Date In 31/10/2018 14:35	Jcb description	Date &Time Completed	Done by
REINU NA/INC 18019830/K4			
Veli No GZSS81L	E-mail (within 8hrs, AIC 2hrs)	 	
DOA . 30/10/2018 -18:20	-	MT/1018011+	001 8111118 100
30/10/2010 1.0.20			001 01/11/18 10
OD (TP-) Reporting Only	i-Motor W/O (Within: OD 2hr	, TP thrs)	
	i-Photo Uploaded	1.	
TP Insurer	Assessment/Survey Report		
The second secon	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fa	x: ,)
TP Particulars: Veh No: S	JT5733 LINC()/Non-INC()	
Owner / Driver: (Tel:)
	iod: (Cover Type: ()
Confirmed by: (Date:	Time:)
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%)
	Varranty: YES ()/NO ()	9113
	00()/\$2,000()		
			Carlo M.
) Walk-In Customer's Infor		rictly NO refer of repairer.	
) Total Loss Case : to e-mail Insure			SANSA WILLIAM SANSA SANSA SANSA
Drive-In ()/ Towed-In (); Invoice:	:YES()/NO();T	owing Co: (,)
The Control of the state of the control of the cont	P. Contamount of Laws Int Street Income to the	COLUMN CONTRACTOR DE LA COLUMN COLUMN COLUMN COLUMN CONTRACTOR DE LA COLUMN	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWI
cemarks 1NC hotline 6788 6616)		Date & Time Completed	Done by
	ourtesy Car ()	Date&Time Completed	Done by
) Apply for Transport Allowance ()/ Co	ourtesy Car ()	Date&Time Completed ?	Done by
) Apply for Transport Allowance ()/Co	()	Date&Time Completed ?	Done by
) Apply for Transport Allowance ()/Co) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$36	()	Date&Time Completed (Done by
) Apply for Transport Allowance ()/Co	()	Date&Time Completed ?	Done by
) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$36 Injury :	()	Date&Time Completed ?	Done by
) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$36 Injury:	()	Date & Time Completed	Done by
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) Apply for Transport Allowance ()/Co) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$36 Injury:	()	Date & Time Completed ?	Done by
) Apply for Transport Allowance ()/Co) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$36 Injury:	()	Date & Time Completed ?	Done by
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) Apply for Transport Allowance ()/Co) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$36 Injury:	() 000] ()		
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Apply for Transport Allowance ()/Co) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$30 Injury : ate/Time Actions Imant's Particulars :: ver/Owner:	707 Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Checklist Reporting (530); Assessment (5100); INC (580 rec 540/ hrough Survey 5	Anit (5) Anit (5)
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$30 Injury : ate/Time Actions MA180 timant's Particulars ::	707 Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming s	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); ee \$40/ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (well 10 Jan 2005)	AniC(S) Ant (S) - (A Bill) 345 120 530
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Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$30 Injury : ate/Time Actions NA180 nimant's Particulars :: iver/Owner: intact No:	() () () () () () () ()	puration Checklist Reporting (\$30); Assessment (\$100); INC (\$30) ree \$40/ hrough Survey \$ hrough Survey (Resurvey) reainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$	AniC(S) Ant (S) - (A Bill) 345 120 530
Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$30 Injury : ate/Time Actions Actions nimant's Particulars :: iver/Owner: intact No: imaged Portion:	() 000] () Invoice Pre 1) AR: Accident	puration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); hrough Survey \$ hrough Survey (Resurvey) ligainst INC Only (well 10 Jan 2005) ction + SMRT Survey \$ onal Services:-	Ant (5) Ant (5) - (4) Bill 345 120 530 375
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Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : ate/Time Actions Actions iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre Invoice Pre I) AR: Acciden 2) DA: Damege 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming 9 6) TR: Re-inspe 7) NI: Idao DA 8) NTUC Additi OI)* *N5: Courtesy *N6: Benelic	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30) hrough Survey \$ hrough Survey (Resurvey) rgainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ ction Car / Tpt Allowance co-ordination	Ant (5) Ant (5) (11.0) (12.0) (17.5) (16.0)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Pate/Time Actions Actions	() () () () () () () ()	paration Checklist Reporting (530); Assessment (5100); INC (530); Fee 540/ hrough Survey 5 hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005) ction + SMRT Survey 5 onal Services: Car / Tpt Allowance o-ordination wir Inspection licet Excess Coordination (Norn INC) against INC	Anic (5) Anit (5) - (11 Bill) Add Bill 345 120 530 375 160

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 liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies,
- 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.

ACCIDENT STATEMENT
Carron por accessor and the contract of

 Date Of Report
 31/10/2018 14:35

 Date Of Accident
 30/10/2018 18:20

Exact Location Of Accident PUNGGOL CENTRAL TWDS EDGEDALE PLAINS

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ5581L

Insured/Policyholder

Name Of Registered Owner MA YI GROUP PTE, LTD.

Co Reg No 201540736Z Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-91813513

 Alternative Phone No
 OFFICE-91813513

Vehicle Particulars

Manufacturer NISSAN

Model P/UP LOWBED

Exact Purpose for which vehicle was being used at

time of accident

WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If 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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5095108816

Cover Note Number

Driver

Name of Driver ANNAMALAI GUNASEELAN

 Passport No/FIN
 G6220550X

 Date Of Birth
 19/02/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/09/2009

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83007735

Fax Number

Contact Number OTHERS-83007735

EMail Address NOEMAIL

Address BLK 319 BUKIT BATOK ST 33

#06-48

Postcode 650319

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

Type Of Accident CHAIN COLLISION

Weather Conditions DRIZZLING
Road Surface WET

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 NO

ambulance?

YES

Was any other material or property damaged?

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: HOSSAIN BILLAL

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SJT5733L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

GBC5860L

COMMERCIAL VEHICLE

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy flability.
- 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.
- 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)

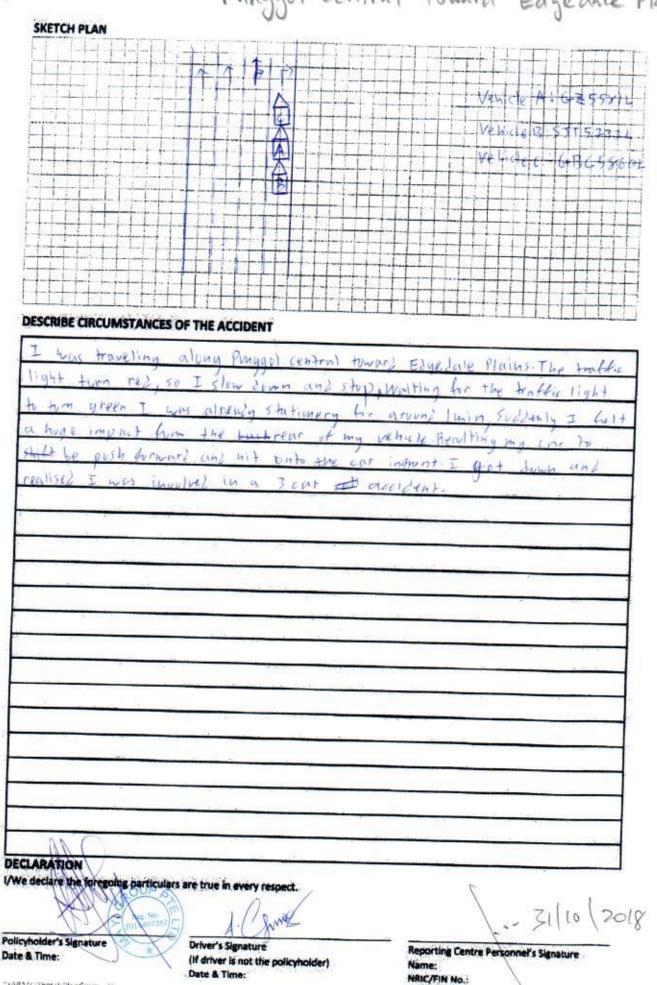
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Punggol Central toward Edgedale Plains



StandersketchPtoneous va

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 30/10/2018	(DD/MM/YY) Time:	18: 23 pm (HH:MM)
Exact location of accident	0		
	Punggol central	turard Edgedale	Plaine

Details of vehicle

Vehicle registration number	62558	L			
Vehicle make and model	Ottssan				
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆		□ Van	Others:
Vehicle category	Private Ø	Commo	ercial 🗆	Motorcy	cle 🗆
Purpose of using at said time	Working	1		-	
Are you claiming under your own insurance company?	Yes Third part of	No 🗆	if no, ple Reportin	ase select: g only \Box	

Insurance information

Type of policy	Comprehensive	Third party fire & theft a	TP only
Policy number	5095108816		
Insurance company	NTVC		

