

NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

MAA418151756

Date In: 23/1/2018 09:14	Job description	Date & Time Completed	Done by
Ref No: N84/INC021183/Y	SAS e-filing		
Veh No: YP 6899D	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/1/2018 09:15	I-Motor Claim Form	MAA11021045-001	23/1/2018 09:53
OID: TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: ER 2822K	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: 80-100%)	
Year of Registration: (Warranty: YES () / 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 110411-0788/0016)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time:	Assign:

MAA1807675	Invoice/Repairation/Claim/Assessment/Ass't	MAA11021045-001
Client Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OP:	
	*N1: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$10	
	9) N12: Idao Mobile \$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged
Auditor's Comments:		
Ref 1:		
2/3		

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 withholding 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.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
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

Date Of Report	23/11/2018 09:14
Date Of Accident	22/11/2018 09:15
Exact Location Of Accident	CROSS STREET AND ROBINSON ROAD TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6899D
Insured/Policyholder	
Name Of Registered Owner	GREEN-TECH EGG INDUSTRIES PTE LTD
Co Reg No	200107479C
Email Address	ARIV.BIO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84634091
Alternative Phone No	OFFICE-84634091

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5093074782-01
Cover Note Number	

Driver

Name of Driver	GOVINDASAMY ARIVAZHAGAN
NRIC No	G3175266W
Date Of Birth	03/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/09/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84634091
Fax Number	
Contact Number	OTHERS-84634091
Email Address	ARIV.BIO@GMAIL.COM

Address	BLK 835 JURONG WEST STREET 81 #03-39
Postcode	630835
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	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?	NO
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	ER2282K
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HUA
NRIC/Passport Number	S7039839G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
3. 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 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.**
6. 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.
7. 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:
 - (i) 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.

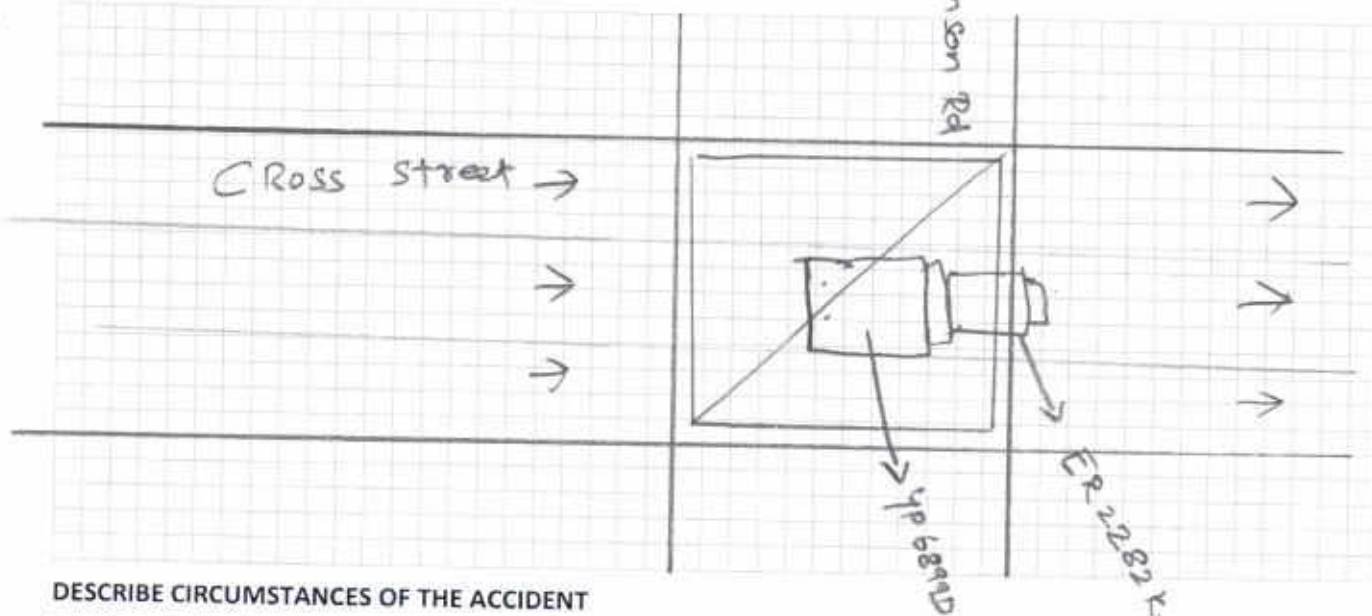


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Ko bin son Rd



→ 49689AD

Er 22824

- (1) Am Driving along Cross Street, when I am Reached Cross St near by Robinson Rd Traffic light
- (2) The Traffic light changed green.
- (3) In front Car moving (ER2282K) Suddenly Stop In Centre of traffic light and yp 6899D hit the Car behind.
- (4) Distance between ER2282K and yp 6899D around 2 car distance.

