NATIONAL Assessment Cen	itre Services - Met 1 Janios M	\$78 F80811 AM	N	
Date In: 9/7/18-10:35	Jeb description	Date & Time Completed	Done by	
Re[No: NA / INC180 12490] Czy	SAS e-filing	i		
Vch No: 6413824	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 7/7/18-12:30	i-Motor Claim Form	100-49K600/m	9/1/8 21	104
5	i-Motor W/O (Within: OD 2)			
OD) TP:/ Raporting Only	i-Photo Uploaded	1		* "
7220	Assessment/Survey Report	i		A.Com
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Sk	UZXOK INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]	- 10
Year of Registration: ()	Warranty: YES ()/NO ()		
	1,000 ()/\$2,000 ()			
General Remarks;-		ARTHONOUS TO A	17.5 C 17	TV.
() Walk-In Customer: Customer's in				
() Total Loss Case : to e-mail Insu		*		
		Towing Co: ()
			12.3.000.2.000	_
Remarks:- (INC hodline: 6788 6616)	or carefulture 1823	Date&Time Completed	Done by	
Apply for Transport Allowance ().	/ Courtesy Car ()			шисо
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		- 1/3	
Injury:		4	AUTOMOTOR CONTRACTOR	
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Date/Time Actions			SON CHOICE	
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	4			NA, SALVANIA MARIA
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NA1804326	Invoice Pr	eparation Checklist	Company of the second	dd Bil
laimant's Particulars :-	1) AR : Accider			-
	2) DA : Damag 3) TF : Towing	e Assessment (\$100); INC (\$80 Fee \$40		
river/Owner:	4) FT : Follow-	Through Survey 5	120	mressa -
ontact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	\$30	- 1700
nmaged Portion:	6) TR : Re-insp		\$75	
maged rordon.			160	
7 CL 1 11	8) NTUC Addit	nonal Services:-		
C Checked by (Engr-In-Charge):	*N5: Courtes	y Cer / Tpt Allowerse	\$5	
S. V.D. e. 2018 I Think and a state of the state of		Co-ordination pair Inspection	\$10	
uditors' Comments :-	*N8: DV/C	ollect Excess Coordination	55	
<u>.1:</u>	TP (N11): T		\$20	
	9) N12: Idne M	obile	30	2000
2/3:		obile Fee Charged Fee Charged		37.6

F - 100 1 - 100

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.
- 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.	MARTINE BUT MAN AND THE SALE STOCKED AND AND AND AND AND AND AND AND AND AN
The state of the s	ACCIDENT STATEMENT
Date Of Report	09/07/2018 10:35
Date Of Accident	07/07/2018 12:30
Exact Location Of Accident	SLIP RD BALESTIER RD TWDS CTE (CITY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY1785Y
Insured/Policyholder	
Name Of Registered Owner	SWEE BUILDERS PTE LTD
Co Reg No	199801449R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96631714
Alternative Phone No	OFFICE-96631714
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

5041394964-08

Driver

Policy Number

Cover Note Number

Name of Driver VENKITACHALAM UTHIRAPATHY

 Passport No/FIN
 G7208331N

 Date Of Birth
 27/05/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/11/2010

Driving Experience 7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82345474

Fax Number

Contact Number OFFICE-82345474

EMail Address NOEMAIL

Address 19A TANNERY ROAD

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

2

YES

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 BALESTIER RD TWDS CTE (CITY). SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND 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

SGJ5250B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver TAN WEN YONG

NRIC/Passport Number

S1761727C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :

GENDER: :

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	09/07/2018 10:35
Date Of Accident	07/07/2018 12:30
Exact Location Of Accident	SLIP RD BALESTIER RD TWDS CTE (CITY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY1785Y
Insured/Policyholder	
Name Of Registered Owner	SWEE BUILDERS PTE LTD
Co Reg No	199801449R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96631714
Alternative Phone No	OFFICE-96631714
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5041394964-08

Cover Note Number

Driver

Name of Driver VENKITACHALAM UTHIRAPATHY

 Passport No/FIN
 G7208331N

 Date Of Birth
 27/05/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/11/2010

Driving Experience 7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82345474

Fax Number

Contact Number OFFICE-82345474

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Address

19A TANNERY ROAD

Postcode

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If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

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Circumstances of Accident

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Vehicle Registration Number

SGJ5250B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE

Vehicle Category Name of Driver

TAN WEN YONG

NRIC/Passport Number

S1761727C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

SKETCH PLAN

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 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:
 - (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's Signature

Name:

NRIC/FIN No .:

efer to yatement.		
	/	

DECLARATION

regoing particulars are true in every respect.

Policyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

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 <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	ADDENC	Olvi	
(A)			
	Original Report No : MNAI 1808 7858	Vehicle Registration No: _	4 1782A
	Name (as shown in NRIC): Ven Gtachalam Uthirage	MRIC/FIN/Passport No : _	G7208331N
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as	appropriate	
	Address : 19A Tampry Road		Singapore(347771)
	Contact (Tel) :	Mobile No.: 8234547	ч
	Email Address :		
	Date of Accident : 778	Time of Accident : 12 :	30
	Place of Accident : Skp Rd Balestier Rd		
	Insurance Company: NTUC		
	insurance company.		
	make the following amendments: 1. Amend from reporting only to	own domage cla	Sm -
	SWELL BULL		
	Policyholder & Driver's Signature Date:	Reporting Centre Pers Name: NRIC/FIN No.: Date:	onnel's Signature





S PASS

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

Employer SWEE BUILDERS PTE LTD

Sector: CONSTRUCTION

VENKITACHALAM UTHIRAPATHY

SITE SUPERVISOR

Date of Application

15-12-2017 Date of Issue

10-01-2018 Date of Expiry



01-02-2019



L8557307

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

EFFECTIVE DATE

Class 2B Class 3

13 Jun 2016

Class 4

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg



NP 428A

VISIT PASS Immigration Regulations

Name

VENKITACHALAM UTHIRAPATHY



G7208331N 10-01-2018

MULTIPLE JOURNEY VISA ISSUED

Date of Expery

01-02-2019



eBao Tech			5000			To Hillian			Gene	ralClaim
Hello, NAC_PAYA_UBI_800	601				AWARDED III		hange Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	10.				Date of Acci	dent	07/07	/2018 12:30	
		No.(For Motor)	GY1785Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5041394964- 08	SWEE BUILDERS PTE LTD	199801449R	GCV	Comprehensive	GY1785Y	GY1785Y	18/01/2018	17/01/2019
					- 1	Continue				

olicy No.	5041394964-08	Policyholder Name	SWEE BUILD	ERS PTE LTD	Policyholder NRIC	199801449R	
ddress	19A TANNERY ROAD SINGAPORE	347731					
roduct lame	COMMERCIAL VEHICLE INSURAL				Group Policy Flag	N	
olicy ssue oate	08/12/2017	Effective Date	18/01/2018	00:00	Expiry Date	17/01/2019 23:59	
xcess ype		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver	Excess
Agent	ALL INS AGENCY PTE, LTD.	Agent Tel.	FAX 64514	549	GST Flag	Y	
Co- insurance Flag	No						
Open							
Policy Info							
Policy Info Certificate							
Policy Info Certificate Info	holder Mailing Address	55×10 ± 0	10000			Address 3	
Policy Info Certificate Info	holder Mailing Address	Add	ress 2	SINGAPORE 347	7731	Address 3	
Policy Info Certificate Info Policy	wholder Mailing Address 19A TANNERY ROAD	95.70	ress 2 ress Type	SINGAPORE 347 Singapore addre		Address 3 Post Code 347731	
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Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	wholder Mailing Address 19A TANNERY ROAD	Add Rela	ress Type	Singapore addre	ss	1.17.7.20	
Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insur	wholder Mailing Address 19A TANNERY ROAD	Add Rela	ress Type	Singapore addre	ss	Post Code 347731	

