	tre Services. Well Jan		
Date In: 16/4/18-11: 09	Jeb description	Date &Time Completed	Done by
Rel No: NA/INC 1800 6444/24	SAS e-filing	i	
Veh No: 6B663 lok	E-mail (within Shrs, AIC	2hrs)	8.
D.O.A .: 14/4/18-16:00	i-Motor Claim Form	M7/0990449	16/4/18 12:07
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)	
OD ( TP) / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Re	port	
TP Insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: 6	(7643) I	NC( )/Non-INC( )	-
Owner / Driver: (	10	Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	[Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )		
General Remarks:-	THE RESERVE	ANT MINE DESCRIPTION	775
Remarks:- (INC horline: 6788 6616)	When the property of the prope	Date&Time Completed	Done by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )		2.3014
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )		
	/ Courtesy Car ( )		
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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

AND STREET	ACCIDENT STATEMENT	
Date Of Report	16/04/2018 11:09	
Date Of Accident	14/04/2018 16:00	
Exact Location Of Accident	ECP (CHANGI AIRPORT) BEFORE MARINE VISTA EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG9310K	
Insured/Policyholder		

GREAT-M ENGINEERING PTE LTD

200908645N Co Reg No NOEMAIL Email Address

(LOCAL) +65-96661118 Mobile Phone No OFFICE-96661118 Alternative Phone No

Vehicle Particulars

Name Of Registered Owner

TOYOTA Manufacturer

HIACE 3.0 DX AT Model

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

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5096345831 Policy Number

Cover Note Number

Driver

MURUGAIAH PREMKUMAR Name of Driver

G5320314R Passport No/FIN 01/05/1987 Date Of Birth OUTDOOR Occupation 26/09/2014 Date Of Driving Pass

3 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-84841118 Mobile Number

Fax Number

OFFICE-84841118 Contact Number

NOEMAIL EMail Address

Address 7030 ANG MO KIO AVENUE 5 #06-46 NORTHSTAR @ AMK

Postcode 569880

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)

2

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

GENDER: : MALE

**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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 ECP (CHANGI AIRPORT) BEFORE MARINE VISTA EXIT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GX7643P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

### SKETCH PLAN

### 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.
- 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.

NECKHING OF THE PROPERTY OF TH

Policyholder's Signature Date & Time: Driver's Signature

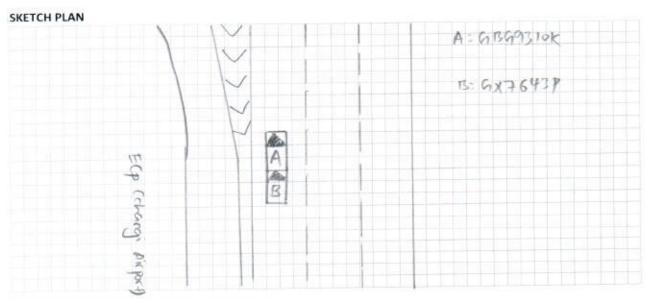
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	INSTANCES OF THE AGGISES.
lefer to	fortement.

DECLARATION

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

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

Name: NRIC/FIN No.:





S PASS

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

GREAT-M ENGINEERING & TRADING SERVICES

Sector CONSTRUCTION



MURUGAIAH PREMKUMAR

ELECTRICAL ENGINEER (GENERAL)

8 Pass No. 0 35761500



Date of Application 20-06-2016

02-07-2016



L6968486

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 26 Sep 2014
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 26 Sep 2014
of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: G5320314R

VISIT PASS Immigration Regulations MURUGAIAH PREMKUMAR 01-05-1987 M INDIAN G5320314R 02-07-2016 14-08-2018 YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

eBaoTech								Land.	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601				-		Change Lan	guage	Change Passwo	ord Log Out
My Desktop	Polic	y Query								
Natice of Loss	Policy N	0,				Date of Acc	ident	14/04	2018 16:00	
	vehicle	No.(For Motor)	GBG9310K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096345831	GREAT-M ENGINEERING PTE. LTD.	200908645N	GCV	Comprehensive	GBG9310K	GBG9310K	30/11/2017	29/11/2018
					- 1	Continue				

