Date In: 5)/2/13-11:41	Jeb description		Date &Time Completed	Done	pi.
Ref No: NA 14C1800 34 33/24	SAS e-filing				
Veh No: 60048396	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 22/2/18-09:00	i-Motor Clai	i-Motor Claim Form MT 0983188			12:34
~	i-Motor W/C	(Within: OD 2hr	s, TP 4hrs)		
OD / TP// Reporting Only	i-Photo Uplo	aded		and the energy state of the	E E
	Assessment/Si	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No: 5	R9469J	, INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	-
Policy No: ( )	Period: (	)	Cover Type: (	) ;	
Confirmed by : (	Indicate the second	Date:	Time:	)	22.12.1
Insured/Driver Liability: ( %	(Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	38
Year of Registration: ( )	Warranty: YES (	)/NO(	)		-5 00:0
Excess: (\$ ) Loading: \$		( )			
	THE THAT SHE SHOW A SHOW	W84384172.7530	THE PERSON OF TH	734 J. J. J.	
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( ) Walk-In Customer: Customer's		nfidential & St	nctly NO rater of repairer.		
( ) Total Loss Case : to e-mail Ins					
Drive-In ( )/ Towed-In ( ); Inve	oice: YES( ) / N	vO( );1	owing Co: (		
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance (	/ Courtesy Car (	) )	Date& Time Completed	Done	20
A CONTRACT OF A CONTRACT PARTY OF THE PARTY					
	(				
2) QC Check / Post Repair Inspection	( )		7	•	
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )	) : :			
2) QC Check / Post Repair Inspection	( )	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )			and the second	***************************************
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )	)			**************************************
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )				2 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )				*** **********************************
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )			Section 2	AMI (
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )		paration Checklist	Amit (S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NAISO1109	( )	1) AR : Assident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$	fú.Bill 80)	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NAISO1109  Laimant's Particulars :-	( )	1) AR : Accident 2) DA : Damage 3) TF : Tewing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$ 6e \$4 hrough Survey	fit Bill 80) 0/545 \$120	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NAISO1109  Inimant's Particulars :- river/Owner:	( )	1) AR : Assident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Fullow-T	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey)	58 Bill 80) 0/345 \$120 \$30	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  NAISO1109  Enimant's Particulars:-  iver/Owner:	( )	1) AR: Assident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 through Survey through Survey (Resurvey) seinst INC Only (wef 10 Jan 200) thion	\$60	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NASOLIO9  Inimant's Particulars:-  priver/Owner:	( )	1) AR: Assident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 frough Survey frough Survey (Resurvey) geinst INC Only (wef 10 Jan 200) tion + SMRT Survey	\$6 Bill 80) 0/545 \$120 \$30 \$5	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  NAROLIO9  Liminant's Particulars :-  civer/Owner:  ontact No:  amaged Portion:	( )	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 4 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200 ction + SMRT Survey onal Services:-	\$\$\text{\$\text{5}\$ \text{\$\text{Bill}\$}\$}\$  80)  00/\$45  \$\$120  \$\$30  \$\$575  \$\$575  \$\$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming \$ 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Addition QIA *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$ 6e \$4 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200 ction + SMRT Survey onal Services:-  Car / Tpt Allowance o-ordination	\$120 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MAROTION  Laimant's Particulars :-  river/Owner:  ontact No:  hmaged Portion:	( )	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 4 6) TR: Re-insper 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 through Survey through Survey (Resurvey) gainst INC Only (wef 10 Jan 200 thion + SMRT Survey through Services:  Car / Tpt Allowance to-ordination the Inspection the Excess Coordination	\$60 00/\$45 \$120 \$30 \$5) \$75 \$160	Am (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  NAISO 1109  Enimant's Particulars :- civer/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): anditors' Comments :-	( )	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition QIL* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$	\$120 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MAROHO  laimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	( )	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 4 6) TR: Re-insper 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$	\$\$ Bill	Add Bi

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#### 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 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 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

