Date In: 6/3/18-12:19						-
	Jeb description		Date &Time Co	mpleted	Don	e by
Res No: Na INC 1800 4265/24	SAS e-filing				- ac-math	W. 12-14-14-14
Vch No: XD 6795 U	E-mail (within Shr	s, AIC 2hrs)				d
D.O.A: 23/2/18-05:70	i-Motor Claim		M7/698489	ч	6/3/18 1	2:48
OD / TP / Reporting Only	i-Motor W/O (v		, TP 4brs)			
	Assessment/Surv	ey Report		1		
TP Insurer:	Ass't Report by E	ax / Hand t	Owner/Wksp		Vertex section	
Preferred Wksp / INC Assign Wksp / QW;	(		Tel:	Fax	:	
TP Particulars: Veh No:	Property	INC (	)/Non-INC(	).		
Owner / Driver: (	p 17	1	Tel:	19.	)	
Policy No: ( )	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %	(WO	): N: 0-20	%; P: 21-79%.	P: 30-100	0%]	
Year of Registration: ( )	Warranty: YES ( )	/NO(	)			
Excess: (\$ ) Loading: \$	\$1,000 ( )/\$2,000 (	)				
General Remarks:-		35.72.72.35.35	Name Sale Gi	223775		
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( ) Walk-In Customer: Customer's	THE RESERVE AND ADDRESS OF A PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ential & Str	ictly NO refer of	epairer.		
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.					eta Elazare
Drive-In ( )/ Towed-In ( ); Inve	oice: YES ( ) / NO	( ); To	owing Co: (		V	)
A STATE OF THE STA				The second of	PARKET T	Chris.
Remarks:- (INC horline: 6788 6616			Date&Time Con	ple od	Done	by
	/ Courtesy Car ( )					
2) QC Check / Post Repair Inspection	( )			2 10		
3) Upload Resurvey Photo [Repair Cost >						
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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.

- 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

aforesaid,	
Consider to the local participation of the local	ACCIDENT STATEMENT
Date Of Report	06/03/2018 12:19
Date Of Accident	23/02/2018 05:30
Exact Location Of Accident	ECP BEFORE TANJONG KATONG RD S EXIT
Country/State of Loss	SINGAPORE
property and the second second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD6795U
Insured/Policyholder	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	53311853X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	IVECO
Model	IVECO TRAKKER AUTO ABS TURBO 28T
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	YES
ACCOMPANY DESCRIPTION OF THE PROPERTY OF THE P	

Policy Number 5087372517-01

Cover Note Number

### Driver

Name of Driver RAJAVEL KASINATHAN

 Passport No/FIN
 G7485904L

 Date Of Birth
 17/06/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/08/2015

Driving Experience 2 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81228246

Fax Number

Contact Number OFFICE-81228246

EMail Address NOEMAIL

Address

123 SIMEI STREET 1 #01-374 HDB-TAMPINES

Postcode

520123

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

8

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

### General Information of the Accident

Type Of Accident

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact
Was notice of intended Prosecution given?

TEL NO: 65470000 - FAX NO:

NO

### If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180226/2172.

### 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

PROPERTY

Vehicle Make/Model/Colour

Details Of Properties

811169

GOVERNMENT

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### **DETAILS OF INJURED PERSON 1**

RAJAVEL KASINATHAN Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

XD6795U

YES

### 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 <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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

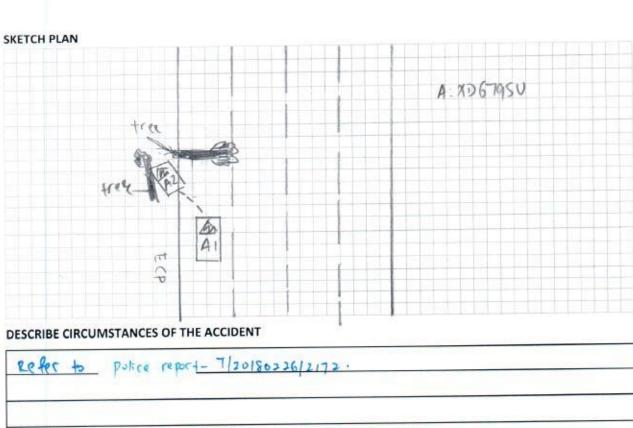
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



ther to police report-7/20186226/2172.