aim Handling									
cident HT/1002264									
alicy No.	5041394964-08	Vehicle No.	GY1785Y		ST Registration No.				
sticyholder Namie	SWEE BUILDERS PTE LTD			P	olicyholder NR1C		19980144	98	
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensiv		oading		0		
ontact No. (Mobile)	98631714	Contact No.(Office)	0		ontact No.(Home)	972	0		
mail Address		Special Remark			Code	- 2	lie V		
rk .	® No ○ Yes	TCA	® No ○Yes		Code Reason				
CD Protection	No	NCD Entitlement(%)	0	P	rivace Hire		No		
Accident Details									
eport Date	09/07/2018 21:02	Accident Report Within 24 hrs	Yes	A	scadent Type	1	Collision +	Head to Rear	
table of Accident	07/07/2018	Time of Acodent hh:mm	12:30		Country of Accident		Singapore		
eporting Centre	30000	Orange Force			CM No.				
ccident Location	SLIP RD BALESTIER RD TWDS CTE (CITY)								
9 Senefits	SEL US BILLEY ILLUS HER ALL (44)								
♥ Excess	600.00	Applitional Excess		3	Windscreen Excess		100:00		
own damage Excess	*******	Outside Singapore OD Excess							
Innamed Driver Excess	0.00	Outside Singapore TP Excess							
Third Party Excess		Obtaine singapore (F Coccas)							
GST Registered Informa	No		GST 8	Legistration Date					
IST Registered IST Registration No.	MD.			Ratus Venified	No				
fodification History									19
eddingation regions									
Policyholder Mailing Ad	dress								
Address 1	19A TANNERY ROAD	Address 2	SINGAPORE	347731	Address 3				
Address 4		Address Type	Singapore ad	dress	Post Code		347731		
Unit No.		Related Policy Number	5092917868	1-01					
⇒ OI Driver Info									
Driver Name	Unnamed Driver	Oriver Type	Unnamed Dri	ver					
mnamed driver Name	VENKITACHALAM UTHIRAPATHY	Driver NRIC	G7208331N		Driver DOB		27/05/15	179	
Register Date of Driver License	08/11/2010	Driver Age	39		Driving Experience		7		
Contact No.(Mobile)	82345474	Contact No.(Office)	0		Contact No (Home)		0		
Address 1	19A TANNERY ROAD	Address 2	SINGAPORE	347731	Address 3				
		Address Type	Singapore ad	idian.	Post Code		347731		
Address 4			singapore ed	in mo	Foat Code				
Address 4		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Singapore eu	10-63	Full Code				
Agaress 4 Unit No Does he own a Singapore Registered car?	○ Yes ® No	Onver Vehicle No.	Singapore au		Driver Insurer Comp	any	,,,,,,		
unit No. Does he own a Singapore Registered car?	○ yes ® No		singapore eo			any	,,,,,,,		
unit No. Does he own a Singégore Registered car? Declaration Breathalyser or Blood Test.	○ yes ® No		○ Yes ® No			any			
unit No. Does he own a Singadore Registered Car? Declaration		Driver Vehicle No.				any			
unit No. Does he own a Singégore Registered car? Declaration Breathalyser or Blood Test.		Driver Vehicle No.				arry			
unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading?		Driver Vehicle No.				arry			
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Next	0 mg	Onver Vehicle No. Any injury?	○ Yes ® N		Driver Insurer Comp	arry	er 20 81900	149X	88
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 Mex. Claim Type *	0 mg	Onver Vehicle No. Any injury? Insured Name	○ Yes ® N		Briver Insurer Comp	arry	[19980]-		8
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim Type * Contact No. (Mobile)	0 mg	Onver Vehicle No. Any injury? Insured Name Contact No. (Home)	○ Yes ④ No		Driver Insurer Comp Insured NRIC Contact No. (Office)	arry	199801-	PL	8
