NATIONAL Assessment Ce		é! 1 Jan'05] (MN	A118052955	Done	av.
Date In: 33/4/18 - 1 2:08	Jeb description		Date &Time Completed	Done	
Rel No: NA MC1800 7494 24	SAS e-filing	The second second	1		
Veh No: 68C31310	E-mail (within Shi	rs, AIC 2hrs)			
D.O.A .: N 4 18-10: 20	i-Motor Claim	Form	MT/0991542-001	23/4/18 1	9:52
- (A)	i-Motor W/O (Within: OD 2hr	s, 7'P 4hrs)		
OD TP Reporting Only	i-Photo Upload	led	1		
227	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:	
TP Particulars: Veh No:	5401299 4	. INC()/Non-INC()		
Owner / Driver: (300		Tel:)	
Policy No: ()	Period: ()	Cover Type: () _	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (Wo	- 10	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000()/\$2,000()	The server 1500 to 31 Con-	Section of the second	
General Remarks:-				3000	
Drive-In ()/ Towed-In (); In Remarks: (INC hotline: 6788 661	voice: YES () / NO		Towing Co: (Date&Time Completed	Done	by
1) Apply for Transport Allowance ((A)	-	1032.10	-77
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost	t > \$30001 ()	- 1			
		-			
Injurý:				5000000000 A-W	714 718 727
Date/Time Actions	Anna Company			PRESCRIPTION OF THE PROPERTY O	
	4				
11A 10-3-619		Invoice Pr	eparation Checklist	Ant (S)	Amt (\$)
FE 25081AN		1) AR : Accide	nt Reporting (\$30);		
laimant's Particulars:-	***************************************	3) TF : Towing	Fee	\$40/\$45	
Driver/Owner:	Γ.	4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30	
Contact No:		For claiming	against INC Only (wef 10 Jan 2)	The second secon	
Damaged Portion:		6) TR : Re-insp	ection A + SMRT Survey	\$160	
* S	- i	8) NTUC Addi	tional Services:-		-
C Checked by (Engr-In-Charge):		*NS: Courte	sy Car / Tpt Allowance	\$5	
	**************************************	*N6: Repair	Co-ordination epair Inspection	\$10 \$25	-
Auditors' Comments :-		*N8: DV / C	ollect Excess Coordination	\$5	
at. 1:	PARAMENTA MA MENT AND A CONTRACTOR	TP (N11):	TP (Non INC) against INC	\$20 30	-
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Invoice dated	Fee Charg	Market Action	110
at 2/3;		Invoice dated	Fee Charg	ed Establish	

1 . 10 11

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

Market St. Co. Sec. 1997 St. Co. Sec. 1997	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	23/04/2018 10:08
Date Of Accident	21/04/2018 10:20
Exact Location Of Accident	JUNC TANNERY RD & TANNERY LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC7131U
Insured/Policyholder	
Name Of Registered Owner	BUILDWERKZ BUILDERS PTE LTD
Co Reg No	201424845C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517778
Alternative Phone No	OFFICE-97517778
CONTROL CONTRACTOR AND A CONTROL	

Vehicle Particulars

NISSAN Manufacturer

CABSTAR 3.0 5M/T ABS 2DR 2WD 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

5089863182 Policy Number

Cover Note Number

Driver

MURUGANANDHAM GOBINATH Name of Driver

G2344575T Passport No/FIN 20/05/1990 Date Of Birth OUTDOOR Occupation 28/05/2015 Date Of Driving Pass

2 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91745611 Mobile Number

Fax Number

OFFICE-91745611 Contact Number

NOEMAIL EMail Address

286 MCPHERSON ROAD Address

348609 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

COLLISION - CROSS JUNCTION Type Of Accident

NO

NO

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

4

Passenger 1 NAME: : KARRUPIAH

> GENDER: : MALE

Passenger 2 : ANISWT NAME:

> : MALE GENDER:

Passenger 3 : CHIDAM PARIAN NAME:

> GENDER: : MALE

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?

YES

Was there any video captured by Car Camera?