DECLARATION

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

Policyholder's Signature 5

Date & Time:

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

Name: NRIC/FIN No.:

# ACCIDENT STATEMENT

CCI	DENT DATE: 23/2/18 )(DD/MM/YYYY)	, TIME:(	e e
		ed c ait.	
OCA	TION: ECP before Tanjong Icentong R		
1	DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: XD 67950	<u> </u>	
***	HINSURANCE COMPANY:		
*	INCLINE LINE DE CONTRACTOR OF THE COLUMN TO		£3
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	TY / THÍRD PARTY FIRE &THEFT)	
	GIFOLICT TIPE. (COM RETIDION )		(9)
	6)MAKE & MODEL:	( MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	AL / MOTORCYCLE)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCE	Working	•
	h) PURPOSE OF USING AT ACCIDENT TIME	ANCE VESTING	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUE	KANCETIES/1291	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	PORTING ONLY	5 6
2.	INSURED / POLICY HOLDER	WALLE (FEMALE)	1.0
	AINAME: Jig Xin Contractors	(MALE / FEMALE)	
9	b)NRIC/FIN/PASSPORT: 533 11853X	_CONTACT:	X Ho of
	c)ADDRESS:		Jackenger.
194	-		. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	LDER	(1)
3.	DRIVER	" ( COT ( FENALE)	
	O)NAME: Rajavel Kasingthan	CONTACT: 81228246	#
	b)NRIC/FIN/PASSPORT: 974759046	_CONTACT:	<del>-</del> 0.0
	CIADDRESS: 13k 123 Sime: street 1 \$0	1-314 (32012)	
	*d)DATE OF BIRTH: ( 17 / 6 / 1974 )(DD/A	AW (XXXX)	9
	e)OCCUPATION: (INDOOR / OUTDOOR)		
	FIVE ARS OF DRIVING EXPRERIENCE:		60 72
	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES / NO)	
4.	IF NO, RELATIONSHIP OF THE DRIVER WITH	H INSURED:	-
5	DIWEATHER CONDITION: (CLEAR / RAINING / C	OTHERS	ו
٥.	b)ROAD SURFACE: (DRY ) WET / OTHERS		_)
4	WAS ANYBODY INJURED (YES / NO) - Driver		
7	aJREPORTED TO POLICE (YES / NO) - Pending	569 569	5-8 FE1
1.	IF YES, PLEASE STATE WHICH POLICE STATION:	553	
	THIRD PARTY VEHICLE		8
8.	a) VEHICLE NUMBER: Property ( +12 4)	MODEL:	*Ho of passo
	b) DRIVER'S NAME:		Clududing de
	c) NRIC/FIN/PASSPORT:	CONTACT:	
			(Q)
7.	THIRD PARTY VEHICLE	MODEL:	
	d) VEHICLE NUMBER:		* Ho of possi
	e) DRIVER'S NAME	CONTACT:	(Including d
	f) NRIC/FIN/PASSPORT:	CONIACI	
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amail = 9 wyn@jxc.com.sg | thetpaing@jxc.com.sg





T/20180226/2172

1 of 3

Report No. T/20180226/2172

## Police Station Of Origin:

Traffic Police Division HQ

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A	TRAFFIC ACCIDENT
-------------	------------------

Date/Time Report Made: 26/02/2018 18:26		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		(F1)有10°20°20°20°20°20°20°20°20°20°20°20°20°20	
	Informant: L KASINA		Address: 123 SIMEI ST 1 #01-374 HD 520123	B-TAMPINES SINGAPORE	
ID Type / ID No.: FIN NO / G7485904L			Contact No.: Home/Office: Mobile: 81228246		
Nationality: INDIAN			Email:		
Sex: Male	Age:	Date of Birth: 17/06/1974	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER CUM DRIVER		WORKER CUM	Driving Licence Information: Class: 2B,3,4	Date of Expiry: 30/01/2023	

General Inform	mation of the Accident			THE PERSON NAMED IN COLUMN 1	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2018 05:30	Type of Location Straight Road	
EAST COAST	FPARKWAY TOWARDS CHANGI				
Weather: Road Surface: Dry			Road Speed Limit:		
Traffic Flow: One Way	Flow: Traffic Control:			Traffic Volume: Light	
Type of Collis Moving Vehic	sion: le Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
XD6795U	Lorry	IVECO	TRAKKER AUTO ABS TURBO 28T	Yellow	Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	r valenda eta eta eta eta eta eta eta eta eta et
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180226/2172