Insured / Policy holder

Name	MA YI Group pte C+2. Male 0	Female
NRIC / Fin / Passport number	2015407362	
Contact	91813513	
Address	2 Tishun intustrial street 1 #0 6-13 northpoint 5(768159)	bizhub

Driver

Same as insured above (skip to D.O.B)

Name	ANNAMALAI GUN ASEELAN	Male 🗷	Female
NRIC / Fin / Passport number	G6220550X		
Contact	8300 7735		
Address	BIK 319 #06-48, Bukit Batok St 33 5 (65 07197)		
Email address			
Date of birth	19 Feb 1985		
Occupation	Indoor Outdoor Outdoor		
Driving date pass	18 Sep 2000		

General information of the accident

Was driver an employee of the insured's company?	Yes If no, rel	No.	driver and insured: _ Puployed
Accident captured by camera?	Yes 🗆	No 🗹	
Weather condition	Clear	Raining p	Others: drizzling
Road surface	Dryvin	Wet Ø	
No of passenger	2		(Inclusive of driver)

Passenger 1

Name	ANNAMALAI GUNASEELAN	
Gender	Male Female	

Passenger 2

Name	H 655A1	N BILLAL	
Gender	Male 😅	Female	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes	No Ø	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No d	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	GB(58602	
Vehicle make model		

Third party vehicle 2

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	STT5733L	
Vehicle make model		10

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

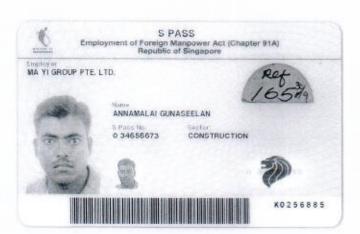
Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

VA/	itn	ess	1
WW		E22	1

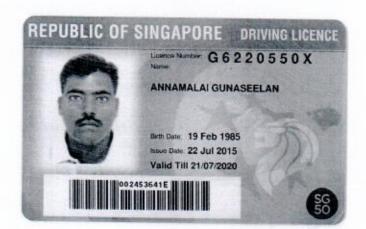
Name			
Witness 2			
Name			
Injured person 1			
Name		TO FOR	
Injuries sustained			
Which vehicle person in?		-	
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to nospital by ambulance?	Yes 🗆	No	
Injured person 2			
Name		All the second s	
njuries sustained		9 2 2	
Which vehicle person in?			
Vere seat belts worn?	Yes	No 🗆	
Vas injured conveyed to ospital by ambulance?	Yes 🗆	No -	
Injured person 3			
lame			
njuries sustained			
Vhich vehicle person in?			
Vere seat belts worn?	Yes 🗆	No 🗆	
Vas injured conveyed to ospital by ambulance?	Yes 🗆	No 🗆	
Injured person 4			
ame			
juries sustained			
hich vehicle person in?			
/ere seat belts worn?	Yes 🗆	No 🗆	
as injured conveyed to	Yes	No 🗆	
ospital by ambulance?	163 [NOU	

Driver





Priver



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 18 Sep 2009
Class 3 31/05/17
Class 3C Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg Motor Cars unladen weight =< 3000kg with =<7 22 Jul 2015