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test. Reading? Chaim 001 New Claim Type * Contact No. (Mobile) Email Address	CO-NX 96709879 sweebpi@singnet.com.sg	Onver Vehicle No. Any injury? Insured Name	○ Yes ® N		Driver Insurer Comp Insured NRIC Consact No. (Office) Th Vehicle Number		[19980]-	PL	300
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Glood Test Reading? Modification History Claim 001 Micro Claim Type * Contact No. (Mobile) Email Address Claim Description	0 mg	Onver Vehicle No. Any injury? Insured Name Contact No. (Home) OI Vehicle Number	○ Yes ④ No. SWEE BUILT GY1785Y	DERS PTE LTD	Driver Insurer Comp Insured NRIC Contact No. (Office)		199801-	PL	
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test. Reading? Chaim 001 New Claim Type * Contact No. (Mobile) Email Address	CO-NX 96709879 sweebpi@singnet.com.sg	Onver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	○ Yes ⊕ No. SWEE BUTLE GY1785Y Fully at Fau	DERS PTE LTD	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vishools Number Name of Preferred W		199801- 6547001 5G15251	91	
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Glood Tast Reading? Claim 001 Mew Claim 19pe * Contact No. (Mobile) Email Address Oalm Description Preferred Workshop Contact	CO-NX 96709879 sweebpi@singnet.com.sg	Onver Vehicle No. Any injury? Insured Name Contact No. (Home) OI Vehicle Number	○ Yes ⊕ No. SWEE BUTLE GY1785Y Fully at Fau	DERS PTE LTD	Driver Insurer Comp Insured NRIC Consact No. (Office) TO Victoria Number Name of Preferred W GIA report.		199801- 6547001 5G35251	9t 05	3
Unit No. Does he own a Singasore Registered Car? Declaration Breathayser or Blood Test. Reading? Claim 001 Mex. Claim Type * Confact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	O mg OD-NX 96709979 Ewesbil @singnet.com.sg GY1785Y / 5G352508 ON 7 Jul 2018	Onver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	○ Yes ⊕ No. SWEE BUTLE GY1785Y Fully at Fau	DERS PTE LTD	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vishools Number Name of Preferred W		199801- 6547001 5G35251	91	3
Unit No. Does he own a Singasore Registered Car? Declaration Breathayser or Glood Test. Reading? Claim Tople * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	O mg CO-NX Y 96709879 Evestipt @singnet.com.sg GV1785V / SG352508 ON 7 Jul 2018 Yes Y	Onver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	○ Yes ⊕ No. SWEE BUTLE GY1785Y Fully at Fau	DERS PTE LTD	Driver Insurer Comp Insured NRIC Consact No. (Office) TO Victoria Number Name of Preferred W GIA report.		199801- 6547001 5G35251	9t 05	8
Unit No. Does he own a Singasore Registered Car? Declaration Breathayser or Glood Test. Reading? Claim 001 Next. Claim Type + Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalisation Date Registered	O mg CO-NX 96709879 Evesbpi @singnet.com.sg GY1785Y / SG352508 ON 7 Jul 2018 Yes P8/07/2018 21:04	Onver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	○ Yes ⊕ No. SWEE BUTLE GY1785Y Fully at Fau	DERS PTE LTD	Driver Insurer Comp Insured NRIC Consact No. (Office) TO Victoria Number Name of Preferred W GIA report.		199801- 6547001 5G35251	9t 05	8