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## CONTINUATION OF REPORT

Driver				ID No.		G7485904L	
Name	RAJAVEL KASINATHAN			ID No.			
1000	The state of the s			Contact No.		81228246	
Related Vehicle NIL				Joine		77/68/2013	
		LOCDITAL		Class	of	Class: 2B,3,4	
Hospital/Clinic CHANC	CHANGI GENERAL	IGI GENERAL HOSPITAL		Driving Licence &		Date of Expiry: 30/01/2023	
				Expiry	Date		
	00/00/0010		Date Disc	charge	25/02	2/2018	
Date Treatment	23/02/2018 anted Medical Leave 15			Degree of Injury Seri		ous	

## Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS TRAVELLING ALONG ECP TOWARDS CHANGI, THERE WAS 4 LANES. I AT THE LEFT MOST LANE. SUDDENLY A BRANCHES FELL ONTO THE ROAD. I WAS SHOCKED I REACTED FAST TO APPLY MY BRAKE AND SWERVED TO THE LEFT BUT WHEN I SWERVED TO THE LEFT THE ROAD SHOULDER WAS NOT EVEN SO I HIT THE BARRIER AND THEN CRASHED ONTO THE BIG TREE. I WAS CONVEYED BY THE AMBULANCE TO CGH AND RECEIVED 15DAYS OF M/C.





3 of 3 Report No. T/20180226/2172

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

C 1	- 2 - 1	. 1754	-
100	CALCIE	1 14/1	2017
* 3 EV	etch		CHIL

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2018 18:26
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168	Na in the same of



## ORIGINAL

## MEDICAL CERTIFICATE

SUR201838573

Name						NRIC No.		
RAJAVEL KASINATH	IAN					X01365	88152	2C
	we-named is unfit for duty for a peri	od of	15	days from	23-Feb	-2018	to	09-Mar-2018
Type of medical leave gran	nted :							
✓ Hospitalization Lear	ve:		Outpatie	nt Sick Leave				
Admitted on :	23-Feb-2018		Matemit	Leave,		Delivered on		
Discharged on	25-Feb-2018		Sterilliza	tion Leave,		Operated on		1
	valid for absence from court	t attendance.						
Diagnosis			5	Surgical Ope	ration (if app	licable)		
Fit for light duty from	N.A.	to N.	A.					
Comments :								
The above-named patient a	attended my clinic at	N.A.		and left at		N.A.		
No medical leave is necess		200						TO A STANFARD NO.
Hospital/Clinic		Ward No.			Signature, Nan	ne (In BLOCK	LETTI	ERS) and Designation/MCR No.
General Surgery		CGH-W47			1			
OCCUPERALISTS FRANCOST V.		Date			APRIL CHI	AVILIE	P045	6F
Changi General Hos	pital	25-Feb-2018			APRIL OTH	, ro die i		*"

Ward 47 Chang General Hospital 2. Sime Sine 1 Singapors H24889 Req No. 198904226R



## Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company 53311853X

Owner ID Type: -

Business

Owner Name:

JIA XIU CONTRACTORS

Registered Address:

AP1 BLK 128 SIMELSTREET 1 #01-374 SINGAPORE 520123:

Mailing Address

Birth Date

Vehicle Particulars

Vehicle No.:

XD6795U

Previous Vehicle No.:

Effective Date of Ownership:

30 Jun 2016

Orginal Regn Date:

11 Jan 2013

Registration Date:

11 Jan 2013

Year of Manufacture:

2011

Vehicle Type

Goods (Open) Tipper/Dumper Truck

Vehicle Scheme:

Vehicle Attachment 1.

No Atlachment

Vehicle Attachment 2:

Vehicle Attachment 3:

Vshicle Make:

PECO

Vehicle Model:

IVECO TRAKKER AUTO ABS TURBO 28T

Primary Colour:

Yeliaw.

Secondary Colour

Passenger Capacity:

Chassis No.:

WJME2NSS40C242415

Engine No.:

176634

Engine Capacity/Power

12882 oc / -

Rating:

Maximum Power Output: -

Propellant:

Diesel

Max Unladen Weight.

11920 kg

Maximum Laden Weight:

28000 kg

Open Market Value:

\$129,145.00

PARE Eligibility:

No

PARE Eligibility Expiry

Minimum PARF Benefit:

No. of Transfers:

tU Label No.:

2010436217

COE No.:

20130101050000093Z

COE Expiry Date.

