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PHY CONTROL	Assessment/Su	rvey Report			· ~-	
TP Insurer:	Ass't Report by	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: ER	2282K	, INC(.)/Non-INC	().		
Owner / Driver: (Tcl:)	
Policy No: () Per	iod: ()	Cover Type: (
Confirmed by : ((1)	Date:	Time	-)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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
- 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	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
THE STATE OF STREET STREET, ST	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	
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
VRIC No	G3175266W
Date Of Birth	03/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/09/2017
Priving Experience	1 YEAR AND 2 MONTHS
Sender	MALE
Johila Number	(LOCAL) +65-84634091
ax Number)====(-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,
ontact Number	OTHERS-84634091
	A-2001 (ACC 104C-205T) (1) 傳播速度展開

ARIV.BIO@GMAIL.COM

Address

BLK 835 JURONG WEST STRREET 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?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

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Policyholder's Signature Date & Time: Driver's Signature

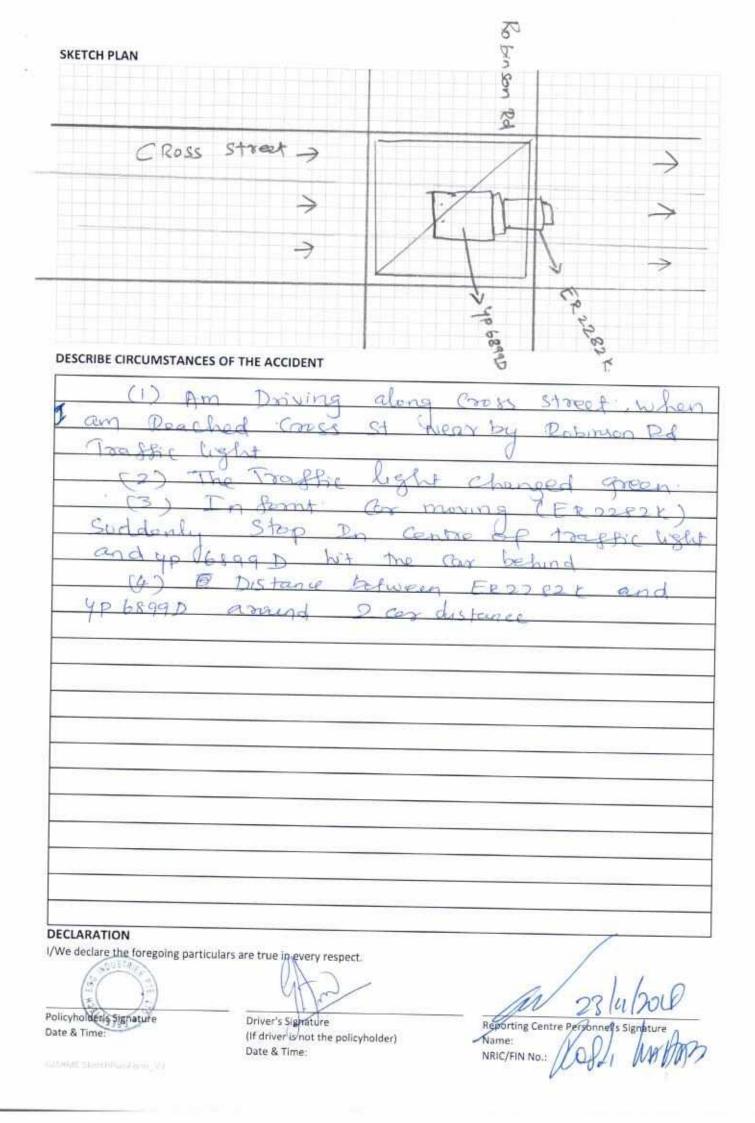
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No -