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



in every respect.

28/11/2018

Reporting Centre Personnel's Signature

Name: [Signature]

NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/1021045

Policy No.	5092074782-01	Vehicle No.	YP6899D	GST Registration No.	
Certificate No.					
Policyholder Name	GREEN-TECH EGG INDUSTRIES PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	200107479C
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	84634091	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No / Yes	eCode	No
KFK	+ No / Yes	NCD Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	23/11/2018 09:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/11/2018	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CROSS STREET AND ROBINSON ROAD TRAFFIC JUNCTION				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	3 TUAS BAY WALK	Address 2	SINGAPORE 637754	Address 3	
Address 4		Address Type	Singapore address	Post Code	637754
Unit No.		Related Policy Number	5105178838		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/07/1989
Unnamed driver Name	GOVINDASAMY ARIVAZHAGAN	Driver NRIC	G3179266W	Driving Experience	1
Register Date of Driver License	29/09/2017	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	84634091	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	630015
Address 4		Address Type	Foreign address		
Unit No.	03-39	Driver Vehicle No.	YP6899D	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	GD-MX	Insured Name	GREEN-TECH EGG INDUSTRIES	Insured NRIC	200107479C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	84634091
Email Address		CI	YP6899D	TP	84634091
Claim Description	YP6899D / CR2282K ON 22 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/11/2018 09:52	Claim Close Date		Date Received	23/11/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1021045	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	23/11/2018 09:53		
Path *					
Choose File	No file chosen	Category *	Confidential		
Choose File	No file chosen	Urgency *	Normal		
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Choose File	No file chosen				
Message Read					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	H:
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)	on 23 Nov 2018 09:53	Photos	Normal	Photos 2018-11-23	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 09:53	Photos	Normal	Photos 2018-11-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 09:53	Photos	Normal	Photos 2018-11-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 09:53	Photos	Normal	Photos 2018-11-23
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-23

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22/11/2018) (DD/MM/YYYY), TIME: (09:15) (HH:MM)

LOCATION: CROSS STREET (Nearby Robin Traffic Light)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 6899D
 b) INSURANCE COMPANY: 59
 c) POLICY NUMBER: TSU24
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GRAMATHAN ELLI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOVINDASAMY ARIVAZHAGAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G312524W CONTACT: 84634091
 c) ADDRESS: Blk 835 D3-39 St. Turing West St R1 630835

* d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: ER 2282 K MODEL: TOYOTA (WISH)
 b) DRIVER'S NAME: ANA HUA
 c) NRIC/FIN/PASSPORT: S 70398396 CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

an

email = ariv.bio@gmail.com

fax =

V1060

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

Employer:
GREEN-TECH EGG INDUSTRIES PTE. LTD.

Sector: **MANUFACTURING**

Name:
GOVINDASAMY ARIVAZHAGAN

Occupation:
MANAGER, QUALITY ASSURANCE

S Pass No.
0 38921755

Date of Application
05-10-2017

Date of Issue
15-11-2017

Date of Expiry
15-11-2019



LB448552

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


License Number: **G3175266W**

GOVINDASAMY ARIVAZHAGAN

Birth Date: **03 Jul 1989**

Issue Date: **26 Sep 2016**

Valid Till: **25/09/2021**



VISIT PASS
Immigration Regulations

Name:
GOVINDASAMY ARIVAZHAGAN



Date of Birth: **03-07-1989** Sex: **M** Nationality: **INDIAN**

Pin: **G3175266W** Date of Issue: **15-11-2017** Date of Expiry: **15-11-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class	Description	Effective Date
C	Motorcycles <= 200 C.C.	26 Sep 2016
C	Motor cars <= 3000 kg with <= 7 passengers, excluding of the driver, and motor tractor/vehicles <= 2500 kg	01 Nov 2017
C	Heavy motor cars and motor tractors > 2500 kg	11 Sep 2018

G3175266W
G3175266W

S / No.9000283994

428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5093074782-01

Cover : Preferred Workshop Plan

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP6899D |
| Chassis Number | : JAANPR85HG7100320 |
| 2. Name of Policyholder | : GREEN-TECH EGG INDUSTRIES PTE LTD |
| 3. Effective Date of Insurance | : 01 Aug 2018 |
| 4. Expiry Date of Insurance | : 31 Jul 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

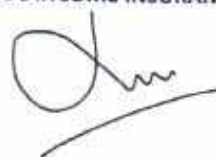
Agency : PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue : 20 Jul 2018 15:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive