NATIONAL Assessment Centre	Services	[w=t 1)3/105]	MMA 118080574.	-01	
Date In 22/6/18 /4:21	Jeb description	1	Date &Time Completed	Done	by
Res No MASJUCIS011379/64	SAS e-filing		İ		
Veh No: X0 47557	E-mail (within	Shrs, AIC 2hrs)			-
DOA 2116/18 22:05.	i-Motor Clai	im Form	MT/099970000	22/6/18/	7:16
	i-Motor W/(O (Within: OD 2h			100
OD : TP- Recording Only	i-Photo Uplo	paded			
	Assessment/S	urvey Report			
TP Insurer:	0.0000000000000000000000000000000000000		to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / GW: (Fax:)
	KU8259 C.	. INC ()/Non-INC()		
Owner / Driver: (10000		Tel)	
	od: ()	Cover Type: ()	
Confirmed by : (Date:	Tinte:)	
Insured/Driver Liability: (%) [N	ote-Est Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: () W	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	0 ()/\$2,000)()			
General Remarks:-					
() Walk-In Customar : Customer's inform	nation strictly Co	onfidential & S	trictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer			The second secon		
Drive-In ()/Towed-In (); Invoice:		NO();	Towing Co: ()
				Done	her
Remarks:- (INC horline: 6788 6616)	5.7		Date&Time Completed	DATE	Ly
1) Apply for Transport Allowance ()/Co	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	[000])		W	
Injury:	- INW		· · · · · · · · · · · · · · · · · · ·		
Date/Time Actions					
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:umant's Particulars :-	2711000111	1) AR : Accide		30.00	
		2) DA : Dameg 3) TF : Towing	e Assessment (\$100); INC (40/\$45	
iver/Owner:		4) FT : Follow-	Through Survey	\$120	
ntact No:		The same of the sa	(mid) 4 Mm		
		5) FT : Follow- For claiming	Through Survey (Resurvey) against JNC Only (wef 10 Jan 20	ASSESSMENT OF THE PARTY OF THE	
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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.
- 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.
- 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.

Date Of Report 22/06/2018 14:21 Date Of Accident 21/06/2018 22:05 Exact Location Of Accident SLE TWDS BKE B4 YISHUN EXIT Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number XD4755Z Insured/Policyholder Name Of Registered Owner SWEE BUILDERS PTE LTD Co Reg No 199801449R NOEMAIL Mobile Phone No Alternative Phone No OFFICE-65470091 Vehicle Particulars Manufacturer ISUZU Model CY252K Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COVER YOLE ON THE NORMAN ON TH	anoresaid.	ACCIDENT OTATELERIE
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Mobile Number +65-83073429 Fax Number Contact Number	Gender	
Fax Number Contact Number	Mobile Number	
	Fax Number	storice as a management accordingly.
	Contact Number	
	EMail Address	NOEMAIL

19A TANNERY RD Address

Postcode 347731

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

NO

NO

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?

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) 1

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKU8259C

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver LATIFF BIN DAWOOD

NRIC/Passport Number S0571512A

Contact Number

Address Postcode

Insurance Company Name

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.
- 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.
- 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.

TO * SWEET

Policyholder's Signature

Date & Time:

(4)

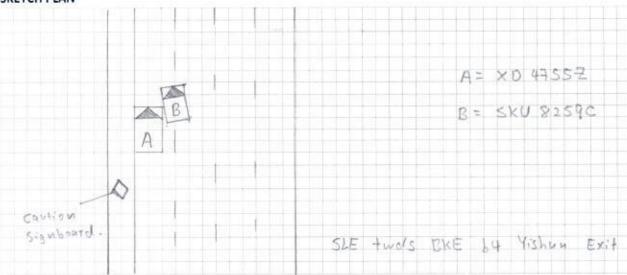
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CV	_	-	 n.	ΔN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	40	statement

DECLARATION

I/We declare the tolegoing 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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

Original Report No :	MNA	118080574	Vehicle Registration No:	XD 4759Z
Name(as shown in NRIC) :	ALAGAPE	PAN LOGIANIATHAN	NRIC/FIN/Passport No:	G8467166K
(*Vehicle Driver/Veh	nicle Owner	r) (*) Please delete as a		
Address :	19 4 TAN	NERY ROAD	r(c=	Singapore(347731)
Contact (Tel) :	65470	091	Mobile No. :	20M2
Email Address :	admin @	a sweebuilders. (om.sg	
Date of Accident :	21/06/	2018	Time of Accident : _ ఎఏ:	00 Pm
Place of Accident :	SLE TO	VARDS BKE BEFOR	E YISHUN EXIT	
Insurance Company:	NTUC IN	NCOME		
258	17/735k #81	100 DOM 50 P 48	EMMS CREPATION TO PO	
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LOCATION AND	STOPMY	VEHICLE ON THE	LANE 4 PREPARE TO	START WORK,
EMDOBILY VE	HICLE B	(BEARING MOS	KUB295C) CUT INTO	10. 11 h. T 10
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COLLIDED ONT	D MY LC	RKY RIGHT FRON	T PORTICAL.	MY CAME HUD
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	D MY LC	RIEY RIGHT, FRON	T PORTION.	MY CAN'E HND

Name:

NRIC/FINNO.: Date: 231CUS.

Date:

ACCIDENT STATEMENT

ACCIDENT DATE: 21/6	/18)([DD/MM	L/YYYY), TIME:(_2	2:0	5)(HH:MM)
LOCATION: SLE +	words BI	CE	64	Yoshun	Ass	Exit
1. DETAILS OF VEHICLE						
a) VEHICLE NUMBER:_	XD	475	25			
b)INSURANCE COMPA	ANY:	Ime				
c)POLICY NUMBER:	120					
d)POLICY TYPE: (COM	PREHENSIVE	/ THIR	D PAR	TY / THÍRD F	PARTY	IRE &THEET)
e)MAKE & MODEL:				S.		
f)TYPE:(SALOON / COL	JPE / MPV /	VAN/	LORRY	/ MOTORO	CYCLE/	OTHERS)
g) VEHICLE CATEGORY	:(PRIVATE /	COMM	AERCIA	AL / MOTOR	RCYCLE)
n) PURPOSE OF USING /	AT ACCIDEN	NT TIME		Jorking		
I) ARE YOU CLAIMING L	INDER YOU	POWN	INSUR	ANCE (YES	(NO)	
IF NO. PLEASE STATE (THIRD PARTY	CLAIN	M / REF	PORTING O	NLY)	
2. INSURED / POLICY HOL		4.	14	,		
A)NAME: Swee	Builders	Me	21	Ø(N	AALE / F	EMALE)
b)NRIC/FIN/PASSPORT: c)ADDRESS:				_CONTAC	T: 65	470091
C/ADDRESS			-			
* CONTINUE TO 3.d IF D	RIVER ALSO	POLIC	V HOL	050		
Tho of passangs. DRIVER	MIVER ALSO	FOLIC	. I HOL	DER		
(Including driver) alNAME: Alagappe	in Loan	natho	N.	(N	ALE / E	EMALEL
DINKIC/FIN/PASSPORT:		Design College		CONTAC	r. 83	07 3429
CIADDRESS: 19 A T	annery	Rd C	cs)	347731		1
NAME OF THE PROPERTY OF THE PR						
*d)DATE OF BIRTH: ()(DD/M	M/YYYY)		
e)OCCUPATION: (INDO	OR / OUTDO	OOR)				-
f) YEARS OF DRIVING EXI	PRERIENCE:					8
4. WAS DRIVER AN EMPL	OF THE OF T	HE INS	SURED	S COMPA	NY? (YI	ES / NO)
IF NO, RELATIONSHIP 5. a) WEATHER CONDITION 1. DOOR SUBSTITUTE (1997)	OF THE DE	CIVER	WITH	INSURED:	10011	
b)ROAD SURFACE: (DRY	/WET / OTI	HERC	3/01	HEKS		
WAS ANYBODY INJURED	(YES / NO)	TENO				A
7. a)REPORTED TO POLICE	(YES / NO)					
IF YES, PLEASE STATE WI	HICH POLIC	E STATI	ON:			
O THIRD DARWAY SAN						
Me of passenger a) VEHICLE NUMBER: Including driver) b) DRIVER'S NAME:	ZKO &	2590	,	MODEL:		
		BIM	UUW	1000		
	50571	5121	9.	CONTACT		
7. THIRD PARTY VEHICLE						100
No of passanger all DRIVER'S NAME:	-			MODEL:		
Induding driver) f) DRIVER'S NAME: NRIC/FIN/PASSPORT:		-				- 1
NRIC/FIN/PASSPORT:				CONTACT:	13	//X
						1
5,					30	
a a						

email = 56@ swee builders. com. sg





S PASS

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

Employer SWEE BUILDERS PTE LTD

Sector: CONSTRUCTION



ALAGAPPAN LOGANATHAN SITE SUPERVISOR

0 34644705

Date of Application 03-11-2017

09-12-2017

28-12-2018

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

EFFECTIVE DATE

Motor cars == 3000 kg with == 7 passengers, ex-driver, and motor tractors/schicles =< 2500 kg Heavy motor cars and motor tractors > 2500 kg