Claim Handling

etics No.	5093074782-01	Vehicle No.	1968990	GST Registration No.	
ertificate No.					
ulicyhulder Name	GREEN-TECH EGG INDUSTRIES PTE LTD			Policyholder NRIC	200107429C
ruduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	
ontact No.(Mobile)	84634091	Current No.(Office)		Cordact No.(Home)	98 10 1
mail Address		Special Remark		#Code	No. T
PC :	* No Yes	TICA	e No Yes	eCode Reason	
ICO Protection	No	NCD ENDREMENT(%)	Ø.	Private rins	Mile
W Accident Details					
eport Date	23/11/2018 09:48	Accident Report Within 24 hrs :	Yes	Accident Type:	College - Head to Rear
late of Accident	22/11/2018	Time of Accident hhimm	09:25	Country of Accident	Singapore
separting Centre	A120000000000	Crange flace	plean	ICM No.	
Acodem Location	CRDSS STREET AND ROBINSON ROAD TRAFFI	4.10			
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Den damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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Third Party Excess	0.00	outside singepine in cacera.			
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SST Registered	No		GST Registration Date GST Status Verified	No	
GT Registration No.			COST STORCES PERIOES.	740	
fodification History					
→ Policyholder Hailing Addr		Address 7	STANDANCE ATTAC	Address 3	
Address I	3 TUAS BAY WALK	Address 2	SINGAPORE 637794		Comment.
edoreca 4		Address Type	Singapore address	Post Cude	637754
anit Na		Related Policy Number	5105176838		
₩ 01 Oriver Info	- economicos	- apartment of the control of the co	SWWENGEROO		
Driver Name	unnamed Driver	Driver Type	Uniamed Driver		Control and Control
Unnamed driver Name	GOVINDASAMY ARIVAZHAGAN	Driver NAIC	G3175266W	Driver DGB	03/07/1989
Register Date of Driver License	09/09/2017	Driver Age	29	Driving Experience	1
Contact No.(Motrie)	64534091	Contact No.(Office)		Cortact No.(Horee)	
Address 1		Address 2		Addons 3	
Address #		Address Type	Foreign address	Post Circle	630035
Link No.	03-39				
Dices his own is Singapore. Registered car?	Yes = No	Driver Vehicle No.	VP6899D	Driver Insurer Cumpany	NTUC
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ACCIDENT STATEMENT

ACCID	ENT DATE: (22/	11: 12018 100/MX	ANYYY), TIME:(1	9.16)(HH:MM)	80 ₈₀
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4			(20 1		0
(1)	DETAILS OF VEHIC	V0 10240				¥11 II
	a) YEHICLE NUMB				Tie	
	b)INSURANCE CO	2000		-		(0)
	CIPOLICY NUMBER	COMPREHENSIVE / THE	PD BARTY / TUTE		E FYWEET!	08
	B)MAKE & MODEL		NO PARTITIONE	Y PAKIT FIN	cainery	₩3
	그는 계약을 하시면서 없어야 한 점을 사용했다. 네티워스 성격을 다쳤다면 되었다.	COUPE / MPV /V AN	LORRY / MOTO	RCYCLE./	OTHERS)	
	g) YEHICLE CATEG	ORY: [PRIVATE / COM	MERCIAL / MOT	ORCYCLE)		
	h)PURPOSE OF US	ING AT ACCIDENT TIM	IE: WORKIN	49	_	
		NG UNDER YOUR OW				
•	IF NO, PLEASE ST.	ATE (THIRD PARTY CLA	MM / REPORTING	ONLY)	(#)	
	INSURED / POLICY	HOLDER ILL CLA	100	10 = 7 = C = 27/2 = 1		50
		hanitall tear		-(MALE / F	EMALE	
	b) NRIC/FIN/PASSP c) ADDRESS:	ORI:	CONT	ACT:	-Linear	
26 18 81	0/1/00/1/00/			,	Part Part I	950
	CONTINUE TO 3	d IF DRIVER ALSO POL	ICY HOLDER	7	2505	
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4,	WAS DRIVER AN	EMPLOYEE OF THE	INSURED'S COI	MPANY? (9	ES / NO)	7.0
	IF NO, RELATION	ISHIP OF THE DRIVE	ER WITH INSUR	ED1		
	(하네) 하다 가 하면 되었다. 그들은 하는 아니라 나는 가지만, 다고요?	DITION: (CLEAR / RAIL	Philippin and the second of the contribution of the second			
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	alreported to P			41, 72	20 10	60
7)		ATE WHICH POLICE S	TATION:			
8. 1	THIRD PARTY VEHI	CIE	man to trans-	Tob	no the	(4)
t 140 of passenger	o) VEHICLE NUM	18ER: ER 22	SO F WODE	107	0704	2.0
(Induding driver)	D) DRIVER'S NA	ME: ONE HUI	O C 30 (ICDN	TACT		
()	C) MRICYFINYFA THIRD P'ARTY VEHI	SSPORTI 5 703	75 379 0014	1001		*
especial AV es			MODE	11	- + 11	*
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SPASS