Unit No. Does he own a Singasore Registered Car? Declaration Breathayser or Glood Test. Reading? Claim Ool New Claim Type + Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	O mg CO-NX 96709879 Evesbpi @singnet.com.sg GY1785Y / SG352508 ON 7 Jul 2018 Yes P8/07/2018 21:04	Onver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	○ Yes ⊕ No. SWEE BUTLE GY1785Y Fully at Fau	DERS PTE LTD At Vorkshop, Name unknown V	Driver Insurer Comp Insured NRIC Consact No. (Office) TO Victoria Number Name of Preferred W GIA report.		199801- 6547001 5G35251	9t 05	8
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-	NAC_PAYA_UBI_B00601[NAT	10NAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 21:08	NRJC/ Driving License	Normal	NRIC/ Driving License 2018-7-9	Edit
9	NAC_PAYA_UBI_800601(NAT	TOMAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 21:07	SAS	Normal	SAS 2018-7-9	Edi
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2	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 23:06	Photos	Normal	Photos 2018-7-9	Edit
I.	NAC_PAYA_UBI_800603(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 21:06	Photos	Normal	Photos 2018-7-9	Edit
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				COE Expiry . SI THE C TOLL
By CSO- Nature of Acciden				By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: GY 1785 Y Yr Regn: 18 Jan 2009
a) Motorcar ()	a) Pedestrian	()	Type: M.Car / M.Cycle / Bus / Van (Lorry) Taxi / Prime Mover / WPV
b) Mcycle ()	b) Animal	1)	/ Truck / Trailer or
c) Bicycle ()				Make & Model Nissan Cabstar ac 3153
3) Vehicle hit Road Side Objects:				Colour Stansmission Type: Aut Manual
a) Govm.Property ()	b) Road Work Object	()	Eng/No: Sp.Reading: 463755
(Eg. signboard, barrier, tree etc)	c) Private Property	()	CNO. JN 15F4F23Z0853394
4) Vehicle drop into drain		()	Gen. Cond. Good Fair Poor / Burnt or
5) Damage due to Act of God:				Steering. Norder / Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	()	Brake: (Inorder / Jammed / Leaked / Burnt or
c) Other,				Modi: Nil / S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 195 R15 - Hifty
a) Vandalism ()	b) Hit by Moving Object	())	R: 155 RIZ - Falken
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found	()	TOYO/YOKO OF AS abort
. O. II.	when recovered.			Front Rear
8) Fire				R/Bal. 6 mm R/Bal. 7) 7 mm
a) Whilst driving ()	b) Parked	(L/Bal. C mm L/Bal. 7/7 mm
		1		
9) Accident date more than 24hrs	8	7	(Y	Parallel Import Yes / No Towed-In: Yes / No
		.0	r - 20	Repair Type: (LS) I.B.I Towing Required: (eg / No
Remarks for internal information		-	_	No of Repair Days: 6 Vehicle in Idac: (Ps) / No
Remarks for internal information				V - V
E 26 + 8 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				D.O.I. 11/2/5918 Time: 8.40 dlm
				By Assessor- 2) Comments
				Damages not due to recent accident.
				2) Damages do not seem hit onto:
Remarks to appear in Works Ord	der & Assessment report	1		a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
1) Potential Total Loss ()			e.Animal () f.Govrn Object () g.Road Work Object ()
2) SRS Light on ()			h.Private Property () I.Drain () j.Road Kerb/Grass Verge ()
3) ABS Light on ()			3) Vehicle does not seem damaged as a result of:
				a.Fallen Object () b.Flood () c.Vandalism () d.Fire ()
				e.Moving Object () f.Stolen () g.Stolen & Recovered ()
				Time Started Time completed
				1) CSO
				2) ASS
				3) Entire Operation Completed Time:
				of entire approximation and property times

