NATIONAL Assessment Centre Services [wet 1 Jan'05] M NAJ18099161 Done by Date & Time Completed Date In: 1/8/18-09:17 Jcb description Ref No: NA INC (80095) SAS e-filing Veh No: GBB8387 E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form 1×18 10:27 MT 1005494-001 D.O.A: 31A/8-02:00 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP ') Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Veh No: 6x 6821)/Non-INC (TP Particulars: INC (Tel: Owner / Driver: (Cover Type: () Policy No: (Period: (Time: Confirmed by : (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: (Warranty: YES (Year of Registration: ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Invoice Preparation Check ist. NA 1804827. 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OI)* QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charged Involce dated Zat 2/3: Fee Charged Invoice dated

a port at 1 and

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	01/08/2018 09:13
Date Of Accident	31/07/2018 02:00
Exact Location Of Accident	JUNC HILL ST & COLEMAN ST
Country/State of Loss	SINGAPORE
Control of the Charles of the Charle	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB8387Y
Insured/Policyholder	THE RESERVE OF THE PARTY OF THE
Name Of Registered Owner	SINGA SIGNAGE AND DESIGN EXHIBIT PTE LTD
Co Reg No	199204382D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68442722
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084543630-01
Cover Note Number	
Driver	

Name of Driver DURAIRASU KALAISELVAN

Passport No/FIN G6852379L Date Of Birth 13/05/1982 Occupation OUTDOOR Date Of Driving Pass 30/12/2011

Driving Experience 6 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84599459

Fax Number

Contact Number OFFICE-84599459

EMail Address NOEMAIL Address

BLK 1078 EUNOS AVENUE 6

#01-162

Postcode

409634

Was driver an employee of the Insured's Company YES

was driver an employee of the insured's Company

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?

Number of vehicles involved in the accident

2

NO

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)

140

Passenger 1

NAME:

. -

GENDER:

: MALE

Passenger 2

NAME:

. .

GENDER:

Passenger 3

NAME:

1.

: MALE

GENDER:

: MALE

Passenger 4

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, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 1 JUNC HILL ST AS THE TRAFFIC LIGHT WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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

GX687J

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 17

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

Passenger 2

COMMERCIAL VEHICLE

NGIAN WEI WEI, KELVIN (YAN WEIWEI, KELVIN)

S8433978D

3

NAME:

GENDER:

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:
 - (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

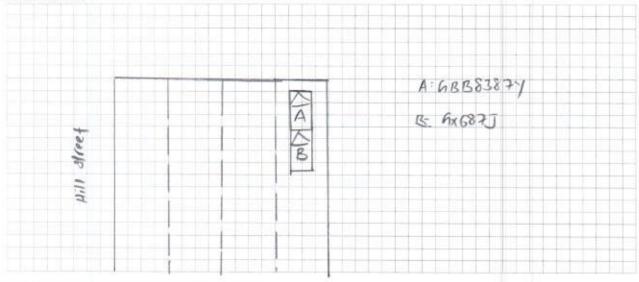
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

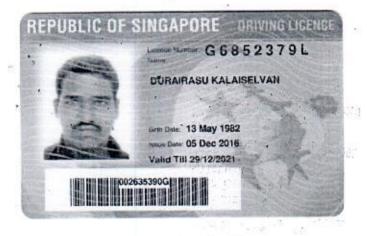
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





12-07-2019

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

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver Class 3 31/05/17

Class 3C

Date of Birth INDIAN Divise of Issue Date of Expiry Q5852379L 18-07-2017 12-07-2019 MULTIPLE JOURNEY VISA ISSUED

VISIT FASS Immigration Regulations

NP 428A

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change I	anguage	• Chang	e Password	• Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	e of Accident	31	/07/2018 0	2:00	
	Vehicle	No.(For Mator)	GBB83	387Y		Cert	ificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084543630- 01		SINGA SIGNAGE AND DESIGN EXHIBIT PTE LTD	199204382D	GCV	Comprehensive	GB88387Y	GB88387Y	15/10/2017	14/10/2018
						Continue					

1111111	icy Information						
Policy No.	5084543630-01	Policyholder Name	SINGA SIG	NAGE AND DESIGN E	Policyholder NRIC	199204382D	
Certificate No.							
Address	BLK 1078 #01-162 EUNOS AVEN	UE 6 SINGAP	ORE 409634				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	19/09/2017	Effective Date	15/10/2017	00:00	Expiry Date	14/10/2018 23	:59
Excess Type		All Claims Excess					
Third		Own			Windowson		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 1078 #01-162	Addre	ss 2	EUNOS AVENUE 6	8927 5-3	Address 3	SINGAPORE 409634
Address 4		Addre	ss Type	Singapore address	1	Post Code	409634
Unit No.		Relate Numb	ed Policy er	5084543630-01			
D Insure	d Object: GBB8387Y						
♥ Endors	ements						
Sequen	nce Date of Endorsemen	t	Endorsement	Type	Endorsement	Status	Endorsement Content
				10.00	Description	T624780	

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	5084543630-01	Makista Na			
ertificate No.	2084247670-01	Vehicle No.	G888387Y	GST Registration No.	
olcyholder Name	SINGA SIGNAGE AND DESIGN EXHIBIT PT	- 1-0		20207797702222	
voduct Code				Policyholder NRIC	199204382D
	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	0	Contact No. (Office)	58442722	Contact No.(Home)	0
nail Address FK	S 1- O-	Special Remark		eCode	THE V
	® No () Yes	TCA	® No ○Yes	eCode Reason	
D Protection	Na	NCO Entitlement(%)	10	Private Hire	No
Accident Details					
port Date	01/08/2018 10:53	Accident Report Within 24 hrs.	Yes	Academt Type	Collision - Head to Rear
its of Accident	31/07/2018	Time of Accident hh;mm	02:00	Country of Accident	Singapore
porting Cerére		Orange Force		ICM No.	
sident Location	JUNC HILL ST & COLEMAN ST				
Benefits					
Excess					
n demage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
dification History					
Policyholder Mailing Ad					
fress 1	SUK 1078 #01-162	Address 2	EUNOS AVENUE 6	Address 3	53NGAPORE 409634
dress 4		Address Type	Singapore address	Post Code	409634
et No.		Related Policy Number	5084543630-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	DURAIRASU KALAISELVAN	Driver NRIC	G6852379L	Driver DC8	13/05/1982
gister Date of Driver License	30/12/2011	Driver Age	36	Driving Experience	6
ntact No.(Mobile)	84599459	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	8LK 1078				
doess 4		Address 2	BUNOS AVENUE 6	Address 3	EUNOS INDUSTRIAL ESTATE
	SINGAPORE 409634	Address Type	Singapore address	Post Code	409634
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