Date In: 22 1 /18- 20:14	Job description	Ď	ne &Time Completed	Done	pi.
Ref No: NA INC1800 1328/24	SAS e-filing				
Veh No: GBE FYTID	E-mail (within Shrs,	AIC 2hrs)			•
0 c. [1-8] [1 K : A.O.D	i-Motor Claim F	orm M	110978951	12/1/18 7	3:78
	i-Motor W/O (Wi	thin: OD 2hrs, TP 4	hrs)		
OD / TP/ Reporting Only	i-Photo Uploade	d	Harana and the same of the sam		-
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa	x / Hand to Ow	ner/Wksp		Mileso.
Preferred Wksp / INC Assign Wksp / QW: (Te	d;	Fax:	
TP Particulars: Veh No: XD	96870	. INC()	/Non-INC().		
Owner / Driver: (Т	el:)	
Policy No: ()	Period: () Co	ver Type: ().	
Confirmed by : (ate:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	: N: 0-20%;	P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()	/NO()			
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			
General Remarks,-				SPAN STA	y da
() Walk-In Customer : Customer's in	formation strictly Confide	ential & Strictly	NO refer of repaire	г.	
() Total Loss Case : to e-mail Insu		, and a curious	h		
	ice: YES () / NO () ; Towin	a Co. ()
Drive-In ()/ Towed-In (); Invo	ice. IES () / NO (APITE KERKETE	expo
Remarks:- (INC hotline: 6788 6616)		Da Da	te&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	240000000000000000000000000000000000000	- X		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	1 1 1			
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NA1800483	ı In	voice Prepara	tion Checklist	Ant (5)	Company of the second
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NAI 20042 } Claimant's Particulars :-	1) A 2) I 3) I 4) F	R: Accident Report OA: Damage Assess F: Towing Fee T: Follow-Through	ting (\$30); iment (\$100); INC	(\$80) \$40/\$45 \$120	Company of the compan
NAI 20042 } laimant's Particulars:- river/Owner:	1) A 2) E 3) T 4) F 5) F	AR: Accident Report A: Darnage Assess F: Towing Fee T: Follow-Through T: Follow-Through T: Follow-Through T: Follow-Through	rting (\$30); rment (\$100); INC	(\$80) \$40/\$45 \$120 \$30 (95)	Company of the second
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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 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.

- 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

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Date Of Report

22/01/2018 20:14

Date Of Accident

21/01/2018 17:00

Exact Location Of Accident

JUNC DEFU LANE 6 & DEFU LANE 5

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE8451D

Insured/Policyholder

Name Of Registered Owner

NAVID ENGINEERING PTE LTD

Co Reg No

201008097E

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-92713026

Alternative Phone No

OFFICE-92713026

Vehicle Particulars

Manufacturer

TOYOTA

Model

HIACE DX 3.0 M

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

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

5079581020-01

Cover Note Number

Driver

VELLAISAMY SARAVANAN Name of Driver

G3095499N Passport No/FIN 12/04/1974 Date Of Birth OUTDOOR Occupation 09/09/2016 Date Of Driving Pass

1 YEAR AND 4 MONTHS Driving Experience

Gender

MALE

Mobile Number

(LOCAL) +65-97158029

Fax Number

Contact Number

OFFICE-97158029

EMail Address

NOEMAIL

Address

89 SHORT STREET

#09-01 GOLDEN WALL CENTRE

Postcode

188216

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 - CROSS JUNCTION

Weather Conditions

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

XD9687D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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 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
- 5. 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.
- 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
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- 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:
 - (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:

PTE

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

V. Sauce

s Signature Reporting Centre Pers

NRIC/FIN No.:

		A: GISE SUSTO
	petu lune c	15. XD9070
(7° (8)		
25.2		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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or acclared pregoing particulars are true in every respect.

Policyholder Signature

Date & Time:

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

V · Sauce

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GLANGE SECTION OF U.S.

12

ACCIDENT STATEMENT

ACC	DENT DATE: ()1./ 18)(DD/MM/Y	YYY), TIME: (1 :00) (HH:MN	1) .
,cc		pety lune 5	
OCA	MON: June Det Ing 6 6 D	L 3 mol bka	
	DETAILS OF VEHICLE	. 4	
1.	alvehicle NUMBER: 60 & 4410	2017/6	1.51
16	BINGIDANCE CIMPANI	· 1*	
2	CIPOLICY MIMBER. 202012 12 12 - 0	1	19
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
	6)MAKE & MODEL:	OPPY / MOTORCYCLE / OTHERS)	
	fitype:(SALOON / COUPE / MPV / VAN / LO	EDCIAL AMOTORCYCLE	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	- NE GOO	
	h) PURPOSE OF USING AT ACCIDENT TIME:	NOUDANCE PER MICH	
	I) ARE YOU CLAIMING UNDER YOUR OWN I	NOURANCE (TEXALO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY	*
2.	INSURED / POLICY HOLDER	(MALE / FEMALE)	
	AINAME: Navid Engineering		6
	b)NRIC/FIN/PASSPORT: 3610080 791	<u> </u>	X HO of
	c]ADDRESS:		possenger
0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	. (Including d
		HOLDER	(1)
3.	DRIVER a)NAME: Vellaisamy sarava	(MALE) FEMALE)	
	DINRIC/FIN/PASSPORT: 630954994	CONTACT: 971580)	9
	c)ADDRESS:		<u></u>
	C/ADDRESS		_
	*d) DATE OF BIRTH: (12 / 4 / 1974)(1	DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR)		
	TYPEARS OF DRIVING EXPRERIENCE: 9	al 226	2 0. 000
4.	WAS DRIVER AN EMPLOYEE OF THE INS	URED'S COMPANY? (YES NO))
	IF NO, RELATIONSHIP OF THE DRIVER V	WITH INSURED:	 ,
5.	a) WEATHER CONDITION; (CLEAR / RAINING	OTHERS	
	b)ROAD SURFACE: (DRY / WET / OTHERS_	_ : :	
6.	WAS ANYBODY INJURED (YES / NO)	700	10 m
7.	a) REPORTED TO POLICE (YES / NO)	79	98
	IF YES, PLEASE STATE WHICH POLICE STATE	ON:	
8.	THIRD PARTY VEHICLE		. 0
	a) VEHICLE NUMBER: XD 9687 P	MODEL:	-*Ho of passo
	b) DRIVER'S NAME:		- Clududing dr
£	c) NRIC/FIN/PASSPORT:	CONTACT:	- (L)
9.	THIRD PARTY VEHICLE		
	d) VEHICLE NUMBER:	MODEL:	- A Ho of passi
- 05	e) DRIVER'S NAME:		
1	f) NRIC/FIN/PASSPORT:	CONTACT::-	_ : (Including d
	*** **********************************		(_).
		48	.,