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

DREEN-TECH EGG INDUSTRIES PTE. LTD.

Sector MANUFACTURING



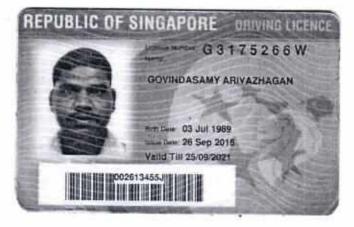
GOVINDASAMY ARIVAZHAGAN MANAGER, QUALITY ASSURANCE

0 36921765

Date of Application 05-10-2017

Date of leave 16-11-2017 15-11-2019

L8448552



VISIT PASS Immigration Regulations

GOVINDASAMY ARIVAZHAGAN



Date of Birth Sex

03-07-1989 M

MOXAN

Date of Issue

Nationality Date of Explina

G3175266W 16-11-2017 16-11-2019

MULTIPLE JOURNEY VISA ISSUED



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

C Class 28 C Class 3

Motorcycles == 100 CC Motorcen == 300 kg ==13 == 2 passengers, exclusive withe driver; and motor transprobabilities == 2500 kg Heavy motor cars and motor fractions == 2500 kg

Class 4

11 Sep 2018

G3179366W G3175286W

S / No.9000283994







	Certifica	ite of Insurance
MOTOR VEHICLES (THIRD PART MOTOR VEHICLES (THIRD PART ROAD TRANSPORT ACT, 1987 (MOTOR VEHICLES (THIRD PART	Y RISKS AND COMPENSATI WALAYSIA)	ION) RULES, 1960
Certificate Number: 50930747	/82-01	75
Index mark and Registration Chassis Number		Cover : Preferred Workshop Plan : YP6899D : JAANP885H67100320
2. Name of Policyholder		3. 4.4.7. NB371G71G0320
3. Effective Date of Insurance		: GREEN-TECH EGG INDUSTRIES PTE LTD
4. Expiry Date of Insurance		: 01 Aug 2018 : 31 Jul 2019
5. Persons or Classes of Person	is entitled to drive#	. 313015019
(a) The Policyholder.		
(b) Any other person who is	s driving on the Policyhold	er's order or with his/her permission.
enactment or regulation 6. Limitations as to Use# (a) Use for social domestic:	in that behalf from drivin	d in connection with the Policyholder's husiness or profession
(b) Use for the carriage of p	assengers or goods in con-	nection with the Policyholder's business.
This Policy does not cover		Companies of a Committee of the Committe
(a) Use for hire or reward.		
(b) Use for racing, pace-mail	king, reliability trial or spee	ed-testing.
(c) Use whilst drawing a tra	iler except the towing of a	ny one disabled mechanically propelled vehicle.
# Limitations rendered ind Act (Chapter 189) and Se headings.	perative by Section 8 of the ection 95 of the Road Trans	ne Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: 5\$600	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: \$\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY		EAS BANK LIMITED
SUM INSURED	: MARKET VALUE	OF INSURED VEHICLE AT TIME OF LOSS
	ompensation/ Act (chapter	relates is issued in accordance with the provisions of the Motor r 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : PRO- Date of Issue : 20 Ju	LINK INSURANCE AGENCY I 2018 15:23 hrs	(00000571869)
To	not the same of th	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer	Chief Executive