NO

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

LIM BOON HUA

TAXI

SHD1299H

Name of Driver NRIC/Passport Number

S0730114F

Contact Number

Page 2 of 20

Address

BLK 227D COMPASSVALE DRIVE

#02-208

Postcode

544227

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MURUGANANDHAM GOBINATH

Approximate Age Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBC7131U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

KARRUPIAH

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBC7131U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

Name

ANISWT

Approximate Age Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBC7131U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 4

Name

CHIDAM PARIAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBC7131U

Were seat belts worn?

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

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 Oriver.
- 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 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.
- 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 aforesald.
- 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)
 - (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 M G

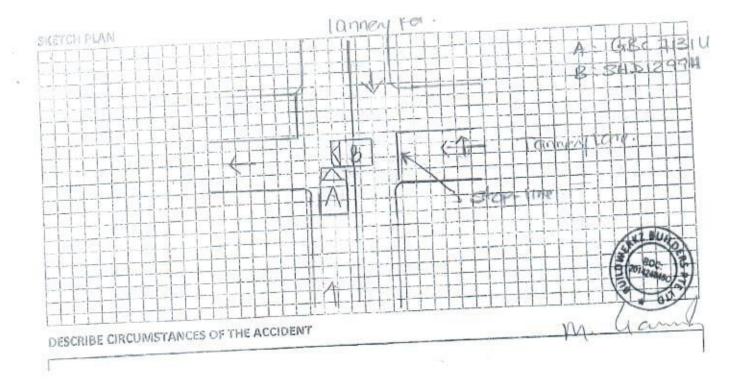
Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



My vehicle was travelling straight along Tannery Road (major road). While my vehicle drove pass the junction of Tannery Road and Tannery Lane, vehicle B without stopping at the stop-line at Tannery Lane (minor road), to ensure the safety of other road user travelling straight along Tannery Road, driver of vehicle B in a fast speed dash out from the minor road, Tannery lane, and it hit my vehicle.

DECLARATION 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:

NRIC/FIN No.:

- 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 flability. 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.

	ACCIDENT DETAILS	(DD/MM/YY
Date of accident		(HH:MM)
Time of accident	1020	
Exact location of accident	junction of Tannery Rd and	lannery lane.

N	DETAILS OF VEHICLE
Vehicle registration number	GBC 71314.
Vehicle make and model	Calanta MRV D CRV D Van D
Type of vehicle	Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	15 January and north
Are you claiming under your own insurance company?	Yes No if no, please select: Reporting only

	INSURANCE IN	FORMATION	
Insurance company	MTUC.	70055183	
Policy number		Z0855183 Third party fire & theft a	TP only
Type of policy	Comprehensive	Time party me a men	

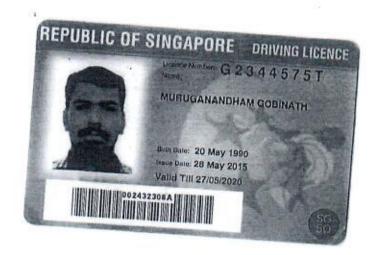
A STATE OF THE STA	Buildwest Buildes Be Ltd.	Male 🗆	Female
Name			
NRIC / Fin / Passport number	201424845C		
Contact	97517778 (James)		
Address	50 Serangas n North, Ave 4	6)	

DRIVER	SAME AS INSURED ABOVE (SKIP	Male Female
Name	Muruganardham Gobinath	
NRIC / Fin / Passport number	G 2344575T.	
Contact	91745611	
Address	386 mapherson Rd 3(348609)	
Email address	5 100	
Date of birth	20.05.1990	
Occupation	Indoor D Outdoor D	
Driving date pass	28-05-2015	

