| Dora Inc a /cl | | | VA118069524 | 100 | 100 |
|---|--|---|--|---|-------------|
| Date In: 28/1/18-13:14 | Jeb descriptio | on | Date & Time Completed | Don | by. |
| ROTNO: NA / INC 18 009678724 | SAS e-filing | 3 | i | | |
| Veh No. 6 W 62625 | E-mail (withi | a Shrs, AIC 2hrs) | | | |
| D.O.A : 26/1/18-15: 15 | i-Motor Cla | im Form | MT/0996289-001 | 28/2 /18 | 18:14 |
| OD : (TP ') Reporting Only | i-Motor W/ | O (Within: OD 2hrs | , TP 4hrs) | | |
| OB / 17 / Reporting Only | i-Photo Upl | oaded | 1 | | |
| TP insurer: | Assessment/S | Survey Report | | | V See |
| IT insurer. | Ass't Report | by Fax / Hand t | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: F | ax: | |
| TP Particulars: Veh No: YA | 194987 . | . INC(|)/Non-INC(). | 2 | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|) | 3.00 |
| Confirmed by : (| MILE PROPERTY OF THE PARTY OF T | Date: | Time: |) | Wiselen Ins |
| Insured/Driver Liability: (%) | [Note-Est. Status (| WO): N: 0-20 | 0%; P: 21-79%. P: 30-1 | 100%] | 150 |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
| Excess: (\$) Loading: \$1 | ,000 ()/\$2,000 | 0() | | | |
| General Remarks:- | | | | Service Services | |
| () Walk-In Customer: Customer's in | formation strictly Co | onfidential & Str | ictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insu | | | - | | |
| | | | | | |
| Dive-in ()/ lowed-in (); invol | ce: YES()/ | NO (); To | owing Co: (| | , |
| Remarks: (INC hotline: 6788 6616) | | | Date&Time Completed | Done | by |
| 1) Apply for Transport Allowance ()/ | Courtesy Car (|) | | | |
| 2) QC Check / Post Repair Inspection | (|) | | | |
| 3) Upload Resurvey Photo [Repair Cost > : | \$3000] (|) | | | |
| · Injury : | | | | | |
| | | | | | |
| | | | | | |
| Date/Time Actions | | | | eragi Badlicater | |
| Date/Time Actions | 304 J. J. W. J. | | | жээ. Фасын ан | |
| Date/Time Actions | | | | Barloscar | |
| Date/Time Actions | 1926 | | | TARLON AF | |
| Date/Time Actions | | | | ************************************** | |
| Date/Time Actions | 1 | | | RAPICALIAN | |
| | | | aration Ch⊭cklist. | Ant (\$) | A COLUMN |
| 1/A1803779 | 1 | | aration Checklist Reporting (\$30); | Ant (\$) | A COLUMN |
| MAISO 3779 | 1 | Invoice Prep 1) AR: Accident I 2) DA: Damage A | aration Checklist Reporting (\$30); SSESSMENT (\$100); INC (\$8 | Ant (S) | A COLUMN |
| A/A/803779 | | Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th | ar ation Checklist. Reporting (\$30); ssessment (\$100); INC (\$8 tough Survey | Ant (\$) | |
| A/A/803339 | 1 | Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th | ar ation Checklist Reporting (\$30); ssessment (\$100); INC (\$8 tough Survey \$1 rough Survey (Resurvey) | Ant (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) | |
| A/A/803339. almant's Particulars:- iver/Owner: ontact No: | | Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th | ar ation Checklist Reporting (\$30); ssessment (\$100); INC (\$8 cough Survey (\$100); sough Survey (Resurvey) sinst JNC Only (wef 10 Jan 2005) | Ant (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) | |
| A/A/803339. aimant's Particulars:- iver/Owner: mact No: | 4 | Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + | aration Checklist Reporting (\$30); ssessment (\$100); INC (\$8 cough Survey (\$200); sinst INC Only (wef 10 Jan 2005); SMRT Survey (\$200); SMRT Survey (\$ | Ant(s) fitBill 0) /545 5120 \$30 | |
| MAI803339 nimant's Particulars:- iver/Owner: intact No: maged Portion: | | Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition | aration Checklist Reporting (\$30); ssessment (\$100); INC (\$8 cough Survey (\$200); sinst INC Only (wef 10 Jan 2005); SMRT Survey (\$200); SMRT Survey (\$ | Ant (5) fit Bill 0) /545 5120 530) | |
| MAI803339 nimant's Particulars:- iver/Owner: intact No: maged Portion: | 1 | Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming ag. 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C | aration Checklist. Reporting (\$30); ssessment (\$100); INC (\$8 sough Survey (\$200); sinst INC Only (wef 10 Jan 2005); ion SMRT Survey (\$300); al Services. | Ant (\$) (\$\text{N}\text{Bill} 0) /\$45 \$120 \$30) \$75 \$160 | |
| A/A/803339 nimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): | | Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co. | aration Checklist. Reporting (\$30); ssessment (\$100); INC (\$8 sough Survey (\$200) sinst INC Only (wef 10 Jan 2005) son SMRT Survey (\$200) al Services cordination | Ant (5) (\$1.8ilf) 0) /545 5120 530) \$75 5160 | |
| A/A/803339 alimant's Particulars :- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): | | Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle | aration Checklist. Reporting (\$30); ssessment (\$100); INC (\$8 s \$40 rough Survey (\$1 rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey (\$2 sor/Tpt Allowance cordination r Inspection et Excess Coordination | Ant(s) (\$1Bill 0) /545 5120 530) \$75 5160 \$5 510 525 53 | :Amt(1) |
| Alanant's Particulars :- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): iditors' Comments :- | | Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle | aration Checklist Reporting (\$30); ssessment (\$100); INC (\$8 sough Survey (\$200) sinst INC Only (wef 10 Jan 2005) sinst INC Only (wef 10 Jan 2005) sinst Survey (\$200) sinst INC Only (wef 10 Jan 2005) | Ant (S) fit Bill 0) /545 5120 530) 575 5160 \$55 510 \$25 | A second |
| | | Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle TP (N11): TP (| aration Checklist Reporting (\$30); ssessment (\$100); INC (\$8 sough Survey (\$200) sinst INC Only (wef 10 Jan 2005) sinst INC Only (wef 10 Jan 2005) sinst Survey (\$200) sinst INC Only (wef 10 Jan 2005) | Ant (\$) fit Bill 0) /545 5120 530) \$75 5160 \$5 510 \$25 \$3 \$20 30 | A second |