ACCIDENT STATEMENT

Date Of Report

22/02/2018 11:41

Date Of Accident

22/02/2018 09:00

Exact Location Of Accident

PIE (TUAS) AFTER PAYA LEBAR FLYOVER

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number

GBD4839B

Insured/Policyholder

Name Of Registered Owner

URMET ASIA PACIFIC PTE LTD

Co Reg No

200619447K NOEMAIL

Email Address

Mobile Phone No

MODILE LITORIE INC

OFFICE-62732766

Alternative Phone No Vehicle Particulars

Manufacturer

NISSAN

Model

NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

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

5095412057

Cover Note Number

Driver

Name of Driver

SATHIYAMOORTHY MURUGESH

Passport No/FIN Date Of Birth G3065229R 09/09/1988

Occupation

Date Of Driving Pass

OUTDOOR 15/10/2014

Driving Experience

3 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-86064199

Fax Number

Contact Number

OFFICE-86064199

**EMail Address** 

NOEMAIL

Address BLK 524 BEDOK NORTH STREET 3 #10-382

Postcode 460524

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 2

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.

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

was there any video captured by Car Carriera:

Was there any audio recorded?

NO

SJR9469J

YES

NO

NO

1

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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) of:
  - 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:
  - 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.

PACIFIC PIE

Driver's Signature (If driver is not the policyholder)

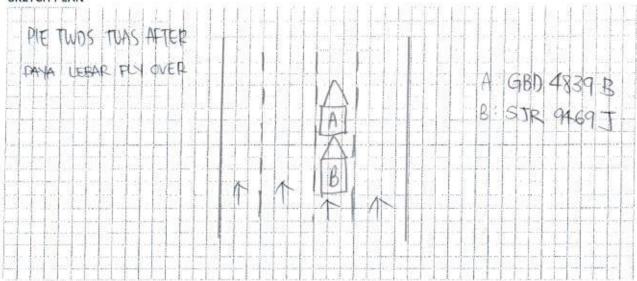
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time: SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I WAS TRAVELLING ALONG PIE TWOS TUAS AFTER PAYA LERAR PYLOVER AT MY
BUN SECOND LANE THE VEHICLE INFRONT SLOW DOWN AND STOP, I THEN SLOW
DOWN AND STOP SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY
VERICLE . TWO CAR WERE INVOLVED IN THE ACCIDENT .

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:

22/02/18

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

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

### Accident details

Date and time of accident	Date: 22 2 2018	(DD/MM/YY) Time: 9 am	(HH:MM)
Exact location of accident	PIE TWOS TUAS	AFTER PAYA LEBAR FLY OVER	

#### Details of vehicle

Vehicle registration number	GBD 4839 B					
Vehicle make and model	NISSAN	00C VM 6				
Type of vehicle	Saloon   Lorry	MPV 🗆 Bus 🗆	CRV 🗆 Motor	Van cycle □	Others:	
Vehicle category	Private 🗆	Comme	rcial 🗹	Motorcy	cle 🗆	
Purpose of using at said time	COMME	RCIAL				
Are you claiming under your own insurance company?	Yes □ Third part c	No □ laim ø	if no, plea Reporting			

### Insurance information

Insurance company	NTUC .		
Policy number	5095 412057		
Type of policy	Comprehensive a	Third party fire & theft □	TP only 🗆

### Insured / Policy holder

Name	URMET ASIA PACIFIC PTE LTD Male D	Female 🗆
NRIC / Fin / Passport number	2006 19447 K	
Contact	6273 2766	
Address	2 BUKIT BATOK STREET 24, #09-10 SKYTECH BULL	DING (S) 65948

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

Name	SATHIY AMOURTHY MURUGESH	Male 🗹	Female 🗆
NRIC / Fin / Passport number	G 3065229 R		
Contact	8606 4199		
Address	#10-382 , BLK-524 BEDOK NORTH STREET	3 (5)	460524
Email address	murugesh@urmetasiapac.com		
Date of birth	09/09/1988		
Occupation	Indoor □ Outdoor ø		
Driving date pass	15/10/2014		

## General information of the accident

Was driver an employee of the insured's company?	Yes ø If no, rel	No □ ationship of the	driver and insured: _	
Accident captured by camera?	Yes 🗆	No⊅		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry ø	Wet 🗆	The second of th	
No of passenger	1			(Inclusive of driver)