Condition (CON)
(U) Effect (2)Dented (3)Distorted (4)Cracked (5)Crac (6)Secretary (07)Deformed (08)Shifted (19)Duckled (19)Bucket (11)December (12)Disconfined (15)Det Working (12)December (12)December (13)December (13)December

VAN/LORRY (Frt)

ACHORIAC) (1)Replace(\$\sqrt{\chi}\) (2)Repail() (3)Cleak () (4)Not Constitut, NC)

Aug 7005

Front Portion

NAC	INC	Item	CON	AC	On
1001	991886			- make	3.7
1002	991887	The state of the s			
1004	991300		012	/	
2001	991477				
2002	991387 991449	The state of the s			
2003	991443	The state of the s			
1006	991325	The second post of the second		27	-
1008	991433	Frt Bumper Reinforcement		0	
2005	991466		-	-	_
1017	995100			-	-
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1921	991793	Frt Grille	DIS	/	-
1022	991328		CUT		
2006	990247		-		
1023	991799	Frt Grille Chrome Moulding			
2007	991891	Frt Panel	Buc		
2008	991874	The state of the s			
2009	0000347	Frt Panel Emblem			
2010	990247	Frt Panel Sticker			
1024	991893	The state of the s			
2012	991222			0	111=
2013	991527	Frt Corner Panel K		7	
2014	995245	Frt Corner Panel Signal Lamp Frt Signal Lamp LH	-	7	
2015	995246	Frt Signal Lamp RH	-60	16.	_
1029	995153	Frt LH Headlamp Assy	CRA	7	_
1030	991821	Frt RH Headlamp Assy		-	_
1031		Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp	-	-	
2016	992149	Frt Wiper Panel	_	-	
2017	995043	Frt Wiper Nozzle			
1120	992140	Frt Wiper Ann			
1121	992142	Frt Wiper Blade			
2018	992145	Frt Wiper Link			
2019	992148	Frt Wiper Motor			
1122	995045	Wiper Panel Garnish		4	
1114		Frt Windscreen			
1115		Frt Windscreen Rubber	MEC	1	
1117		Frt Windscreen Sealant			
2020	992114	Frt Windscreen Onter Pillar			
2021	992113	Frt Windscreen Inner Pillar			
1118		ERP Bracket			
1119		ERP Unit			
2022	991958 991959	Frt Side Mirror (Big)			
2024		Frt Side Mirror (Small) Frt Side Mirror (Round)			
2025	The state of the s	Frt Wing Mirror Stay		-	
A single contract of	and the second lives of	Frt Support Panel	-		
033		Bonnet			
Company of the Party	and the second second second	Bonnet Lock			
No. of Contract of		Bonnet Hinge	-	+	-
-	TO THE R. P. LEWIS CO., LANSING, MICH.	Bonnet Rubber	-	-	-
poster months.		Air Con Condenser	-	-	-
		Air Con Fan Assy	-	+	
		Air Con Liquid Pipe		-	-
049	995066	Air Con Receiver Drier		-	-
		Radiator		-	-
053	992738	Radiator Cowling		1	
	992742 1	tadiator Fan Assy		1	
	992758	Radiator Hose Top			
	992741 1	Cadiator Expansion Tank			
026	992596 (Oil Cooler		1	
	994431 1	ower Steering Cooler Pipe			
079					
079 0 059 0	990151 /	Air Duct			
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1257 9 1258 9 1262 9 1263 9 1264 9 1265 9 1266 9 1272 9	995326	Frt LH Door			
1258 5 1262 9 1263 9 1264 9 1265 9 1266 9 1272 9	995140	Frt LH Door Protector			
1262 9 1263 9 1264 9 1265 9 1266 9 1272 9	95142	Frt LH Door Hinge			
1263 9 1264 9 1265 9 1266 9 1272 9	more body of the land	Frt LH Door Wing Mirror Frt LH Door LOCK	-	13	
1264 9 1265 9 1266 9 1272 9		Frt LH Door Glass Regulator	-	-	
1265 9 1266 9 1272 9	191596	Fit LH Door Glass Regulator Motor			
1266 9 1272 9	91662	Frt LH Door Rubber			
1272 5		Frt LH Door Outer Handle			
1316 9		Frt LH Door Inner Trim Board			
CHECK TO SERVICE STREET		Frt RH Door	SCR	R	
		Frt RH Door Protector			
		Frt RH Door Hinge			
Market Street		Frt RH Door Wing Mirror	-		
-		Frt RH Door Glass	-		
10077	Indiana Constitution	Frt RH Door Glass Regulator	-		
996.141		Frt RH Door Glass Regulator Motor Frt RH Door Rubber	-		
Contract Contract		Frt RH Door Outer Handle			
The second second	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Frt RH Door Inner Trim Board			
		Frt Door Frt Pillar L+\	DD	P	
		Frt Door Rear Pillar	2	-	
	-	Frt Wheel Arch Panel			
2040 9	92069	Frt Wheel Arch Panel Gamish			
2041 9	91996	Frt Step Panel			
		Frt Step Pauel Top Garnish			
	94495	Frt Step Panel Inner Garnish			
annual contract of		Wiper Washer Tank	1.6		
136 9	化邻苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		WES	-	
	90247	Sticker			