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.
 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.

| The state of the s | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 28/05/2018 17:14 |
| Date Of Accident | 26/05/2018 15:15 |
| Exact Location Of Accident | MAS BUILDING LOADING BAY |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GW6262S |
| Insured/Policyholder | |
| Name Of Registered Owner | ATT SYSTEMS (S'PORE) PTE LTD |
| Co Reg No | 199407919N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67497840 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | LITEACE 2.2M |
| 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 |
| f 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5045657622-07 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MANI MURUGANANTHAM |
| Passport No/FIN | F8209324U |
| Date Of Birth | 20/05/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/05/2012 |
| Driving Experience | 6 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96303337 |
| Fax Number | |
| Contact Number | OFFICE-96303337 |
| EMail Address | NOEMAIL |

35 UBI CRESCENT Address #03-01 Postcode 408585 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0 **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 ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 65470000 - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20180528/2093. 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 | YN9498T | | | | | |
| Vehicle Make/Model/Colour | | | | | | |
| Details Of Properties | | | | | | |
| Vehicle Category | COMMERCIAL VEHICLE | | | | | |
| Name of Driver | | | | | | |
| NRIC/Passport Number | | | | | | |
| Contact Number | | | | | | |
| Address | | | | | | |
| Postcode | | | | | | |
| Insurance Company Name | | | | | | |
| | | Page 2 of 16 | | | | |
| | | | | | | |

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 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:
 - (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
- (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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

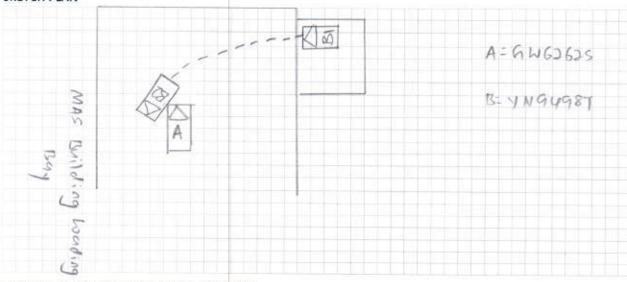
RE)

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

Date & Time:

Reporting Centre Person Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| ce in 10 | police reports | 1/20180528/2093. |
|----------|-----------------------------|------------------|
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| ARATION | seeong particulars are true | |

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.:





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

1 of 3 Report No. T/20180528/2093

REPORT OF A TRAFFIC ACCIDENT

| Date/Time 28/05/201 | e Report M 8 16:44 | Made: | Vide Report No.: | | | | Station Diary No.: | |
|--|-----------------------|--|---|-----------------------|----------------------------------|--------------------|---------------------------|--|
| Informan | t's Particu | ulars | 1 1 To 1 | 學的教 | | ENTERNINE PROPERTY | | |
| Name of I | nformant: RUGANAI | NTHAM | Addre | | NT HOO OL O | | | |
| ID Type / | | NTHAW | 35 UBI CRESCENT #03-01 SINGAPORE 408585 Contact No.: | | | | | |
| FIN NO / F8209324U | | 100000000000000000000000000000000000000 | Office: | | Mobile: 96 | 300007 | | |
| Nationality: INDIAN | | Email: | | | WODIIE, 90 | 300337 | | |
| Sex: Male | Age: | Date of Birth: 20/05/1978 | Type o | of Informan | t: | | | |
| Race: Indian | | | Langu | age: | | Institution | / School Name: | |
| Occupatio ASSOCIA | | IEER | | Licence I | nformation: | Date of Ex | piry: | |
| General Interpretation Type of Accident: Location: | N | of the Accident on-Injury it and Run | | Drink Drive: No | Date/Tim Accident 26/05/20 | | Type of Location: | |
| Along Roa SHENTON | d 1 I WAY | | | | | | | |
| MES BUIL | DING LOA | ADING BAY S079 | 117 | | | | | |
| Weather: | | | Road S | Surface: | | Ro | ad Speed Limit: | |
| Traffic Flov | v: | | Traffic | Control: | | Traffic Volume: | | |
| Type of Co | illision: | | | | | Any am No | yone conveyed by bulance: | |

| Details of V | ehicle Invo | lved | | A CONTRACTOR | Charles a centre | British Clinical State of the |
|--------------|-------------|------|-------|--------------|------------------|-------------------------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| GW6262S | Van | | | 00.01 | Condition | 0 |
| YN9498T | Lorry | | | | | 0 |



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



2 of 3

Report No. T/20180528/2093

CONTINUATION OF REPORT

Brief Details.

ACTUAL INCIDENT HAPPENED AT 1514HRS ON 26/05/2018.

I ONLY FOUND OUT ABOUT THE ABOVE MENTIONED INCIDENT IN THE MORNING OF 27/05/2018 WHEN I WANTED TO DRIVE TO WORK. I NOTICED THAT THE FRONT LEFT SIDE INDICATOR LIGHTS WERE BROKEN SO I TOOK THE SD CARD FROM THE IN-CAR CAMERA AND GAVE IT BACK TO THE COMPANY TO FIND OUT WHAT HAPPENED. FROM WHAT THE FOOTAGE REVEALS, I HAD PARKED MY VEHICLE AT THE LOADING BAY OF MES BUILDING AND WENT TO DO MY JOB. A WHILE LATER, A VEHICLE BEARING THE WORDS "CITY PLANNER PTE LTD", WAS REVERSING FROM THE LOT AND REVERSED ONTO MY FRONT LEFT INDICATOR LIGHT AND LEFT WITHOUT LEAVING ANY CONTACT INFORMATION OR NOTES.

AFTERWARDS, I WENT OVER TO MES BUILDING AND ASKED FOR THEM TO PROVIDE ME THE VEHICLE REGISTRATION NUMBER WHICH IS YN9498T.





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

3 of 3 Report No. T/20180528/2093

CONTINUATION OF REPORT

| A CONTRACTOR OF THE PARTY OF TH | | | |
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| SKE | rcn. | | an |
| | | | |

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 / ZENG ZI CONG | Signature Of Informant: |
|--|-----------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 28/05/2018 16:44 |
| Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079 | Classification Of Case: |
| Authentication Stamp | |





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

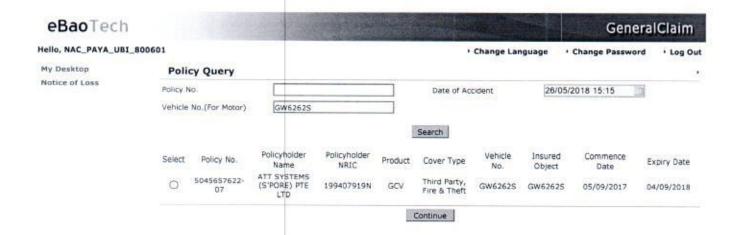
EFFECTIVE DATE

Motor cars with unleden weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 428A