Policy No.	5096345831	Policyholder Name	GREAT-M ENGINEERING PTE. LT	Policyholder NRIC	200908645N
Address	7030 ANG MO KIO AVENUE 5 #0	6-46 NORTHS	STAR @ AMK SINGAPORE 569880		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	29/11/2017	Effective Date	30/11/2017 00:00	Expiry Date	29/11/2018 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	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65433303	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
→ Policyl  → Po	nolder Mailing Address	320000 84		20/200002	ewerpop reason
Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#06-46 NORTHSTAR @ AMK	Address 3	SINGAPORE 569880
Address 4		Address Type	Singapore address	Post Code	569880
Unit No.	06-46	Related Policy Number	5096345831		
) Insure	d Object: GBG9310K				
	sements				A STATE OF CHARGE WE WILL
Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	nt Status	Endorsement Content
1	30/11/2017 00:00	Basic Inforr Endorseme	Engorsement Tax	e Effective	Thank you for giving us the opportunity to serve you. We confirm that from 30 Nov 2017, the Vehicle Number is amended as follows: VEHICLI REGISTRATION NUMBER:

cident MT/0990449						
slicy No.	5096345831	Vehicle No.	G8G9310K	GST Registration No.		
Neyholder Name	GREAT-M ENGINEERING PTE. LTD.			Policyholder NRTC	200908645N	
odurt Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Leading	0	
neact No.(Mobile)	96661118	Contact No.(Office)	0	Contact No.(Home)	0	
nail Address		Special Remark		eCode :	Turske	
×	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	48	
D Protection	No	NCD Existement(%)	0	Private Hire	No	
- Accident Details						-1000
port Date	16/04/2018 12:02	Academt Report Within 24 hrs	Vec	Accident Type	Collision - Head 10	Rear
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dorting Centre		Orange Force		ICM No.		
cident Location	ECP (CHANGI AIRPORT) BEFORE MARINE	VISTA EXIT				
Benefits						
Excess						
	600.00	Additional Excess		Windscreen Excess		100.00
en damage Excess	500.00	Outede Singapore OD Excess				
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vd Party Excess	0.00	ducede singapore i i ciccas				
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T Registered T Registration No.	Yes 200908645N		GST Status verified	ves		
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Policyholder Halling Adı	dress					
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	D6-46	Related Policy Number	5096345031			
st No.	10-40	Accessed a warp reasonable				
OI Driver Info	Santan State Co. Co.	Publica Trian	Unnamed Driver			
iver Name	MURUGAIAN PREMIUMAR	Driver Type Driver NRIC	053203148	Driver DOR	01/05/1987	
viárned driver Name			30	Driving Experience	3	
gister Date of Driver License		Driver Age		Contact No.(Home)	0	
intact No.(Mobile)	84841118	Contact No. (Office)	0	Address 3	SINGAPORE 5698	NO.
diress 1	7038 ANG MO KIO AVENUE 5	Address 2	NORTHSTAR @ AMK	Post Code	569880	
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Attachment List

Attachment	19	Joineded By/Date	Category	T Urger	vey	Description	Sent? Action (CD)
147 12	NAC_PAYA_UBI_B00603( NATIO	WAL ASSESSMENT CENTRE SERVICES) on 16 Ap y 2018 12:08	NRIC/ Driving License	Norm	lef.	NR1C/ Driving License 2018-4-16	Edit
<b>FG</b>	NAC_PAYA_UB1_800601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Ap ( 2018 12:08	SAS	North	nal.	SAS 2018-4-16	Edit
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₩ Video List		Folder Date	File Name		Ŷ	Source	Action