aim Handling						OF EAL SUR
Accident MT/1002264				GST Registration No.	199801449R	
iscy No.	5041394964-08	Wehicle No.	GY1785Y	Policyholder NRIC	199801449R	
icynoider Name	SWEE BUILDERS PTE LTD			Loading	0	
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Contact No.(Home)	0	
stact No.(Mobile)	90631714	Contact No. (Office)	0		No. V	
wii Address		Special Remark	CALCODA INC	eCode eCode Reason	Line and	
	®No ⊜ Yes	TCA	® No ○ Yes		NO .	
D Protection	No	NCD Entitlement(%)	G.	Private Hire		
Accident Details						
	09/07/2018 21:02	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear	
port Date		Time of Acodent hh:mm	12:30	Country of Academ	Singapore	
te of Accident	07/07/2018	Orange Force	No	10M No.		
porting Centre	NATIONAL ASSESSMENT CENTR					
cident Location	SLIP RD BALESTIER RD TWDS CTE (CITY):				
- Senefits						
Excess		The state of the s		Windscreen Excess	100.00	
in damage Excess	600.00	Additional Extens				
named Driver Excess:		Outside Singapore OD Excess				
nd Party Excess	0.00	Outside Singapore TP Excess				
GST Registered Inform	nation		Williams and Company of the Company	20/02/1900		
T Ragistered	Yes		GST Registration Date	20/02/1999		
T Registration No.	1998014498		GST Status Verified	Yes		
idification History	10/07/2018 10:48:29 Ca 10/07/2018 10:48:29 Ca 10/07/2018 10:48:29 Ca	rol Wan changed GST Registered fro rol Wan changed GST Registration N rol Wan changed GST Registration D	m No to Yes o, from null to 1998014498 late from null to 20/02/1999			
Policyholder Mailing A	ddress		37 West (1750 0 Company)	Admire 3		
ddress 1	19A TANNERY ROAD	Address 2	SINGAPORE 347731	Address 3	247725	
ddress 4		Address Type	Singapore address	Post Code	347731	
nit No.		Related Policy Number	5092917868-01			
OI Driver Info						
over Name	Unnamed Driver	Oriver Type	Unnamed Driver		22,008,01939	
nnamed driver Name	VENKITACHALAM UTHIRAPATHY	Driver NRIC	G7208331N	Driver DOR	27/05/1979	
egister Date of Driver	08/11/2010	Driver Age	39	Driving Experience	7	
cense		Contact No.(Office)	0	Contact No.(Home)	0	
ontact No.(Mobile)	82345474	Address 2	SINGAPORE 347731	Address 3		
ddress 1	19A TANNERY ROAD		Singapore address	Pest Code	347731	
ddress 4		Address Type	Singapore address			
tnit No.				5 8 9		
roes he own a Singapore begistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
treathalyser or Blood TeM teading?	0 mg	Any indury?	○ Yes ® No			
fodification History						
□ Investigation						
Claim 001 00-HD	to control and a second					106 546
Claim Case Officer	Zuralmee Bin Mantau		SWEE BUILDERS PTE LTD	Insured NRIC	199801449R	
Dwm Type	GD-MD	Insured Name	AMEE DOWNSTRAFTE LID	Contact No. (Office)	65470091	
Contact No.(Mobile)	96709979	Contact No.(Home)	our north	TP Vehicle Number	SG152508	
Email Address	sweeppl@singnet.com.sg	OI Vehicle Number	GY1785Y	Name of Preferred Worksh		
Claim Description	GY1785Y / SG35250B ON 7 3ul 2018			name of Preferred Workshi		
Preferred Workshop Comac		Insured Liability	Fully at Fault			
No.	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Require Finalisation	09/07/2018 21:08	Claim Close Date		Date Received	11/07/2018 19:19	
Date Registered		Workshop Repairer		Total Loss but Repaired		
Report Taken By	Seckson	0.0000000000000000000000000000000000000		OD Excess Collected by Workshop		
Print AK letter	100000000000000000000000000000000000000			A CONTRACTOR OF THE PARTY OF TH		
Modification History	10/07/2018 16:13 s022088 Modify Cl	arm Type(00-800-500-90)				
Special Claim Creati	ion Approval	Reason				
Approval Remarks		300000 E				
damage ässessment	Attachment					
	-					
 Vehicle Info 		Marketin Market	CABSTAR	Engine Capcity	1.86	
Vehicle Make	NISSAN	Vehicle Model		50		
Date of Registration	18/01/2005	Classis No.	IN1SF4F23Z0053394	Parallel Import *	○ Yes ® No	
Towing Required *	● Yes ○ No	Vehicle in IDAC *	⊕ yes ○ No	Survey Current Status	SEC. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	
Type of Tender *	Own Damage	Assessor Name *	SIMON	De sey content status		
1DAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UB1 AVENUE 1 #01-25 PAYA			
Windscreen Parts & Labour		Total Loss *	O Yes ® No			
Cost		Scrape Value(\$)		Economical Repeir Value	\$)	
Market Value(\$)		acrese squeezy.				