## Passenger 1

Name	SATHIN	HTROOMA	MURUGESH	
Gender	Male ø	Female 🗆		

### Passenger 2

Name			
Gender	Male □	Female 🗆	

### Passenger 3

Name			
Gender	Male 🗆	Female	

## Passenger 4

Name		
Gender	Male 🗆	Female

## Passenger 5

Name			
Gender	Male 🗆	Female □	

### Passenger 6

Name			
Gender	Male □	Female 🗆	

## Other information

Was anybody injured?	Yes 🗆	No	
Was other vehicle damaged?	Yes ø	No 🗆	

## **Details of police action**

Reported to police?	Yes 🗆	No ⊭	If yes, please state which police station.
Police station name			5 THE PRINCE OF

# Third party vehicle 1

Name	STR 9469 J
Contact number	CONTRACTOR OF CONTRACTOR OF THE CONTRACTOR OF TH
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	16

### Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name .	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Witness 1

Name	
Witness 2	
Name	

# Injured person 1

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🖯	

### Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

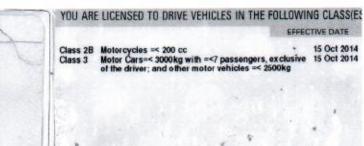
## Injured person 3

Name	100	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

## Injured person 4

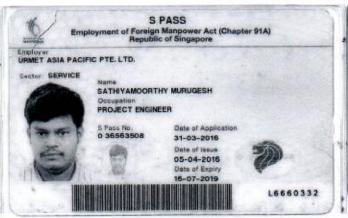
Name	Contract Con		
Injuries sustained			
Which vehicle person in?	ANGEL BOOK HEREAL		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	





NP 428A

Licence No: G3065229R





<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601						Change Lan	guage ,	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.			- 8	Date of Acc	ident	22/02/2	2018 09:00	
	Vehicle No.(For Motor)		GBD4839B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095412057	URMET ASIA PACIFIC PTE LTD	200619447K	GCV	Preferred Workshop Plan	GBD4839B	GBD4839B	13/11/2017	12/11/2018

	5005413057	Policyholder	URMET ASIA PACIFIC PTE LTD	Policyholder	200619447K
olicy No.	5095412057	Name	UKPIET ASIA PACIFIC FIE ETE	NRIC	200000000000000000000000000000000000000
ddress	2 BUKIT BATOK STREET 24 #09	-10 SKYTECH	SINGAPORE 659480		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy ssue Date	06/11/2017	Effective Date	13/11/2017 00:00	Expiry Date	12/11/2018 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	SININS AGENCY PTE. LTD.	Agent Tel.	66310728	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy	holder Mailing Address				
Address 1	2 BUKIT BATOK STREET 24	Address 2	#09-10 SKYTECH	Address 3	SINGAPORE 659480
Address 4		Address Type	Singapore address	Post Code	659480
Unit No.	09-10	Related Policy Number	5095412057		
<b>▶</b> Insure	ed Object: GBD4839B				
▼ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endorse	ment Status	<b>Endorsement Content</b>

