		\$78 F808 ILAN	
Date In: 917/8-10:35	Jeb description	Date &Time Completed	Done by
Ref No: NA / INC180 /2490/24	SAS e-filing	i	
Veh No: 6413854	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 7/7/18-12:30	i-Motor Claim Form	M/1002764-001	9/1/8 21:04
OD / TP:// Reporting Only	i-Motor W/O (Within: OD 2h		
OD / TF / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		17
IP insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No: 5	MINOR . INC)/Non-INC()	
Owner / Driver: (***************************************	Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$	51,000 ()/\$2,000 ()		
General Remarks:			Care St.
() Walk-In Customer: Customer's i	information strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	The state of the s	1-2-3	1
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (.)
			Jan Name and Street
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()		
4) UC Check / Post Repair Inspection		The second secon	
	()		
3) Upload Resurvey Photo [Repair Cost>			
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3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80 os \$40.00 o	fit Bill Add Bil) 545 120 530 575 160 55 55 520 520
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time: Actions Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): Iditors' Comments:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80 os \$40.00 o	fit Bill Add Bil) 545 120 530 575 160 55 510 525 53

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number EMail Address

- 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

	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
D	ETAILS 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

MALE

NOEMAIL

(LOCAL) +65-82345474

OFFICE-82345474

19A TANNERY ROAD 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO 2 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) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

100

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?

NO

NO

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)

YES Are accident photos available for attachment? 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

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

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 <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.
- 5. 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.

Policyholder's Signature

Date & Time:

Driver's Signature

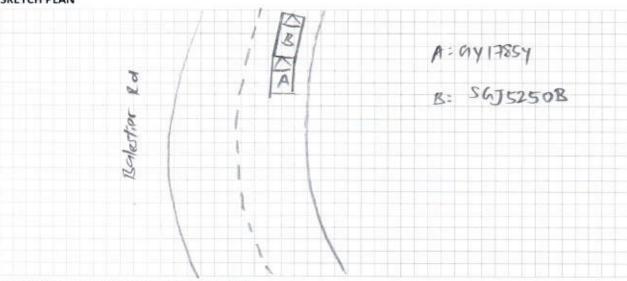
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

tefer to statement.
M 18500 W

DECLARATION

I/We declare this regoing particulars are true in every respect.

Policyholder gnature

Date & Time:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:





S PASS ent of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer SWEE BUILDERS PTE LTD

Sector: CONSTRUCTION Name

VENKITACHALAM UTHIRAPATHY SITE SUPERVISOR

0 32399894

Date of Application 15-12-2017

Date of Issue 10-01-2018 Date of Expiry

01-02-2019



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

EFFECTIVE DATE

Class 2B Class 3

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

VENKITACHALAM UTHIRAPATHY

Date of Birth

VISIT PASS

Immigration Regulations

INDIAN

Date of Issue 01-02-2019 G7208331N 10-01-2018

MULTIPLE JOURNEY VISA ISSUED

NP 428A

ence No:G7208331N

eBao Tech			GeneralClaim							
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	07/07	7/2018 12:30	3
	Vehicle	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
			300000		1	Continue				

Policy No.	5041394964-08	Policyholder Name	SWEE BUI	DERS PTE LTD	Policyholder NRIC	199801449R	
ddress	19A TANNERY ROAD SINGAPORE	347731					
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	08/12/2017	Effective Date	18/01/201	8 00:00	Expiry Date	17/01/2019 2	3:59
Excess Type		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	g/Inexperience Driver Excess
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514	549	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	19A TANNERY ROAD	Addre	ess 2	SINGAPORE 3477	31	Address 3	
Address 4		Addre	ess Type	Singapore address		Post Code	347731
		Relat Numl	ed Policy per	5092917868-01			
Unit No.							
	ed Object: GY1785Y						
	Souther was a factority						