Qmail = fax =

EMPLOYMENT PASS

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

Employer HIKMAH FOOD CATERING AND RESTAURANT PTE. LTD.



VELLAISAMY SARAVANAN

ACCOUNTS ADMINISTRATIVE ASSISTANT MANAGER

G3095499N

19-11-2016 Date of Issue

16-12-2016 Date of Expiry

G3095499N VELLAISAMY SARAVANAN Delle Date: 12 Apr 1974 lanue Date: 09 Sep 2016 Valid Till 08/09/2021

DRIVING LICENC

REPUBLIC OF SINGAPORE

VISIT PASS Immigration Regulations

Name VELLAISAMY SARAVANAN



INDIAN

12-04-1974 M

Care of lanue

Date of Expiry

G3095499N 16-12-2016

16-12-2018

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.



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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg passengers, exclusive of driver; and other vehicles with unladen weight =< 2500kg with =< 7 motor 09 Sep 2016

NP 428A



eBao Tech		HEVE							Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601	1000000		Contract of the last			Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	ident	21/01/	2018 17:00	3
	Vehicle	No.(For Motor)	GBE8451D		3					
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079581020- 01	NAVID ENGINEERING PTE LTD	201008097E	GCV	Comprehensive	GBE8451D	GBE8451D	24/04/2017	07/04/2018
					1	Continue				

Policy No.	5079581020-01	Policyholder Name	NAVID ENGINEERING PTE LTD	Policyholder NRIC	201008097E	
Address	89 SHORT STREET #09-01 G	OLDEN WALL CEN	NTRE SINGAPORE 188216			
Product Name	COMMERCIAL VEHICLE INSU	RAI Plan		Group Policy Flag	N	
Policy ssue Date	24/04/2017	Effective Date	24/04/2017 00:00	Expiry Date	07/04/2018 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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y	
Co- insurance Flag Open	No					
Policy Info Certificate Info						
Policyh	nolder Mailing Address			11-5-25-2		
Address 1	89 SHORT STREET	Address 2	#09-01 GOLDEN WALL CENTRE	Address 3	SINGAPORE 188216	
Address 4		Address Type	Singapore address	Post Code	188216	
Unit No.	09-01	Related Policy Number	5079581020-01			
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y No.	5079581020-01	Yenicle res.	SECURITION AND ADDRESS OF THE PARTY OF THE P	Policyholder NRIC	201008097E
yholder Name	NAVID ENGINEERING PTE LTD	34000-200000	20002000	Loading	0
uct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		
act No.(Mobile)	92713020	Centact No.(Office)	0	Contact No.(Home)	0
e Address		Special Remark	100 (100 (100 (100 (100 (100 (100 (100	eCode	The V
	® No ○Yes	TCA	® No ○Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
ort Date	22/01/2018 20:26	Academ Report Within 24 hrs	Yes	Academi Type	Collision - Cross Junction
of Accident	21/01/2018	Time of Accident hhimm	17:00	Country of Accident	Singapore
orting Centre		Orange Force		JCM No.	
dent Location	JUNC DEFU LANE 6 & DEFU LANE 5				
Benefits					
Excess					
damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess			
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d Party Excess		Contract Con			
GST Registered Informa			GST Registration Date		
Registered	No		GST Status Verified	No	
Registration No.			Wall States Activities	118	
Reation History					
Policyholder Mailing Ad	dress				
ress 1	89 SHORT STREET	Address 2	#09-01 GOLDEN WALL CENTRE	Address 3	SINGAPORE 188216
ress 4		Address Type	Singapore address	Post Code	188216
E NO.	09-01	Related Policy Number	5079581020-01		
OI Driver Info			to make the second		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	VELLAISAMY SARAVANAN	Driver NRIC	G3095499N	Driver DDS	12/04/1974
ister Date of Oriver License		Oriver Age	43	Driving Experience	1
	97158029	Contact No.(Office)	0	Contact No. (Home)	0
tact No (Mobile)			GOLDEN WALL CENTRE	Address 3	SINGAPORE 188216
iress 1	89 SHORT STREET	Address 2			188216
Pecs 4		Address Tyde	Singapore address	Post Code	700572
t No.	09-01				
as ne own a Singapore pistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
			○ Yes ® No		
55500	Med to		CD Yes (#) No		
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