10 Jan 2023

COE Category:

C - Goods Vehicle & Bus C - Goods Vehicle & Bus

COE Registration

Category:

Quota Premium (QP)

Frevailing Quota

\$63.035.007-

Premium:

Actual GP Paid:

\$63,635.00

QP (Regn Cat):

563,035,00

OPG Cash Rebate

Eligibility: OP during GOE Bidding Exercise:

\$63,035.00

Additional Registration

5.00 %

Fee Rate

Actual ARE Paid:

56,458.06

Vohido Lifespan Expiry

10 Jan 2033

Date:

CO2 Emission:

Message,

To renew the CGE, the Prevailing Quota Premium payable is that of Category C

### WORK PERMIT

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

AQUATEMP PTE. LTD.

Sector: CONSTRUCTION



RAJAVEL KASINATHAN CONSTRUCTION WORKER-CUM-DRIVER

0 32760198

22-03-2017

Date of Issue 05-04-2017 22-03-2019

L7797920



### VISIT PASS Immigration Regulations

RAJAVEL KASINATHAN



Date of Birth Sex 17-06-1974 M

Date of Issue

INDIAN

G7485904L 05-04-2017 22-03-2019

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)

31 Jan 2013 31 Jan 2013

Class 4

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg
load or passengers and the unladen weight =< 7250kg

17 Aug 2015

NP 428A



<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601					, ,	Change Lar	nguage	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								i.
Notice of Loss	Policy N	lo.				Date of Acc	dent	23/02	2/2018 05:30	
	Vehicle	No.(For Motor)	XD6795U							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087372517- 01	JIA XIU CONTRACTORS	53311853X	GFT	Comprehensive	XD6795U	XD6795U	09/01/2018	
						Continue				

Policy No.	5087372517-01	Policyholder	JIA XIU CONTRACTORS	Policyholder	53311853X
Policy No.	508/3/251/-01	Name	JIA XIU CONTRACTORS	NRIC	33311033A
Address	BLK 123 #01-374 SIMEI STR	REET 1 SINGAPORE	520123		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	04/01/2018	Effective Date	09/01/2018 00:00	Expiry Date	08/01/2019 23:59
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	100.00
Additional Excess		OS Premium	6790.18		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PRO-LINK INSURANCE AGEN	NCY Agent Tel.	65672149	GST Flag	Y
Co- Insurance Flag Open Policy Info	No				
Certificate Info					
Policyh	older Mailing Address				
Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.		Related Policy Number	5090706465-01		
) Insured	d Object: XD6795U				
▽ Endorse	ements				
Sequence Seq	00/01/2018 00:00 B	Endorsement Type asic Information ndorsement	Endorsement Number	Endorsement Status  Endorsement Take Effective	Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE PREMIUM (INCL GST) 1.  XE3594Y 09-01-2018 \$1,359.70 In view of this amendment, an additional premium of \$1,359.70 (inclusive of GST) is payable under your policy. Please ignorthis premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For
					cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our