Accident MT/1002264								
Policy No.	5041394964-08	Vehicle No.	GY1785Y		GST Registration N	0.		
Policyholder Name	SWEE BUILDERS PTE LTD				Policyholder NRIC		199801449R	
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensi	ve	Loading		0	
Contact No.(Mobile)	96631714	Contact No. (Office)	0		Contact No.(Home	6	0	
Email Address		Special Remark			eCode		Tuc V	
KFK	® No ○ Yes	TCA	® No ○Yes		eCode Reason		* Contraction	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire		No	
					711120		THE STATE OF THE S	
Report Date	09/07/2018 21:03	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Head to Rear	
Date of Accident	07/07/2018	Time of Accident hh:mm						
Reporting Centre	000002010		12:30		Country of Academ		Singapore	
		Grange Force			ICM No.			
Accident Location	SLIP RO BALESTIER RD TWDS CTE (CITY)							
W Benefits								
⊕ Excess								
Dwn damage Excess	600.00	Additional Excess			Windscreen Excess		100:00	
Unnamed Driver Excess		Outside Singapore OD Excess						
Third Party Excess	6.00	Outside Singapore TP Excess						
GST Registered Inform	ation							
GST Registered	No		GST R	egistration Date				
GST Registration No.			GST S	itatus Verified	No			
Modification History								
□ Policyholder Mailing Ad Address 1.		222224	emerce etc.					
Address 1	19A TANNERY ROAD	Address 2	SINGAPORE :		Address 3			
Address 4 Unit No.		Address Type	Singapore ad		Post Code		347731	
Unit No.		Related Policy Number	5092917868	01				
Driver Name	Herman Prince	Dr T	440000004440					
Unnamed driver Name	Unnamed Driver VENKITACHALAM UTHIRAPATHY	Oriver Type Driver NRIC	Unnamed Driv G7208331N	ver	Driver DOB		2000000	
Register Date of Driver License							27/05/1979	
		Driver Age	39		Driving Experience		7	
Contact No. (Mobile)	82345474	Contact No. (Office)	0		Contact No.(Home)		0	
Address 1	19A YANNERY ROAD	Address 2	SINGAPORE 3		Address 3			
Address 4		Address Type	Singapore adi	dress	Post Code		347731	
Unit No.								
200202000000000000000000000000000000000								
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Com	pany		
Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Com	pany		
Registered car?	○ ries No D mg	Driver Vehicle No. Any injury?	○ Yes ® No		Oriver Insurer Com	pany		
Registered car? Declaration Breathelyser or Blood Test			○ Yes ® No		Driver Insurer Com	pany		
Registered car? Declaration Breathelyser or Blood Test Reading?			○ Yes ® No		Driver Insurer Com	pany		
Registered car? Oxclaration Breathalyser or Blood Test Reading? Modification History			○ Yes ® No		Driver Insurer Com	pany		
Registered car? Declaration Breathalyser or Blood Test Reading?			○ Yes ⑧ No		Driver Insurer Com	pany		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History					Driver Insurer Com	pany		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New					Driver Insurer Com		1998014490	
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	0 mg	Any injury)	O Yes ® No				199801449R 65470091	
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Registered car? Declaration Breathayser or Blood Test Reading? Modification History Claim 001 New Chaim 100 New Commot No. (Mobile) Email Address Chaim Description Preferred Workshop Contact	0 mg	Any injury) Insured Name Contact No.(Home) Oil Vehicle Number	Swee Builds GY1785Y	IRS PTE LTD	Insured NRIC Contact No. (Office) TP Vehicle Number		65470091	
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Registered car? Declaration Breathalyser or Blood Test Reading? Modification Nucory Chaim 001 New Chaim 004 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	0 mg 00-900 95709979 sweebpl@singnet.com.sg GY1785Y / 96352508 ON 7 Jul 2018 Yes	Any injury) Insured Name Contact No.(Home) Oil Vehicle Number Insured Liability * Preference Repair Ootion	SWEE BUILDS GY1285Y Fully at Fault	IRS PTE LTD	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to		65470091 9G352508 Received	Y
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered	0 mg OD-Moc 96709979 eweebpl@singnet.com.sg CY1785Y / SG352508 ON 7 Jul 2018 Yes 96/07/2018 21:04	Any injury) Insured Name Contact No.(Home) Oil Vehicle Number Insured Liability *	SWEE BUILDS GY1285Y Fully at Fault	IRS PTELID	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to		65470091 SG252508	
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Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered	0 mg OD-Moc 96709979 eweebpl@singnet.com.sg CY1785Y / SG352508 ON 7 Jul 2018 Yes 96/07/2018 21:04	Any injury) Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	SWEE BUILDS GY1785Y Fully at Fault Preferred Wo	PAS PTE LTD	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to		65470091 9G352508 Received	
Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim 7ype * Contact No.(Mobile) Email Address Oalm Description Preferred Workshop Contact No. Require Finalisation Date Ragistered Report Taken By Print Ax letter	0 mg OD-Moc 96709979 eweebpl@singnet.com.sg CY1785Y / SG352508 ON 7 Jul 2018 Yes 96/07/2018 21:04	Any injury) Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	SWEE BUILDS GY1285Y Fully at Fault	PAS PTE LTD	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to		65470091 9G352508 Received	
Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New Chaim Type * Contact No.(Mobile) Email Address Oalm Description Preferred Workshop Contact No. Resuive Finalisation Date Registered Report Taken By	0 mg OD-Moc 96709979 eweebpl@singnet.com.sg CY1785Y / SG352508 ON 7 Jul 2018 Yes 96/07/2018 21:04	Any injury) Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	SWEE BUILDS GY1785Y Fully at Fault Preferred Wo	PAS PTE LTD	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to		65470091 9G352508 Received	
Registered car? Declaration Breathelyser or Blood Test Reading? Modification Nucley Claim 001 New Claim 7ype * Contact No. (Mobile) Email Address Oalm Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print At letter	0 mg OD-Moc 96709979 eweebpl@singnet.com.sg CY1785Y / SG352508 ON 7 Jul 2018 Yes 96/07/2018 21:04	Any injury) Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	SWEE BUILDS GY1785Y Fully at Fault Preferred Wo	PAS PTE LTD	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to		65470091 9G352508 Received	
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tachment	Uploaded By/Class	Category	9	Urgency	Description	Sent? Acti (CO)
er o	NAC_PAYA_UBL_B00601(NATJONAL ASSESSMENT CENTRE SERVICES) on 09 J 2018 21:08	ul NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-9	Ed
60	NAC, PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 3 2018 21:07	ul SAS		Normal	SAS 2018-7-9	Ed
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NOTE:	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Ju 2018 21:04	Photos		Normal	Photos 2018-7-9	Edit
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350	NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 3u 2018 21:04	Photos		Normal	Photos 2018-7-9	Edit
deo List	Uproaded By/Date Folder Date	File Name		9	Source	Action