cident MT/0983188	\$28JRR2000	Vehicle No.	GB04839B		ST Registration No.			
SHCY NO.	5095412057	Variable 140.			Policyholder NRIC		200619447K	
olicyholder Name	URMET ASIA PACIFIC PTE LTO	9 193	Preferred Wo		paring		0	
reduct Code	COMMERCIAL VEHICLE INSURA	Cover Type		Charles and A			0	
ontact No.(Mobile)	0	Contact No.(Office)	62732766		Contact No.(Home)		_	
mail Address		Special Remark		10	eCode		16.34	
	00	TCA	® No ○Yes	9	eCode Reason			
PK.	® No ○ Yes	NCD entriement(%)	20		Private Hire		No	
CD Protection	NO.	ACD CHARACTER TO						
Accident Details			200	(0)	Accident Type		Collision - Head	to Rear
eport Date	22/02/2016 12:28	Accident Report Within 24 hrs					Singapore	
ace of Accident	35/02/2018	Time of Accident hh:mm	09:00		Country of Acodent		Singapore	
eporting Centre		Orange Porce			ICM NO			
codent Location	PIE (TUAS) AFTER PAYA LEBAR FLYOVER							
V Benefits								
© Excess								
wn demage Excess	600.00	Additional Excess			Windscreen Excess			100.00
		Outside Singapore OD Excess						
nnamed Driver Excess								
hird Party Excess	0.00	Outside Singepore TP Excess						
GST Registered Informa	ation							
ST Registered	P40			Legistration Date	4.0			
ST Registration No.			GST	Status Venfied	NO			
lodification History								
Policyholder Mailing Ad	dracs						emerer:	200
ddress 1	2 BUKIT BATOK STREET 24	Address 2	#09-10 SKY	TECH	Adoress 3		SINGAPORE 65	MARO.
Address 4		Address Type	Singapore at	idress	Post Code		659480	
Init No.	09-10	Related Policy Number	509541205	Fil.				
OI Driver Info	955 (150)		S. Section					
ov Ot Driver Info	Unnamed Driver	Driver Type	Unnamed Dr	iver				
		Driver NRIC	G3065229R		Driver DOB		09/09/1988	
Innamed driver Name	SATHIYAMOORTHY MURUGESH						3	
egister Date of Driver License	15/10/2014	Driver Age	29		Driving Experience			
Contact No.(Mobile)	86084199	Contact No. (Office)	0		Contact No.(Home)		0	
Address 1	BLK 524	Address 2	BEDOK NOT	TH STREET 3	Address 3		SINGAPORE 46	0524
Address 4		Address Type	Singapore a	ddress	Post Code		460524	
	10-382							
unit No.	10-207							
Dones he many a Supplement	447	The second second			Driver Insurer Comp	diny		
Does he own a Singapore Registered car?	⊜ Yes <b>③</b> No	Driver Vehicle No.			Oriver Insurer Comp	diny		
Registered car?	() Yes (♠ No	Draver Vehicle No.			Driver Insurer Comp	diny		
tegistered car? Seclaration	Later to the Control of the Control		Owen		Driver Braurer Comp	any		
Does he own a Singapere Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ⑧ No 0 mg	Driver Vehicle No.  Any injury?	○ Yes ® N		Oriver Insurer Comp	siny		
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	Uploaded By/Date	Folder Date	File Name		P	Source	Action
Video List	NAC_PAYA_UBL_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 12:34	Photos		Normal	Photos 2018-2-21	Edi
	NAC_PAYA_UBI_800501( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 32 Fe b 2018 12:34	Photos		Normal	Photos 2018-2-22	Edi
	NAC_PAYA_UB1_800681( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 12:34	Photos		Normal	Photos 2018-2-22	Edi
	NAC_PAYA_URI_BOOGOS( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 22 Fe 5 2018 12:34	Phetos		Normal	Photos 2018-2-22	Edit
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	NAC_PAYA_UBI_800601( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 12:34	Photos		Normal	Photos 2018-2-22	Edit
A COLUMN	NAC_PAYA_UBI_B00601( NAT)	MAIL ASSESSMENT CENTRE SERVICES) on 22 Fe is 2018 12:34	Photos		Normal	Photos 2018-2-22	Edit
	NAC_PAYA_UB)_800501( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 12:34	Photos		Normal	Photos 2018-2-22	Edit
	NAC_PAYA_UBI_800601( NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 12:34	Photos		Normal	Photos 2018-2-22	Edit
	NAC_PAYA_UBI_800601( NATH	MAL ASSESSMENT CENTRE SERVICES) on 22 Fe is 2018 13:34	Photos		Normal	Photos 2018-2-22	Edit
M	NAC_PAYA_UBI_B00601[ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 12:34	Photos		Normali	Photos 2018-2-22	Edit
45	NAC PAYA USI 800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 Pe 5 2018 12:34	Photos		Normal	Photos 2018-2-22	Edit
10	NAC_PAYA_UBI_BD0601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 14:21	SAS		Normal	SAS 2018-2-22	Edit
60 TH	NAC_PAYA_URI_BOOSO1( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 14:32	NRIC/ Driving License		Normal	NRSC/ Driving License 2018-2-22	Edit
Vttachment	4	ploaded By/Date	Category	î	Urgency	Description	Sent? Action (CO)