1187 | 77 | |
| 012 | 1 | |
| | | |

Chief Executive

eBaoTech

My Desktop

Notice of Loss

Hello, NAC_PAYA_UBI_800601

Policy Query

Vehicle No.(For Motor)

Policy No.

02

Date of Accident GBC8918K

· Change Password · Change Language

GeneralClaim · Log Out

05/01/2018 11:55

Search

Policyholder Policy No. Select ATLAS 5069711856-FINEFOOD PTE Policyholder NRIC

GCV

201333336E

Cover Type

Vehicle Insured Object

Commence Date

Expiry Date

06/02/2018 Comprehensive GBC8918K GBC8918K 07/02/2017

Continue

| Policy No. | 5069711856-02 | Policyholder Name | ATLAS FINEFOOD PTE LTD | Policyholder NRIC | 201333336E |
|---|------------------------------|-----------------------------------|------------------------|----------------------|----------------------------|
| Address | 150 UBI AVENUE 4 #05-02/03 U | BI BIZ-HUB S | INGAPORE 408825 | | |
| Product Name | COMMERCIAL VEHICLE INSURAN | Plan | | Group Policy Flag | N |
| Policy issue Date | 04/01/2017 | Effective Date | 07/02/2017 00:00 | Expiry Date | 06/02/2018 23:59 |
| Third Party Excess | 0.0 | Own damage Excess | 600 | Windscreen Excess | 100.0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | TRC RAJA INSURANCE AGENCY | Agent Tel. | 96370101 | GST Flag | Y |
| Co- insurance Flag Open Policy Info Certificate Info | No | | | | |
| Chen Sun | holder Mailing Address | | | | |
| Address 1 | 150 UBI AVENUE 4 | Address 2 | #05-02/03 UBI BIZ-HUB | Address 3 | SINGAPORE 408825 |
| Address 4 | | Address Type | Singapore address | Post Code | 408825 |
| Unit No. | 05-02/03 | Related Policy Number | 5067660007-03 | | |
| ▶ Insure | ed Object: GBC8918K | | | | |
| ▼ Endors | sements | | | | |
| Sequen | ce Date of Endorsement | Endorse | ement Type Endo | rsement Status | Endorsement Content |

Continue Cancel



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: \$66\$\$0020G / GST Reg. No.: M400017735

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

| | | | ADDE | NDUM | |
|-----|------------------------------------|-------------|----------|---|------------------|
| (A) | PARTICULARS OF PERS | SONMAKINGTH | EAMENDME | :NTS: | |
| | Original Report No :_ | MNA1180 | 02685 | Vehicle Registration No: | GBC8918K |
| | Name(as shownin NRIC) : _ | NATESA | MURTHY | GUNASE KARAN NRIC/FIN/Passport No : | |
| | (*Vehicle Driver / Vehi | | | | |
| | Address :_ | ATLAS | FINEFO | UD PTELTD | Singapore() |
| | Contact (Tel) :_ | | | Mobile No.: 845 | - 15 15 1 KK |
| | Email Address :_ | ATLA | SFOOD | @ SINGNET. COM. | SG |
| | Date of Accident :_ | 05/01/ | 2018 | Time of Accident : | [1:55 |
| | Place of Accident :_ | Cecil ! | street | toward Finlay | son Green |
| | Insurance Company: _ | NTUC | Incom | toward Finlay ne Insurance Co | -operative Ut |
| (B) | ADDITIONALINFORM | | | | |
| | Amend | the | Road | name. | |
| | | | | | |
| | - | | | | |
| | | | | | |
| | ¥ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | N.Tu. | | | \. | |
| | Policyholder / Driver's S Date: | ignature | <u> </u> | Reporting Centre Perso Name: NRIC/FIN No.: Date: | nnel's Signature |

Claim Handling

| Accident MT/0976707 | | | | | |
|---|-----------------------------------|--|------------------------------------|------------------------------|-------------|
| Policy No. | 5069711856-02 | Vehicle No. | GBC8918K | GST Registration No. | 20 |
| Policyholder Name | ATLAS FINEFOOD PTE LTD | | 90.7.503.0 0 .00 | Policyholder NRIC | |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Comprehensive | Loading | 20 |
| Contact No.(Mobile) | 84506002 | Contact No.(Office) | 0 | AND THE PER PER PERSONS | 0 |
| Email Address | | Special Remark | | Contact No.(Home) | 0 |
| KFK | No Yes | TCA | No Yes | eCode | No |
| NCD Protection | No | NCD Entitlement(%) | 20 | eCode Reason Private Hire | |
| Accident Details | | | 20 | Private Hire | No |
| Report Date | 08/01/2018 10:30 | Accident Report Within 24 hrs | Yes | 14 00 900 2000 | 52,000 |
| Date of Accident | 05/01/2018 | Time of Accident hhimm | | Accident Type | Col |
| Reporting Centre | | Orange Force | 11:55 | Country of Accident | Sin |
| Accident Location | CECIL STREET TWDS FINLAYSON GREEN | | | ICM No. | |
| → Benefits | | | | | |
| ▽ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | windscreen excess | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| | ation | Source and Source work of the Free Company | | | |
| GST Registered | Yes | | GST Registration Date | 01/01/05/ | |
| GST Registration No. | 201333336E | | GST Status Verified | 01/01/2014 Yes | |
| Modification History | | | | 175,766 | |
| | | | | | |
| Policyholder Mailing Ac | ldress | | | | |
| Address 1 | 150 UBI AVENUE 4 | Address 2 | #05-02/03 UBI BIZ-HUB | Address 3 | SIN |
| Address 4 | | Address Type | Singapore address | Post Code | 408 |
| Unit No. | 05-02/03 | Related Policy Number | 5067660007-03 | | |
| Driver Name | Name of Box | Problems of the | | | |
| Unnamed driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Register Date of Driver License | NATESA MURTHY GUNASEKARAI | Driver NRIC | F8153471M | Driver DOB | 12/0 |
| Contact No.(Mobile) | 18/11/2002 84506002 | Driver Age | 47 | Driving Experience | 15 |
| Address 1 | | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 4 | ATLAS FINEFOOD PTE LTD | Address 2 | | Address 3 | |
| Unit No. | | Address Type | Singapore address | Post Code | |
| Does he own a Singapore | Yes a No | B | | | |
| Registered car? | les a no | Driver Vehicle No. | | Driver Insurer Company | |
| Peclaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | ○ Yes ● No | | |
| ecoung: | | | | | |
| lodification History | | | | | |
| | | | | | |
| Claim 001 OD-MX New | | | | | |
| | | | | | |
| laim Type * | OD-MX ▼ | Insured Name | ATLAS FINEFOOD PTE LTD | Insured NRIC | 201 |
| ontact No.(Mobile) | 90215531 | Contact No.(Home) | 64470605 | Contact No.(Office) | 674 |
| mail Address | | OI Vehicle Number | G8C8918K | TP Vehicle Number | 674 SJK: |
| Claim Description | GBC8918K / SJK7650B ON 5 Jan 2018 | | | Name of Preferred Workshop | |
| referred Workshop Contact | | Insured Liability * | Not at Fault | | _ |
| equire Finalisation | Yes ▼ | Preferered Repair Option | | CIA monet | |
| ate Registered | 08/01/2018 10:38 | | Preferred Workshop, Name unknown ▼ | GIA report | Rec |
| | | Claim Close Date | | Date Received | 08/0 |
| eport Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | |
| Print AK letter | | | | | |
| 0.0000,00000000000000000000000000000000 | | | | | _ |
| | | | Save Submit | | |
| Attachment | | | Save Submit | | |

Accident No.

MT/0976707

Claim No.

001

Last Doc. Received

Tes O No

Path *

Upload Date

08/01/2018 10:40

| Choose File | No file chosen |
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| | Urgency | ential | Confid | ory * | Categor | |
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| - | Normal | | ▼ NO | | Please Select | Clear |
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| Attachment | | Uploaded By/Date | Category | 9 | Urgency | Descrip |
| Aug. Selfer | NAC_PAYA_UBI_800601 | NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:38 | NRIC/ Driving License Normal | | Normal | NRIC/ Driving Lic |
| 1 | NAC_PAYA_UB1_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:37 | SAS | SAS Normal | | SAS 201 |
| IN | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:36 | Photos | | Normal | Photos 20 |
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| 3-1 | NAC_PAYA_UBI_800601(| IATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:35 | Photos | | Normal | Photos 20 |
| Video List | Uploaded By/Date | Folder Date | File Name | | 9 | Source |

Display in New Window Scan and uploading