22 May 2012

VISIT PASS Immigration Regulations MANI MURUGANANTHAM INDIAN F8209324U 04-01-2017 27-02-2020 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.



| □ Poli | icy Information | | | | | | |
|--|-----------------------------|-----------------------------------|-----------------|---------------------|----------------------|-----------------|--------------------------|
| Policy No. | 5045657622-07 | Policyholder Name | ATT SYSTEM | MS (S'PORE) PTE LTE | Policyholder NRIC | 199407919N | |
| Address | 35 UBI CRESCENT ATT BUILDIN | G SINGAPORE | 408585 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 04/09/2017 | Effective Date | 05/09/2017 | 00:00 | Expiry Date | 04/09/2018 23:5 | 9 |
| Excess Type | | All Claim Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | | Windscreen Excess | 0 | |
| Additional Excess | | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Young/In | experience Driver Excess |
| Agent | THIS MARKETING INSURANCE A | Agent Tel. | 63444479 | | GST Flag | Y | |
| Co- insurance Flag Open Policy Info | No | | | | | | |
| Certificate Info | | | | | | | |
| Policyh | nolder Mailing Address | | | | | | |
| Address 1 | 35 UBI CRESCENT | Addre | ss 2 | ATT BUILDING | | Address 3 | SINGAPORE 408585 |
| Address 4 | | Addre | ss Type | Singapore address | | Post Code | 408585 |
| Unit No. | | Relate Numb | ed Policy er | 5068814590-03 | | | |
| D Insure | d Object: GW6262S | | | | | | |
| | sements | | | | | | |
| | nce Date of Endorsemen | | Endorsement | T | Endorsement | Ctatus | Endorsement Content |