aim Handling						
ident MT/0984894						
icy No.	6087372517-01	Vehicle No.	x06795u	GST Registration No.	8	
cyholder Name	3IA XIU CONTRACTORS			Policyholder NRIC	53311853X	
duct Code	PLEET INSURANCE	Cover Type	Comprehensive	Loading	0	
tact No.(Mobile)	o .	Contact No.(Office)	0	Contact No.(Home)	0	
ail Address		Special Remark		eCode	746.~	
C.	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
) Protection	No	NCD Entitlement(%)	ū	Private Hire	No	
Accident Details	9-50.	(7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
	06/03/2018 17-45	Accident Report Within 24 hrs	Yes	Accident Type	Others	
ort Date	06/03/2018 12:45					
e of Accident	23/02/2018	Time of Accident hh;mm	05:30	Country of Accident	Singapore	
orting Centre		Orange Force		IOM No.		
	ECP BEFORE TANIONG KATONG RD S EXIT					
dent Location	ELP BEFORE INNEGRALING TO SEAS					
Benefits						
Excess						1000000
n damage Excess	1,500.00	Appronal Excess		Windscreen Excess		100.00
named Driver Excess		Outside Singapore DO Excess				
d Party Excess	0.00	Outside Singapore TP Excess				
GST Registered Inform	ation					
Registered	tvo		GST Registration Date			
Registration No.			GST Status Venfied	Yes		
fication History						
Policyholder Mailing Ar	draw.					
ress 1	BLK 123 #01-374	Address 2	SIMEI STREET L	Address 3	SINGAPORE 5	20123
vess 4		Address Type	Singapore address	Post Code	520123	
		Related Policy Number	5090706465-01			
t No.		Agenties rency number	2030700103 03			
OI Driver Info			Unnamed Driver			
er Name	Unnamed Driver	Driver Type		Driver DOB	17/06/1974	
amed driver Name	RAJAVEL KASINATHAN	Driver NRIC	G7485904L			
ister Date of Driver License	17/06/2015	Driver Age	43	Driving Experience	2	
tact No. (Mobile)	81228246	Contact No.(Office)	0	Contact No.(Home)	0	
ivess 1	BUK 123			4.44	17 July 200 Carlot and a Carlot	20123
		Address 2	SIMEI STREET 1	Address 3	SINGAPORE S	20320
				Post Code	520123	
ireas 4		Address Type	Singapore address			
ireas 4 t No.	01-374	Address Type		Post Code	520123	
dresa 4 it No. es he own a Singapore					520123	
ireas 4 1 No. 15 he own a Singapore istered car?	01-374	Address Type		Post Code	520123	
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sreas 4  1 No.  25 he dwn a Singapore patered car?  Whation athalyser or Brood Test dding?  White attachment History  Claim 001 New  Int Type * Intact No. (Mobile) and Address Intel Workshop Contact quire Finalisation  te Registered port Taken By  Print AK Inter  Attachment  P  Claim No.	01-374  Ves (4) No  Omg  OD-MX  XD6795U / PROPERTY ON 23 Feb 2018  Ves  O6/03/2018 12:48  Jackson	Address Type  Driver Vehicle No.  Any injury?  Incured Name Coreact No.(Home) OI Vehicle Number  Insured Liability *  Preferend Repair Option Claim Close Date	Singapore address  ® Yes O No  IIA XIU CONTRACTORS  XD6796U  Pully at Paut  Preferred Workshop, Name unknown  Slave Submit	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	\$20123 8119 \$3311853X \$5532468 PROPERTY Vorkshop	
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Attachment	Up	caded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
65 MM No. 155	NAC_PAYA_UBI_BOOGOT( NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma 2010 12:50	NRIC/ Driving Licerse		Normal	NRIC/ Driving License 2018-3-6	Edit
100	NAC_PAYA_UBI_800601( NATJON	AL ASSESSMENT CENTRE SERVICES) on 06 Ma 2018 12:49	SAS		Normal	SAS 2018-3-6	Edis
73000 m. 800		AL ASSESSMENT CENTRE SERVICES) on 06 Ma 2018 12:49	Photos		Normal	Photos 2018-3-6	Edit
55701	NAC_PAYA_UBI_800601( NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:49	Photos		Normal	Photos 2018-3-6	Edit
100 AND	NAC_PAVA_UBI_BOOGDE  NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma 2018 12:49	Photos		Normal	Photos 2018-3-5	Edit
2	NAC_PAYA_UBI_B00601( NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma 2018 12:49	Photos		Normal	Photos 2018-3-6	Edit
	NAC_PAYA_UBI_BOOGOI[ NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma 7 2018 12:49	Photos		Normal	Photos 2018-3-5	Edit
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*	NAC_PAYA_UBI_800601( NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:49	Photos		Normal	Photos 2018-3-5	Edit
11		AL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
4	NAC_PAYA_UBI_800601( NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma - 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
	NAC_PAYA_UBI_800601{ NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
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4	NAC_PAYA_UBL_800601[ NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma + 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
	NAC_PAYA_UBI_800601( NATION	IAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:48	Photos		Normal	Priotos 2016-3-6	Edit
40		AL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:46	Photos		Normal	Photos 2018-3-6	Edit
	NAC_PAYA_UBI_BOOKO1( NATION	IAL ASSESSMENT CENTRE SERVICES) on 06 Ma + 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
4	NAC_PAYA_UBI_B00601( NATION	AL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
		IAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:48	Photos		Normal	Photos 2018-2-6	Edit
		IAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
	NAC_PAYA_UBI_800601( NATION	IAL ASSESSMENT CENTRE SERVICES) on 06 Mg / 2018 12:48	Photos		Normal	Photos 2018-3-6	Edit
♥ Video List	Uploaded By/Date	Folder Date	File Name		?	Source	Action

Display in New Window Scan and uploading