NP 428A

Passenger





HOSSAIN BILLAL



Date of Birth Sex 01-01-1969 M

Date of Issue

G7079652Q 12-01-2017

04-01-2019

MULTIPLE JOURNEY VISA ISSUED

BANGLADESHI



		Certificate o	Insurance	
MOTOR VEHICLES (ROAD TRANSPORT	(THIRD PARTY RISKS AN ACT, 1987 (MALAYSIA	ND COMPENSATION) AI ND COMPENSATION) RI) ULES, 1959 (MALAYSIA	JLES, 1960	
Certificate Number		OLES, 1959 (MALAYSIA		
		65	Cover : Third Pa	rty, Fire & Theft
Chassis Number	Registration Number	of Vehicle	GZ5581L	West of
Name of Policyl	Chara		JN1AHGD22Z0040	
3. Effective Date of			MA YI GROUP PTE.	LTD.
4. Expiry Date of It			20 Oct 2017	
	ses of Persons entitled	to drivet	15 Dec 2018	
(a) The Policyh		to driven		
		in the Policyholder's or	lar ar with his /h	CALLY FOLK Y W
Provided th	nat the person driving i	s permitted in accorda	ser or with his/her pe	ermission. For other laws or regulations to drive
enactment	vehicle or has been so or regulation in that b	permitted and is not d ehalf from driving the I	squalified by order or	f a Court of Law or by reason of any
6. Limitations as to				
(a) Use for soci	ial domestic and pleasi	ure purposes and in co	nection with the Pol	icyholder's business or profession.
		or goods in connectio	with the Policyhold	er's business.
This Policy does not				
(a) Use for hire				
(b) Use for raci	ng, pace-making, relia	bility trial or speed-test	ing.	
(c) Use whist o	grawing a trailer excep	t the towing of any one	disabled mechanical	ly propelled vehicle.
Act (Chapte headings.	r 189) and Section 95	of the Road Transport	or Vehicle (Third Pari act, 1987 (Malaysia),	by Risks and Compensation) are not to be included under these
EXCESS (SECTION 1)	<u> </u>	N/A		
EXCESS (SECTION 2)	ni j	N/A		
INSURE WITH COE	*	YES		
HIRE PURCHASE COI	MPANY	N/A		
SUM INSURED		MARKET VALUE OF IN	SURED VEHICLE AT T	IME OF LOSS
I/We hereby Certify Vehicles (Third Party	that the Policy to white y Risks and Compensat	th this Certificate relate ion) Act (Chapter 189)	s is issued in accorda and Part IV of the Ro	nce with the provisions of the Motor ad Transport Act, 1987 (Malaysia)
Agency		EDIT (S) PTE LTD (0000)	614577)	
Date of Issue	: 20 Oct 2017 1	2:41 hrs		
			For NTUC INCOM	IE INSURANCE CO-OPERATIVE LIMITE
	Therefore	₹		m
Countersigned By:				
	Authori	sed Officer		Chief Executive

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e • Chan	ige Password	, Log Ou
My Desktop	Poli	cy Query									2)
Notice of Loss	Policy f	No.				Date	of Accident		30/10/2018	18:20	
	Vehicle	No.(For Motor)	GZ558	1L		Certif	icate Number				
					[Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5095108816		MA YI GROUP PTE, LTD,	2015407362	GCV	Third Party, Fire & Theft	GZ5581L	GZ5581L	20/10/2017	15/12/2018
) Nepaloz. 1999		Continue	(Compare American			March Televisian Co.	H-15-100-0000

Policy Information

Policyholder Policy No. 5095108816 Policyholder MA YI GROUP PTE, LTD. 201540736Z Name NRIC Certificate No. Address BLK 38 #03-475 LORONG 5 TOA PAYOH EAST PAYOH SPRING SINGAPORE 310038 Product Group COMMERCIAL VEHICLE INSURAL Plan N Name Policy Flag Policy Effective issue 20/10/2017 20/10/2017 00:00 Expiry Date 15/12/2018 23:59 Date Date Third Own Party Windscreen damage 0 Excess Excess Excess Additional 05 0 Excess Premium Outside Outside Singapore Singapore OD TP Excess Excess Agent THOMSON CREDIT (S) PTE LTD Agent Tel. GST Flag NIL Y Coinsurance Flag Open Policy Info Certificate Info Policyholder Mailing Address

Address 1	BLK 38 #03-475	Address 2	LODONG F TO LONG		
Addicas 1	DLK 30 #U3-4/5	Address 2	LORONG 5 TOA PAYOH	Address 3	EAST PAYOH SPRING
Address 4	SINGAPORE 310038	Address Type	Singapore address	Post Code	310038
Unit No.	03-475	Related Policy Number	5080410265-02		

▽ Endorsem	ents			
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
	14/06/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 20 Oct 2017 TO 15 Dec 2018 In view of this amendment, an additional premium of \$209.52 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also

make payment at any of our branches by cash, credit card

or NETS.