| | | | | | | | | | 24 |
|--|--|-------------|--|--|---|--|--------------------------------------|---|--|
| Accident MT/0996289 | | | | | | | | | |
| Policy No. | 50+5657622-07 | | Vehicle No. | GW62625 | | GST Registration N | 0. | 1994079 | ON |
| Policyholder Name | ATT SYSTEMS (S'PORE) P | TE LTD | 220000 | 5000000. | | Policyholder NR3C | - | 1994079 | |
| Product Code | COMMERCIAL VEHICLE IN | | Cover Type | Trivid Party, Fire & Theft | | Loading | | 0 | W. |
| Contact No. (Motile) | 0 | June. | | | | 2002 | | | |
| | | | Contact No.(Office) | 67497840 | | Contact No. (Home) | | 0 | |
| Email Address | The San Constitution of the Sa | | Special Remark | | | eCode | | 14. V | |
| 0°K | ® No O Yes | | TCA | ® No ○ Yes | | eCode Reason | | | |
| ACD Protection | No | | NCD Entitlement (%) | 20 | | Private Hire | | No | |
| Accident Details | | | 327421 | | | | | | |
| Report Date | 28/05/2018 18:12 | | Acadent Report Within 24 hrs. | Yes | | Accident Type | | Hit and ru | n. |
| Nate of Accident | 26/05/2018 | | Time of Accident hh:mm | 15:15 | | Country of Accident | | Singapore | |
| eporting Centre | | | Orange Force | | | ICM No. | | 100000000000000000000000000000000000000 | |
| | MAS BUILDING LOADING | BAY. | Grange ruce | | | IO-1160. | | | |
| Accident Location | mas boscoma conomia | Det | | | | | | | |
| ♥ Benefits | | | | | | | | | |
| ♥ Excess | | | | | | | | | |
| wn damage Excess | | 0.00 | Additional Excess | | | Windscreen Excess | | 0.00 | |
| Innamed Driver Excess | | | Outside Singapore OD Excess | | | | | | |
| hard Party Excess | | 0.00 | Outside Singapore TP Excess | | | | | | |
| GST Registered Informa | ation | | 725 | | | | | | |
| ST Registered | Yes | | | GST Registration Date | | 01/01/201 | 15 | | |
| ST Registration No. | 1994079 | 19% | | GST Status Verified | | No | | | |
| fodification History | | | | | | | | | |
| | | | | | | | | | |
| Policyholder Hailing Ad | dress | | | | | | | | |
| Address i | 35 UBL CRESCENT | | Address J | ATT BUILDING | | Address 3 | | SINGARO | RE 408585 |
| Address 4 | | | Address Type | Singapore address | | Post Code | | 408585 | The second second |
| me No. | | | | | | FUSI SOUR | | 400303 | |
| Of Driver Info | | | Related Rokcy Number | 5068814590-03 | | | | | |
| | | | | | | | | | |
| oriver Name | Unnamed Driver | | Driver Type | Unnamed Driver | | | | ALCOHOL: | |
| innamed driver Name | MAN! MURUGANANTHAM | | Driver NRIC | F8209324U | | Driver DOB | | 20/05/19 | 78 |
| legister Date of Driver License | | | Driver Age | 40 | | Driving Experience | | 6 | |
| Contact No.(Mobile) | 96303337 | | Contact No.(Office) | 0. | | Contact No.(Home) | | 0 | |
| ddress 1 | 35 UBI CRESCENT | | A STATE OF THE STA | ATT DULY ADMIT | | | | | RE 408585 |
| sagress 1 | | | Address 2 | ATT BUILDING | | Address 3 | | SINGAPO | |
| | | | Address Type | Singapore address | | Address 3 Post Code | | 408585 | |
| Address 4 | 03-01 | | The same of the same | | | | | | |
| Address 4 Unit No. Does he own a Singapore | | | Address Type | | | Post Code | | | |
| oddress 4 Init No. Coes he own a Singapore | 03-01 () Yes (No | | The same of the same | | | | pany | | |
| odress 4 Init No. Yoes he own a Singapore Registered car? | | | Address Type | | | Post Code | pahy | | |
| oddress 4 Init No. Joes he own a Singapore legistered car? | ○ Yes ® No | | Address Type Driver Vehicle No. | Singapore address | | Post Code | pany | | 100000 |
| oddress + Jint No. Does he own a Singapore Registered Car? Hectaration Sireathalyser or Blood Test | | | Address Type | | | Post Code | pany | | |
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| oddress 4 Int No. Int | ○ Yes ® No 0 mg | | Address Type Driver Vehicle No. Any injury? | Singapore address . ○ Yes No. | | Past Code Driver Insurer Com | parry | 408585 | |
| ind No. Notes he own a Singapore egistered car? estaration meathalyser or Blood Test leading? Claim 001 Maw Lem Type.* | ○ Yes ® No 0 mg | Ŋ. | Address Type Driver Vehicle No. Any injury? Insured Name | O Yes ® No. | | Post Code Oriver Insurer Com | party | 408585 | William Control of the Control of th |
| ind No. Notes he own a Singapore egistered car? estaration meathalyser or Blood Test leading? Claim 001 Max Dem Type * aneact No. (Mobile) | ○ Yes ® No 0 mg | V | Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) | O Yes ® No. ATT SYSTEMS (S)PORE) PTE LTC. NIL | | Post Code Oriver Insurer Com Insured MRIC Contact No.(Office) | perty | 408585 [1994079] [67497840 | William Control of the Control of th |
| inct No. Notes he own a Singagore egistered Car? eclaration meathalyser or blood Test leading? Claim 001 Naw Joint Type * aneset No. (Mobile) mail Address | O mg DO-MX | | Address Type Driver Vehicle No. Any injury? Insured Name | O Yes ® No. | | Post Code Oriver Insurer Com | petry | 408585 | William Control of the Control of th |
| daress 4 Inc. No. In | ○ Yes ® No 0 mg | | Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) | O Yes ® No. ATT SYSTEMS (S)PORE) PTE LTC. NIL | | Post Code Oriver Insurer Com Insured MRIC Contact No.(Office) | | 408585 [1994079] [67497840 | William Control of the Control of th |
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| inch No. Nos he own a Singapore agatered car? actination irrestrialyser or Blood Test leading? oddication History Claim 001 New Derm Type * careact No. (Mobile) mair Address laim Description referred Workshop Coreact io, agure Pinalisation Nate Registered epoint Taken By Print AK letter Attachment | O mg DO-MN ND SW62625 / YN9498T DN Yes 28/05/2018 18:14 Packson MT/0996289 • Yes ○ No | 26 May 2018 | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Quality * Preferend Repair Option Claim Close Date Claim No. Uproad Date | Drigapore address O Yes ® No ATT SYSTEMS [S PORE] PTE LTC NIL GW62625 Not at Fault Preferred Workshop, Name unknown Dot 28/05/2018 18:15 Category * | ٥ | Post Code Oriver Insurer Com Insured NRIC Contact No. Office) TP Vehicle Number Name of Preferred N GIA report Date Received | Workshop | 19940791 67497840 VN9498T Received 28/05/20 | V |
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| 7 | NAC_PAYA_UBS_800601(NAT | ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2016 18:14 | Photos | Norm | al | Photos 2018-5-28 | Ed |
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