the insured's company? Accident captured by camera?	Yes D	NO.E	e driver and insured	
Weather condition	Clear	Raining 🗆	Others:	
Road surface		Vet 🗆		(Inclusive of driver)
No of passenger	04	1		
		PASSENG	FR 1	A SECURITY OF THE SECURITY OF
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Gender	Male	remare a		
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Constitution of the Consti		PASSEN	GER 6	
Name				
Gender	Male □	Female		
dender				
		The same of the sa	DRMATION	
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes 🗆	No 🗆		
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THE RESERVE DESCRIPTION OF THE PERSON OF THE			OLICE ACTION	which police station.
Reported to police?	Yes 🗆	No 🗆	ii yesi pidase sa	
Police station name				The state of the s
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ELECTRICAL PROPERTY.	TO SHALL THE	VVIII		
Name			100	
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ame	30730114F	# 02 - 208
RIC / Fin / Passport number		(544227)
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Contact		
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Vehicle registration number		
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NRIC / Fin / Passport number		
Name NRIC / Fin / Passport number Contact		
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SECTION AND RESERVED TO SECTIO	INJURED PERSON 1
Jame	Muryganandham Golanath
rame njuries sustained	Meck (Back
Vhich vehicle person in?	GBC7131U.
Vere seat belts worn?	Yes D No D
Vas Injured conveyed to	Yes D No D
ospital by ambulance?	
Josphiel by difficulties	
S. P. S.	INJURED PERSON 2
Name	Karuptah
njuries sustained	Neck Back
Which vehicle person in?	CBC 7131U.
Were seat belts worn?	Yes & No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	A STANDARD S
nospital by ambuteness	
AND SOME WAY	INJURED PERSON 3
Name	Anisot
Injuries sustained	No. L /Back
Which vehicle person in?	GBC FISIU
Were seat belts worn?	Yes 🗆 No 🗈
Was injured conveyed to	Yes D No D
hospital by ambulance?	
Hospital of alternation	
THE WASHINGTON	INJURED PERSON 4
Name	Chican Parian
Name Injuries sustained	Nech 1 Back
Injuries sustained	CIBC 7131U
Injuries sustained Which vehicle person in?	Ves D NOD
Injuries sustained Which vehicle person in? Were seat belts worn?	Nech Back CIBC 71311
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Vest Back Vest Not
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Vest Back Vest Not
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D Yes D No D
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 co Motor Cars =< 3000kg with =<7 passengers, exclusive 28 May 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A





BUILDWERKZ BUILDERS PTE. LTD. 50 SERANGOON NORTH AVENUE 4 #03-09 FIRST CENTRE SINGAPORE 555856

12 Apr 2018

Your application is approved

Dear Sir / Madam

We are pleased to inform you that MURUGANANDHAM GOBINATH's Work Permit application has been approved inprinciple. Please bring your new worker to Singapore before this approval expires on 11 Jul 2018.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore while waiting for the steps to be completed.

You need to complete the steps within 14 days of the worker's arrival. Otherwise, MOM's approval will be withdrawn and you will need to send your worker home.

Yours sincerely

Penny Han (Mrs)

Controller of Work Passes

NAME OF FOREIGN WORKER
MURUGANANDHAM GOBINATH

WORK PERMIT NO. 0 36154764

PASSPORT NO.

K9943200

12 APR 2018

CPF SUBMISSION NO

201424845C - PTE - 01

MONTHLY LEVY RATE

S\$950

SB TRANSMISSION REF NO 8378746

A IMPORTANT

 You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit. MOM will take action on non-compliance. You can read the rules at www.mom.gov.sg



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RIS ROAD TRANSPORT ACT, 1987 (MAD MDTOR VEHICLES (THIRD PARTY RIS Certificate Number: SUSUSGLESS Index mark and Registration Nor Classis Mumber Name of Policylinhter Effective Oate of Insurance Persons or Classes of Persons er	AYSIA) KS) RULES, 1959 (MALAY	
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Effective Date of Insurance Expiry Date of Insurance		
Expiry Date of Insurance		BUILDWERKZ BUILDERS PTE LTD
		11 Apr 2017
Persons or Classes of Persons er		13 Aug 2018
	ititled to drivelf	
(a) The Policyholder.	9 8 98 989	
Provided that the person di	iving is permitted in acco sen so permitted and is n	s order or with his/her permission. ordance with the licensing or other laws or regulations to drive of disqualified by order of a Court of Law or by reason of any the Motor Vehicle.
Limitations as to Use#		
(a) Use for social domestic and	pleasure purposes and i	n connection with the Policyholder's business or profession.
(b) Use for the carriage of pass	engers or goods in conne	ection with the Policyholder's business.
his Policy does not cover		
(a) Use for hire or reward.		Pri 1990)
(b) Use for racing, pace making	s, reliability trial or speed	-testing.
(c) Use whilst drawing a trailer	except the towing of any	y one disabled mechanically propelled vehicle.
headings	: 5\$600	oort Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	N/A	
EXCESS (SECTION 2) WINDSCREEN EXCESS	5\$100	
NSURE WITH COE	YES	
BRE PURCHASE COMPANY	TAN CHONG CRE	DIT PTE LTD
JUM INSUREO		OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Con	pensation) Act (Chapter	relates is issued in accordance with the provisions of the Motor 189] and Part IV of the Road Transport Act, 1987 (Malaysia)
	OON HENG VEHICLE TRA 2017 12:27 hrs	and language and
Date of Issue : 11 Apr	X011, 15:51, 012	
Zon	+	FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITE
	10.00	
Countersigned By:	Authorised Officer	Chief Executive