REMARK	REMARK IND OF REPAIR DAY & DAYS. 1 X FRT RH CORNER FAMEL - UNCONFIRM, 3 X FRT LH DOOR LOOK - UNCONFIRM, 1 X STICKER - REPLACE.							
Damage Listing								
ed a Part	NO.	Part No.	Description	Gry .	Repair Code		1000	
root	1	16000101	BUMPER (FRONT)	1	Replace	~	×	
Not Applicable ABS	2	16001301	BUMPER BRACKET (PRONT LEFT)	3	Unconfirm	V	×	
ABSORBER		16005001	BUMPER REINFORCEMENT (PRONT)	- 1	Unconfirm	v	×	
ACCELERATOR		977	GRILLE (FRONT)	1	Replace	v	×	
ACTUATOR ADVERTISEMENT STICKER	4	27100101			100 miles (1, m)		×	
ADVERTISEMENT STICKEN	5	27100801	GRULLE EMBLEM (FRONT)	1	Replace	~	100	
AIR BLOWER	6	33000101	PANEL (FRONT)	3	Replace	V	×	
AIR BOX		38500201	SIGNAL LAMP (FRONT LEFT)	1	Unconfirm	V	18	
AIR CHAMBER BOX	5	90000000	SIGNAL LAMP (FRONT RIGHT)	1	Replace	v	2	
AIR CLEANER AIR COMPRESSOR	8	38500202				V	5	
AIR CON	9	27700101	HEAD LAMP (LEFT)	1	Linconfirm		- 2	
AIR CON (VAN)	10	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	V	9	
AIR COOLER	11	454009	WIPER PANEL GARNISH	3	Unconfirm	V	13	
AIR DISTRIBUTOR			WINDSCREEN RUBBER (FRONT LEFT)	1	Replace	V	- 5	
AIR FILTER	12	45101901	WINDSCREEN RUBBER (PRON) LEFT)				- 6	
AIR FLOW AIR GRILLE	13	112053	AIR CON EVAPORATOR	1	Uncenfirm	V	9	
AIR HORN	14	112003	ASK CON BLOWER	1	Unconfirm	V	3	
AIR INTAKE		23300202	DOOR (FRONT RIGHT)	1	Repair	v	13	
AIR RESONATOR BOX	15			11	Repair	V	1	
AIR THROTTLE BODY AND SENS	OR 16	23300101	DOOR PILLAR (LEFT)		110000	-		

LKK Paya Ubi

From:

Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>

Sent:

Monday, 16 July 2018 3:07 PM

To:

'Autopoint'

Cc:

LKK Paya Ubi; admin@sweebuilders.com.sg; Zuraimee Bin Mantau Vehicle GY1785Y, OD Claim No: MT/1002264-001, DOA: 07/07/2018

Subject:

Verlicle G117651, OD Clair

Dear AMK Autopoint

Excess \$600 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to take away the vehicle and update Ms Yvonne at 65470091 on the repair status.

Strictly no further supplementary is allowed.

Please forward the invoice and DV within 7 working days to us once repairs has been done. Update the 'Repair Status' when repairs are done.

Our Ref: MT/CA/OD/051/1002264-001/ZBM

16 Jul 2018

AMK AUTOPOINT PTE LTD

BLK 10 ANG MO KIO INDUSTRIAL PARK 2A

#01-22 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1002264-001

REPAIR OF VEHICLE NUMBER: GY1785Y

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as

follows:

Award Date: 16 Jul 2018

Make: NISSAN Model: CABSTAR

Estimated Repair Days: 5

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at

motor@income.com.sg.

Yours sincerely Low Choo Mee Senior Manager Motor Insurance

Thank you

Zuraimee Bin Mantau
Senior Executive, Motor Insurance
T+65 6430 7891
www.income.com.sg











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NATIONAL ASSESSMENT CENTRE SERVICES

(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form,

Vehicle Check-In		E-2-1-12127 This	
Vehicle No: 67. 17854	Date In:	Clarito:Time In:	_ with Keys: Yes / No
		For Office u	ise
		Attended by:	
Workshop Collection of Vehicle	8		
Workshop: Bodyfix	3.		
Collection Date: 16107118			
Tow Truck No: YN 7944K.	_ Tow Man: _	Tedy NRIC	: 1822610C
Signature: 9	6691023.		
For office use			
Attended by: Jackson		Approved by	·
Workshop Return of Vehicle			
Workshop:			
Returned Date:		with Key: Yes / No	
* Tow In / Drive In Tow Man / Workshop Representative:		NRIC:	E.
Signature:		For office us	e .
%	N 39	Attended by:	
Owner Collection of Vehicle			2
Collection Date:	Time:	with Key: Yes / No	
Owner:		NRIC:	
Signature:			8
For office use			
Attended by:	16	Annual	by:
menaeu vy		Approvea	y