Claim Handling

No St	Accident MT/1018011						
Centification Centificatio	Policy No.	5095108816	Vehicle No.	GZ5581L		GST Reg	stration f
Product Code	Certificate No.					1000000	
Procedure Content No. Content Regulated Content Page Note Page Note Page Note Page Content No. Con	Policyholder Name	MA YI GROUP PTE, LTD.				Policyhol	der NRIC
Carlant No. Monther 9 9313333 Carlant No. Monther 9 Carlant	Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire	& Theft		
Special Remark	Contact No.(Mobile)	91813513	Contact No.(Office)				Vo.(Home
No. 10 10 10 10 10 10 10 1	Email Address		Special Remark				
Report Date	KFK	+ No Yes	TCA	■ No Yes			eason
Accident Date	NCD Protection	No	NCD Entitlement(%)	0		Private H	ire
Accident Type Regionary Centre Sol 10/10/2018 Time of Accident Flyenie Regionary Accident Execution PACOUNTING Entre Orange Force 10/10 No. Additional Excess Unrained Driver Excess O.00 Outsels Singapore OD Excess Unrained Driver Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess O.00 Outsels Singapore TP Excess Outself Registration Dave O.00 Outsels Singapore TP Excess Outself Registration Dave O.00 Outsels Singapore address Outself Dave Table O							
Date of Accident SU/12/2288 Time of Accident himms 18 20 Country of Accident Registrating Centre ICM No.	Report Date	01/11/2018 09:49	Accident Report Within 24 hrs	Yes		Accident	Type
Migrating Gentle Migrating Address Migra	Date of Accident	30/10/2018	Time of Accident hh:mm	18:20			
Accident Leadson PLANGE LEASED PLANGE PLANS VERSE STORM ACCIDENT ALL PROPERTY Excess On 16 and 16 page 12 page	Reporting Centre		Orange Force				
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Third Party Excess 0.00 Outside Singapore TP Excess	Unnamed Driver Excess		Outside Singapore OD Excess			Williastre	en Exces
## CST Registered Information ## CST Registered Information ## CST Registered No	Third Party Excess	0.00					
March Marc	▽ Benefits						
SST Registration No. GST Status Verified No Modification History Policyholder Mailling Address Address 1 BLK 38 #03-475 Address 2 LORONG 5 TOA PAYOH Address 3 Address 1 BLK 38 #03-475 Related Policy Number S080410265-02 Policy Type Unnamed Driver Univer Tion Driver Tame Unnamed Driver Unnamed driver Driver Type Unnamed driver ANNAMLAI GUIASEELAN Driver Age 33 Driving Experience Contact No. (Mebile) BLK 319 # Address 2 BUKT BATOK STREET 33 Address 3 Address 3 Address 3 Address 4 Address 5 BuK 319 # Address 7 Address 4 Address 7 Driver Haure Onlock No. (Mebile) Andress 4 Address 7 Address 7 Address 7 BuK 319 # No. Driver Insurer Condition Onlock No. (Mebile) No. (No. (Mebile) No. (Mebile) No. (No. (Mebile) No. (No. (Mebile) No. (Mebile) Driver Insurer Condition Driver Vehicle No. Driver Insurer Condition No. (Mebile) Driver Insurer Condition Driver Insurer Condition		tion					
Modernation No. GST Status Verified No.	GST Registered	No		GST Rep	istration Date		
Policyholder Malling Address Address 1 BLX 38 #03-475 Address 7: LORONG 5 TOA PAYOH Address 3 Post Code Address 4 STMARADORE 310038 Address Type Singapore address 9: Post Code Unit No.: 03-475 Related Policy Number 5080410265-02 **TOTHER TAINE*** Unnamed Driver Unnamed Driver Unnamed Driver Unnamed driver Name AMMANALAI GUNASEELAN Driver Rage 33 Driving Expenses Unnamed driver Name 18,097209 Driver Age 33 Driving Expenses Address 3 BUX 319 # Address 2 BUXTI BATOK STREET 33 Address 3 Address 4 Address 7: BUXTI BATOK STREET 33 Address 3 Address 3 BUXTI BATOK STREET 33 Address 3 Address 4 Address 7: Post Singapore address Unne No. Does he oan a Singapore Code of Singapore Address 3 BUXTI BATOK STREET 33 Address 3 Address 4 Address 7: Post Singapore Address 7: P	GST Registration No.						No
Address 1 Bix 38 #03-475 Address 2 LORONG 5 TOA PAYOH Address 3 Address 4 SINCAPORE 310038 Address 79 Singapore address Post Code Unit No. 03-475 Related Policy Number SCR0410265-02 ***OI Driver Info ***Driver Name **Unnamed Driver ***Driver Name **Unnamed Driver ***Driver Name **Driver Name ***Driver N	Modification History						110
Address 4 SINGAPORE 310038 Address Type Singapore address Poet Code Unit No. 03-475 Related Policy Number S080410265-02 **TO Driver Info **Or Driver Name** Unnamed Driver	Policyholder Mailing Add	iress					