eBao Tech								Gene	ralClaim	
Hello, NAC_PAYA_UBI_80	0601					10.0	Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	21/04	/2018 10:20	
	Vehicle	No.(For Motor)	GBC7131U							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089863182	BUILDWERKZ BUILDERS PTE LTD	201424845C	GCV	Comprehensive	GBC7131U	GBC71311	11/04/2017	13/08/2018
					- 1	Continue				

Policy No.	5089863182	Policyholder Name	BUILDWERKZ BUILDERS PTE LT	Policyholder NRIC	201424845C	
Address	50 SERANGOON NORTH AVENUE	4 #03-09 FI	RST CENTRE SINGAPORE 555856			
Product Name	COMMERCIAL VEHICLE INSURAI	INSURAL Plan		Group Policy Flag	N	
Policy Issue Date	11/04/2017	Effective Date	11/04/2017 00:00	Expiry Date	13/08/2018 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	WAH SOON HENG VEHICLE TRA	Agent Tel.	NIL	GST Flag	Y	
Co- insurance Flag Open Policy Info	No					
Certificate Info						
□ Policyh	older Mailing Address					
Address 1	50 SERANGOON NORTH AVENU	Address 2	#03-09 FIRST CENTRE	Address 3	SINGAPORE 555856	
Address 4		Address Type Related	Singapore address	Post Code	555856	
Unit No.	03-09	Policy Number	5092178692			
) Insure	d Object: GBC7131U					
▽ Endors	ements	VA15000 ***	- 50% (32) - 5 - 54° (1)	196207-7	2167576 X7800 - W - HI	
Sequence 1	20/02/2018 00:00	POI Extensio	ment Type Endorsemen n/Shorten Endorsement Take		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIO OF INSURANCE: 11 Apr 20. TO 13 Aug 2018 In view of this amendment, an addition premium of \$766.18 (inclus of GST) is payable under you policy. Please ignore this premium payment request you have since made payment. Otherwise, we would appreciate it if you could make payment to us	
					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 branches by cash, credit card or NETS.	