63 Apr 2009

20 Nev 2014

G846716eK

S / No. 9000211207

NP 428A



VISIT PASS

Immigration Regulations

ALAGAPPAN LOGANATHAN



Date of Birth

INDIAN Date of Expiry

G8467166K 09-12-2017

28-12-2018

MULTIPLE JOURNEY VISA ISSUED

eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				C STOCK STOCK STOCK	٠, (Change Lan	guage	· Change Passwor	d · Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	21/06	5/2018 11:31	
	Vehicle	No.(For Motor)	XD4755Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	Ð	5092917868	SWEE BUILDERS PTE LTD	199801449R	GCV	Comprehensive	XD4755Z	XD4755Z	27/07/2017	26/07/2018
			31/7/221			Continue				

Claim Handling

Accident	MT/0999700	

Policy No.	5092917868	Vehicle No.	XD4755Z	GST Registration No.	
Policyholder Name	SWEE BUILDERS PTE LTD			Policyholder NRIC	199801449R
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	65470091	Contact No.(Office)	0.0000000000000000000000000000000000000	Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	» No Yes	TCA	= No Yes	eCode Reason	(INC.)
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		Miles	75	Tirace rate	
Report Date	22/06/2018 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst park
Date of Accident	21/06/2018	Time of Accident hh:mm			
Reporting Centre	11/00/1010		22:05	Country of Accident	Singapore
Accident Location	ELETHINE BUE BY MENNY BAT	Orange Force		ICM No.	
▽ Benefits	SLE TWOS BKE 84 YISHUN EXIT				
♥ Excess					
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
ST Registered ST Registration No.	No		GST Registration Date		
			GST Status Verified	No	
Modification History					
Policyholder Mailing Ad	access)				
Address 1	19A TANNERY ROAD	Address 2	SINGAPORE 347731	Address 3	
Address 4		Address Type	Singapore address	Post Code	347731
Unit No.		Related Policy Number	5092918098-01		
✓ OI Driver Info					
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	ALAGAPPAN LOGANATHAN	Driver NRIC	G8467156K	Driver DOB	20/07/1987
legister Date of Driver License	20/11/2014	Driver Age	30	Driving Experience	3
Contact No.(Mobile)	83073429	Contact No.(Office)		Contact No.(Home)	
Address 1	19A # TANNERY ROAD	Address 2	SINGAPORE 347731	Address 3	
Address 4		Address Type	Singapore address	Post Code	347731
Jnit No.					
Unit No. Does he own a Singapore	Yes a No	Driver Vehicle No.		Driver Incurer Company	
	Yes » No	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car? Reciaration				Driver Insurer Company	
Does he own a Singapore	Yes » No 0 mg	Driver Vehicle No. Any Injury?	Yes = No	Driver Insurer Company	
Does he own a Singapore Registered car? Reciaration Greathalyser or Blood Test Reading?			Yes * No	Driver Insurer Company	
Does he own a Singapore Registered car? Reciaration			Yes a No	Driver Insurer Company	
Coes he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?			Yes a No	Driver Insurer Company	
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coss he own a Singapore tegistered car? eclaration ireathalyser or Blood Test leading? Claim 001 New Taim Type = fontact No.(Mobile)	0 mg OD-MX ▼ 96709979	Any Injury? Insured Name Contact No.(Home)			
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Message Read Attachment List

Attachment		Uploaded By/Date	Category	9	Urgency	Description
March see	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-2
60	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	SAS		Normal	SAS 2018-6-22
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	Photos		Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	Photos		Normal	Photos 2018-6-22
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10	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:15	Photos		Normal	Photos 2018-6-22
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	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:15	Photos		Normal	Photos 2018-6-22
Video List		4900 0000	Sursi		9	

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