Address 4 SINGAPORE 310038 Address Type Singapore address Post Code Unit No. 03-475 Related Policy Number 5080410265-02 ***Of Driver Info **Driver Name** Unnamed Driver Driver Name** Annumed Driver Age 33 Driving Experience Contact No. (Mobile) 83007735 Contact No. (Office) 0 Contact No. (Mobile) 83007735 Contact No. (Office) 0 Contact No. (Office) N	Address 1	BLK 38 #03-475	Address 2	LOROUG F TO A		0000000	
Unit No. OBS-110265-02 Politiver Info Unnamed Driver Driver Name Unnamed driver Name ANNAMALAI GUNASEELAN Driver Rage 33 Driving Experience Godact No. (Mobile) 83007735 Contact No. (Office) 0 Contact No. (Office) 0 Unnamed Driver Godact No. (Office) 0 Contact No	Address 4						
## OI Driver Info Driver Name	Unit No.				S	Post Code	•
Unnamed driver Name ANNAMALAI GUNASEELAN Driver Natic G6220550X Driver DDB Register Date of Driver License 18/09/2009 Driver Age 33 Driving Experience Contact No. (Mobile) B3097735 Contact No. (Office) 0 Contact No. (Home Address 1 BLK 319 # Address 2 BUKIT BATOK STREET 33 Address 3 Address 3 Address 4 Address 7 ype Singapore address Singapore Registered Car? Ves # No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Con Driver Insured MA YI No. (Home) Contact No. (Mobile) Contact No. (Mobile) Insured Utability Partially at Fault Driver Nation Driver	▽ OI Driver Info	3801040	Related Policy Hallinger	5080410265-02			
Unnamed driver Name ANNAMALAI GUNASEELAN Driver NRIC G622050X Driver Date of Driver License 18/09/2009 Driver Age 33 Driving Experience Contact No. (Mobile) 83097735 Contact No. (Office) 0 Contact No. (Office) 18 Bux 319 # Address 2 Bux IT BATOK STREET 33 Address 3 Address 3 Address 4 Address 4 Address Type Singapore address Post Code Registered Car? Yes * No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Con Driver Insur	Driver Name	Unnamed Driver	Driver Type	Hanned Driver			
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Contact No. (Mobile) 83007735 Contact No. (Office) 0 Contact No. (Home Address 1 BLK 319 # Address 2 BUKT BATOK STREET 33 Address 3 Address 3 Address 4 Address 7ype Singapore address Post Code Unit No. Does he own a Singapore Registered Car? Yes * No Driver Vehicle No. Driver Vehicle No. Driver Insurer Con Driver Insurer Con OD-MX Ves * No Driver Insurer Con OD-MX Ves * No OD-MX Insured WA YI No. Contact No. (Mobile) Contact	Register Date of Driver License	18/09/2009					
Address 1 BLK 319 # Address 2 BUKIT BATOK STREET 33 Address 3 Address 4 Address 4 Address 7ype Singapore address Pest Code Unit No. Does he own a Singapore Registered car? Yes * No Driver Insurer Con Dr	Contact No.(Mobile)	83007735					
Address 4 Address Type Singapore address Post Code Unit No. Declaration Breathalyser or Blood Test 0 mg Any Injury? Yes a No Claim 001 OD-MX Nsw Claim 17pe * Contact No. (Mobile) Contact No. (No. (Mobile) Contact No. (Mobile) Contact	Address 1	BLK 319 #			REET 33		
Unit No. Dees he own a Singapore Registered car? Ves * No Driver Vehicle No. Driver Insurer Con Drive	Address 4		Address Type				
Driver Insurer Con Driver	Unit No.		00000000000000000000000000000000000000			Post Code	
Any Injury? Yes a No Reading? Claim 001 OD-MX Next Claim 001 OD-MX Next Claim 1 ype * Contact No. (Mobile) Finall Address Contact No. (Mobile) Con	Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.			Driver Ins	urer Com
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Claim Description GZ5581L / SJ75733L ON 30 Oct 2018 Preferred Vorkshop Preferred Vorkshop Alate Registered Option GZ5581L / SJ75733L ON 30 Oct 2018 Option Opt	Contact No.(Mobile)						Mi
Vehicle Number GZ558 Claim Description GZ5581L / SJT5733L ON 30 Oct 2018 GZ5581L /						(Home)	IVIL
Claim Description GZ55B1L / SJT5733L ON 30 Oct 2018 Freferred Workshop Preferred Workshop, Name unknown Teport Received Teport Received Tol/11/2018 09:58 GZ55B1L / SJT5733L ON 30 Oct 2018	Email Address						GZ5581
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o1/11/2018 09:58 Close Date Copert Taken By Workshop	Properties No.	* Repair Preferred Workshop, Name	unknown - GIA Received				
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Accident No.	MT/1018011	Claim No.		001		
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