Claim Handling					
Accident MT/0991545					
Palicy No.	5089863182	Vehicle No.	G8C7131U	GST Registration No.	20142#BMSC
Yolicyholder Name	BUILDWERKZ BUILDERS PTE LTD			Policyholder NRIC	201424849C
Yoduct Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97517778	Contact No. (Office)	0	Contact No.(Home)	0
	(1)510(1)	Special Remark		eCode	ni~
mail Address		7/1			A contract of
mc	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICO Protection	Ne	NCD Entitlement(%)	0	Private Hire	No
w Accident Details					
eport Date	23/04/2018 19/50	Acopent Report Within 24 hrs	Yes	Acodent Type	Cottsion - Cross Junction
ate of Accident	21/04/2018	Time of Accident hh:mm	10:20	Country of Accident	Singapore
	300000000000000000000000000000000000000	Orange Force	()**(187)	ICM No.	
legarting Centre		urange rurce		1011100	
ecident Location	JUNC TANNERY RD & TANNERY LANE				
⊕ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Innamed Onver Excess		Outside Singapore OD Excess			
hird Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa	ation				
ST Registered	Yes		GST Registration Date	18/04/2016	
	769 201424845C		GST Status Venfied	Yes	
357 Registration No.	2014240430				
footfication History					
⇒ Policyholder Hailing Ad	dress				
iddress i	50 SERANGOON NORTH AVENU	Address 2	#03-09 FIRST CENTRE	Address 3	SINGAPORE 555856
Address 4	a una contrata transfer open (CETA) (Table)	Address Type	Singapore address	Post Code	555856
Jnit No.	03-09	Related Policy Number	5092178692		
	Jane (1900)	Contract Color Participal	×		
₩ OI Driver Info	CONTRACTOR OF THE PARTY OF THE	Marine Prince	Liconomed Polyake		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		98.000.000
Jonained driver Name	MURUGANANDHAM GORINATH	Driver NRIC	G2344575T	Driver DOB	20/05/1990
legister Date of Driver License	28/05/2015	Driver Age	27	Driving Experience	2
Contact No. (Motivie)	91745611	Contact No.(Office)	0	Contact No.(Home)	0
Address:d	286 MACPHERSON ROAD	Address 2	SINGAPORE 348609	Address 3	
	286 MACPHERSON ROAD				348609
Address 1 Address 4	286 MACPHERSON ROAD	Address 2 Address Type	SINGAPORE 348609 Singapore address	Address 3 Post Code	348609
Address 4 Unit No.	286 MACPHERSON RCAD				348609
Address 4 Unit No. Does he own a Singapore	286 MACPHERSON ROAD ☐ Yes No				348609
Address 4 Unit No. Does he own a Singapore Registered car?		Address Type		Post Code	348609
Address 4 Unit No. Does he own a Singapore Registered car? Reclaration	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	348609
Address 4 Unit No. Does he own a Singapore Registered car? Sectaration Breathalyser or Blood Text		Address Type		Post Code	348609
Address 4 Unit No. Does he own a Singapore Regulated car? Declaration Breathalyser or Blood Test Reading?	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	348609
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalaser or Blood Test	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	348609
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	348609
Iddress 4 Unit No. Does he own a Singapore Regatered car? Reclaration Breathelyser or Blood Test Reading?	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	348609
Init No. Joes he own a Singapore Registered car? Reclaration Breathelyser or fillood Test Reading? Codification History Claim 001 New	_ Yes ® No □ ⇒g	Address Type Driver Vehicle No.	Singapore address	Post Code	348609 201424849C
Address 4 Unit No. Does he own a Singapore Registered car? Reclaration Breathelyser or Blood Test Reading? Codification History Claim 001 New	_ Yes ® No □ ⇒g	Address Type Driver Vehicle No. Any Injury? Insured Name	Singapore address	Post Code Driver Insurer Company Insured NRIC	201424645C
Init No. Does he own a Singapore legistered car? Reclaration Breathayser or Blood Test leading? Claim 001 New Liem Type * Lentact No. (Mobile)	_ Yes ® No □ ⇒g	Address Type Driver Mehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address © Ves ONo BUILDWERKZ BUILDERS PTE LT	Post Code Driver Insurer Company Insured NRIC Contact No.(Office)	201424649C 65777126
Init No. Does he own a Singapore legistered car? Reclaration Breathayser or Blood Test leading? Claim 001 New Liem Type * Lentact No. (Mobile)	□ Yes ® No 0 mg	Address Type Driver Vehicle No. Any Injury? Insured Name	Singapore address	Post Code Driver Insurer Company Insured NRTC Contact No.(Office) TP Vehicle Number	201424849C 65777126 SHD1299H
ddress 4 Init No. Joes he own a Singapore agatared car? eclaration Ireatheyser or Blood Test leading? Claim 001 New Jeen Type 4 Jentsct No. [Mobile] mell Address	_ Yes ® No □ ⇒g	Address Type Driver Mehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address © Ves ONo BUILDWERKZ BUILDERS PTE LT	Post Code Driver Insurer Company Insured NRIC Contact No.(Office)	201424849C 65777126 SHD1299H
