NATIONAL Assessment Ce	ntre Services. wet 1 Jan'05 M	NA118074727	
Date In: 8/6/18-17:18	Jeb description	Date &Time Completed	Done by
Ref No: NA MC 180 0523/24	SAS e-filing	(22)	
Veh No: 6410065	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 7/1/18-14:50	i-Motor Claim Form	M/0997977-001	8/6/18 19:17
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h	-	
OD : IP : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		Marie - Armie - Marie - Carlo - Armiero
1P Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:)
TP Particulars: Veh No: SI	V6206B . INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(WO): N: 0-2	20%; P: 21-79%. F: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()		
General Remarks:		CAN THE SAME	(2) S
() Walk-In Customer: Customer's			
() Total Loss Case : to e-mail Ins			
		Towing Co: (
		4	ASSERTANCE OF THE PROPERTY OF
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by
)/Courtesy Car ()	-	
2) QC Check / Post Repair Inspection	()	<u> </u>	
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()		
Injury:			
Date/Time Actions		. Such solic	MARY NEW YORK
Pare time Actions			REPLOADED.
			Ant (5) Ami (5)
VA 180 3635	Invoice Pre	paration Checklist	fit Bill Add Bill
laimant's Particulars :-	1) AR : Accident		A)
river/Owner:	2) DA : Darriage 3) TF : Towing I	Assessment (\$100); INC (\$8	/S45
nver/Owner:	4) FT : Follow-T	hrough Survey	5120
ontact No:		hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005	(230
amaged Portion:	6) TR: Re-inspe	ction	\$75
	7) N1 : Idao DA 8) NTUC Additio		\$160
C Checked by (Engr-In-Charge):	OD.		
Concentration (Engi-In-Charge).	*NS: Courtesy *N6: Repair C	Car / Tpt Allowance	\$5 510
uditors' Comments :-	*N7: Fost Rep	nir Inspection	\$25
LI:		(Non INC) against INC	\$5 \$20
	9) N12: Idae Mo	bile	30
2/3;	Invoice dated	Fee Charged	SALEY SALEY
12.12	Invoice dated	Fee Charged	PORTO LEGIS

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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	
CHARLES SUBJECT ASSESSMENT OF	ACCIDENT STATEMENT
Date Of Report	08/06/2018 17:18
Date Of Accident	07/06/2018 14:50
Exact Location Of Accident	SLIP RD AYE (CITY) TWDS CLEMENTI AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH1006S
Insured/Policyholder	
Name Of Registered Owner	YEK CHEOK WU
NRIC No	S8182724I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91830067
Alternative Phone No	OFFICE-91830067
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	GETZ1.4 5DRA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO

Policy Number 5100900217

Cover Note Number

Driver

Name of Driver SELVARAJ SELVAMURUGAN

 Passport No/FIN
 G3182531N

 Date Of Birth
 25/04/1993

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/06/2016

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86578950

Fax Number

Contact Number OFFICE-86578950

EMail Address NOEMAIL

Address BLK 187A RIVERVALE DRIVE

#03-846

Postcode 541187

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - OTHERS

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

0.262

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)

Passenger 1

NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

2

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 SLIP RD AYE (CITY) TWDS CLEMENTI AVE 2. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY HIT ONTO VEHICLE B REAR PORTION.

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 SLV6206B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SHARON CHEW, TAN SHEIH CHING

NRIC/Passport Number \$8038230H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 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.
- 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:

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

Date & Time:

Reporting Centre Personnel Signature

NRIC/FIN No.:



SPASS

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

WU ELECTRICAL & SERVICES PTE. LTD.

Sector CONSTRUCTION



SELVARAJ SELVAMURUGAN ASSISTANT ELECTRICAL ENGINEER

08-05-2017

29-06-2017

06-07-2019

L8077534



VISIT PASS Immigration Regulations

SELVARAJ SELVAMURUGAN



25-04-1993 M

INDIAN

G3182531N 29-06-2017 06-07-2019

Date of Expery

MULTIPLE JOURNEY VISA ISSUED



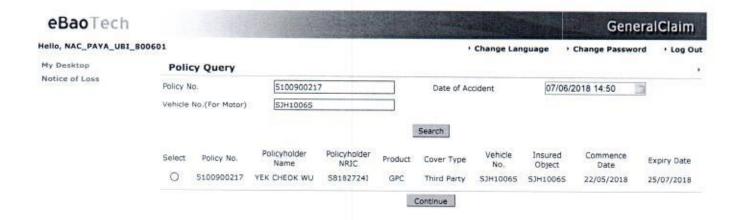
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver

NP 428A





Policy No.	5100900217	Policyholder Name	YEK CHEOK	wu	Policyholder NRIC	S8182724I	
Address	10 PASIR RIS LINK #05-42 RIPF	LE BAY SING	APORE 51816	3	2275		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	22/05/2018	Effective Date	22/05/2018	00:00	Expiry Date	25/07/2018 23	:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	THIS MARKETING INSURANCE #	Agent Tel.	63444479		GST Flag	Υ	
Co- insurance Flag	No				erovidente interioria		
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	10 PASIR RIS LINK	Addre	ss 2	#05-42 RIPPLE BAY		Address 3	SINGAPORE 518163
Address 4		Addre	ss Type	Singapore address		Post Code	518163
Unit No.	#05-42	Relate	d Policy er	5100892158			
D *	d Object: SJH1006S						
D Insure	The state of the s						
□ Endors	sements						

ccident MT/0997927						
olicy No.	5100900217	Vehicle No.	S0H1006S	GST Registration I	No.	
olicyholder Name	YEK CHECK WU			Policyholder NRIC		81827241
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party			
intert No.(Mobile)	91830067	Contact No.(Office)	O	Loading	0	
nail Address	210,70001		9	Contact No. (Home	200	
	2.0	Special Remark	9 795	eCode	10	· •
*	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
OD Protection	No	NCD Entitlement(%)	0	Private Hire.	No	5
Accident Details						
sport Date	08/06/2018 19:14	Academt Report Within 24 hrs	Yes	Accident Type	Cr	Nision - Head to Rear
ite of Accident	07/06/2018	Time of Accident thi:mm				
	0.0004040		14:50	Country of Accide	nt Si	ngapore
eporting Centre		Orange Force		ICM No.		
ccident Location	SLIP RD AYE (CITY) TWDS CLEMENTI AVE :	i,				
2 Benefits						
Excess						
en damage Excess	0.00	Additional Excess	D	Windscreen Exces	8 0.1	00
ynamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		500	
ind Party Excess	0.00					
		Outside Singapore TP Excess	0.00			
GST Registered Inform						
T Registered	No		GST Registration Date			
T Registration No.			GST Status verifies	Yes		
dification History						
Policyholder Hailing As	ldress					
dress 1	10 PASIR RIS LINK	Address 2	#05-42 RIPPLE BAY	Address 3	SI	NGAPORE 518163
dress 4		Address Type	Singapore address	Post Code		
nt No.	#05-42	Related Policy Number		Post Code	51	8163
OI Driver Info		Asiates Party Number	5100892158			
	Wester State of the Control of the C	VX 1577	4000 CO.			
iver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	SELVARAI SELVAMURUGAN	Driver NR3C	G3182531N	Driver DOS	25	/04/1993
gister Date of Driver License	22/06/2016	Driver Age	25	Orlying Experience	1	
risact No.(Mobile)	86578950	Contact No.(Office)	0	Contact No.(Home	0 0	
dress t	BLK 187A	Address 2	RIVERVALE DRIVE	Address 3	en	NGAPORE 541187
loress 4		Address Type				
it No.	03-846	modelas 1994	Singapore address	Post Code	54	1187
es he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Con	ngany	
es he own a Singapore gistered car?		Driver Vehicle No.		Driver Insurer Con	ngany	
es he den a Singapore gistered car? daration		Driver Vehicle No.		Driver Insurer Con	ngany	
es he own a Singapore gistered car? daration sathalyser or Blood Test		Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Con	ngany	
es he own a Singapore gistered car? daration pathalyser or Blood Test	○ Yes No		○ Yes ∰ No	Driver Insurer Con	ngany	
oes he own a Singapore quistered car? claration eathwyser or blood Test ading?	○ Yes No		○ Yes ® No	Driver Insurer Con	ng any	
es he own a Singapore gistered car? claration pathwiyser or Blood Test	○ Yes No		○ Yes ® No	Driver Insurer Con	ngany	
es he own a Singapore patered car? Saration althalyser or Blood Test ading? Uffcation History	○ Yes No		○ Yes ② No	Driver Insurer Con	ngany	
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is he own a Singapore istered car? aration athivities or Blood Test ding? ification History	○ Yes No	Any injury?		Driver Insurer Con	ngany	
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Attachment		uploaded By/Date	Category	P	Urgency	Description	Sent? Actio (CO)
No. 1609 New Tight	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on D8 Ji n 2018 39:18	NRIC/ Driving License		Normal	MRIC/ Driving License 2018-6-8	Edi
(43)	NAC_PAYA_UBL_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 08 July 2018 (9:18	SAS		Normal	SAS 2018-6-8	Edit
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Video List							
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