ddress 4 Init No. Ioes he own a Singapore legatared car? eclaration Ireathelyser or Blood Test leading? Claim 001 New Learn Type * Lentact No. (Mobile) Ireal Address Lawn Description referred Workshop Centact	□ Yes ® No 0 mg	Address Type Driver Mehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address © Ves ONo BUILDWERKZ BUILDERS PTE LT	Post Code Driver Insurer Company Insured NRTC Contact No.(Office) TP Vehicle Number	201424849C 65777126 SHD1299H
ddress 4 Int No. Int N	□ Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	Singapore address ® Ves ONo BUILDWERKZ BUILDERS PTE LT GBC7131U Not at Fault	Post Code Driver Insurer Company Insures NRIC Consact No. (Office) TP Vehicle Number Name of Preferred Works	201424645C 65777126 SHD1299H
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Init No. Does he own a Singapore Registered car? Reclaration Breatheyser or Blood Test Reading? Control New Claim 001 New Claim Type 4 Centact No. (Mobile) Email Address Claim Description Preferred Workshop Centact. 10. Reguire Finalisation	Op90x Op90x Op90x Gac7131µ / SHD1299H ON 21 Apr 2018 Vec Z3/04/2018 19:52	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	Singapore address ® Ves ONo BUILDWERKZ BUILDERS PTE LT GBC7131U Not at Fault	Post Code Driver Insurer Company Insures NRIC Consact No. (Office) TP Vehicle Number Name of Preferred Works	2014248A5C 65777126 SHD1299H
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Address 4 Unit No. Does he own a Singapore Registered car? Peclaration Breathelyser or Blood Test Reading? Footboard No. Claim 001 New Claim 001 New Claim 104 New Claim Description Preferred Workshop Contact. Registered Workshop Contact. Registered Report Taken By Ixi Print AK lietter Attachment	O mg OD-MX CBC7131U / SHD1299H ON 21 Agr 3018 Vec 23/04/2018 19:52 Jackson M1/0991545 ●) Yes ○ No	Address Type Driver Mehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Regair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	Singapore address By Ves No Buillowerkz Buillbers PTE LT GBC7131U Not at Fauk Preferred Workshop, Name unknown Save Submit Oo1 23/04/2018 19:53 Category * Category * Oear Please Select Oear Please Select Oear Please Select Oear Please Select	Post Code Driver Insurer Company Insured NRIC Consact Na.(Office) TP Vehicle Number Name of Preferred Works GIA report Date Received Confidential Confidential No V Nor Nor No V Nor Nor No V Nor	201424849C 65777126
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Attachment		Uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CO)
2.7	NAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ag r 2018 19:53	NRIC/ Driving License	Normal	NR3C/ Driving License 2018-4-23	Edit
NOTE:	NAC_RAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ap (2018-19:53	NRSC/ Driving License	Normal	NRJC/ Driving License 2018-4-23	Ean
4.0	NAC_PAYA_UBI_B0060L[NATE	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ap + 2018 19:53	SAS	Normal	SAS 2018-4-23	Edit
	NAC_PAYA_UBL_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) OF 23 Ap 7 2018 19:53	Photos	Normal	Photos 2016-6-23	Edit
	NAC_PAYA_UBI_800601(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2018 19:53	Photos	Normal	Photos 2016-4-23	Edit
	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ap ± 2018 19:53	Photos	Normal	Photos 2018-4-23	Edit
	NAC_PAYA_UBI_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ap. r 2018 19:53	Photos	Normal	Photos 2018-4-23	Edit
	NAC_PAVA_UBI_800801(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2018 19:53	Photos	Normal	Priorios 2018-4-23	Edit
0	NAC PAYA UBL BOOKOL(NAT)	CONAL ASSESSMENT CENTRE SERVICES) on 23 Ap. + 2018 19:57	Photos	Normal	Photos 2016-4-23	Edit
16.	NAC_PAYA_UBL_600601(NAT)	CONAL ASSESSMENT CENTRE SERVICES) on 23 Ap + 2018 19:53	Photos	Normal	Photos 2018-4-23	Edit
NE	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2010 19:53	Photos	Normal	Photos 2018-4-23	Edit
	NAC_PAYA_UBJ_800603(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 23 Ap + 2016 19:53	Protos	Normal	Photos 2018-4-23	Edit
	NAC_PAYA_LIB1_B00603(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 23 Apr r 2018 19:52	Photos	Normal	Photos 2018:4-23	£dit
10	NAC_PAYA_UBJ_800603(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 23 April 2018 19:52	Photos	Normal	Photos 2018-4-23	Edit
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	NAC_PAYA_UBI_800601[NAT	IDMAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2018 19:52	Photos	Normal	Photos 2018-4-23	Edit
	NAC_PAYA_UBI_BOOGOL[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 23 Ap. / 2018 19:52	Photos	Normal	Photos 2016 4:23	Edit
Side.	NAC_PAYA_UBI_800603[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2018 19:53	Photos:	Normal	Photos 2018-4-23	Edit
⇒ Video List	Uploaded By/Date	Folder Date	Fre Name	9	Source	Action