NATIONAL Assessment Cer	atre Services.	wef Jan'05	UNA 11 8 161970.		
Date In: 17/12/18 - 12/21	Job description		Date &Time Completed	Done	e by
Reino Ma INCIBNOYOTY	SAS e-filing				
Veh No: GBB 18291c.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 15/12/18-12:35	i-Motor Clair	m Form	M7 1024186-001	17/1/18	21:12
	i-Motor W/O	(Within: OD 2h			
OD (TP)' Reporting Only	i-Photo Uplo		<u> </u>		
	Assessment/Su		1		
TP Insurer:			to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (the state of the s			Fax:	
TP Particulars: Veh No: (HALRIE.	INC (10/28/0	DATES!	
Owner / Driver: (15.010		Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$					
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() Walk-In Customer : Customer's in		fidential & St	rictly NO refer of repairer.		
	urer URGENTLY.	F .	North St.		
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	O();T	owing Co: (*)
Remarks:- ONC hotline: 6788 6616)				PHARASTER OF THE	40.10
	CHARLES TO THE SHEET WHEN THE SECRETARIES AND THE		Date&Time Completed	Done	by
	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
 Upload Resurvey Photo [Repair Cost > 	\$3000] ()				HUS BEINE
Injury:					
Date/Time Actions		101 THE 200 THE	en principal de la companya de la co	EKANCOSTR.	
	-	=5000			
	1				-
		Series in the series of		Anit (S)	Ami (S
MAIS 08059.		Invoice Prep	paration Checklist	fat Bill	Add Bil
laimant's Particulars :-) AR : Accident			
river/Owner:		2) DA : Damage A 5) TF : Towing Fe	Assessment (\$100); INC (\$5	80) 0/\$45	- Confidence
) FT : Follow-Th	rough Survey	\$120	
ontact No:	-		rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005	\$30	
maged Portion:	-) TR : Re-inspec	tion	\$75	
	The state of the s	N1: Idac DA +		\$160	
Cheeked by (2 - Y C)		OD*	nai Services.		
Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	\$5	
Water play her to say a service of well and a start of	and the first of the second	*N6: Repair Co *N7: Fost Repa		\$10	
iditors' Comments :-		*N8: DV / Coll	ect Excess Coordination	\$5	
1:	12	TP (N11) : TP () N12: Idae Mob	Non INC) against INC	30	
2/3;) N12: Idec Mob avoice dated	Fee Chargea	2	way je
	1	nvoice dated	Fee Charged	SACTORY.	9011

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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 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 aforesaut.

当1000000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	17/12/2018 12:21
Date Of Accident	15/12/2018 20:30
Exact Location Of Accident	JUNC BOON LAY WAY & JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB1829K
Insured/Policyholder	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO 1.9MJTD
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5097245554
Cover Note Number	
Driver	
Name of Driver	CHANDRA KUMAR ARJUNSWARNARAJ
Passport No/FIN	G2564129P
Date Of Birth	30/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83218236
Fax Number	
Contact Number	OFFICE-83218236
EMail Address	NOEMAIL

Address

100 JALAN SULTAN #08-11 SULTAN PLAZA

Postcode

199001

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

YES

Was any other material or property damaged? 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION 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

SHB181E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

2

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

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 <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.
- 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

		n: 6381829k-
May		B. SHR.181E
<i>§</i>	3	
3		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

SPASS

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

Engloyer TRIPLE 'S' PROTECTION PRIVATE LIMITED



CHANDRA KUMAR ARJUNSWARNARAJ

D 36761806

Sector. SERVICE









VISIT PASS Immigration Regulations D1-11-2018

CHANDRA KUMAR ARJUNSWARNARAJ

G2564129P

Date of Birth 30-10-1987

INDIAN

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

Motorcycles =< 200 cc Motor Cars unladen weight =< 3000kg with =<7 passengers, exclusive of the driver

NP 428A

eBao Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_8000	601				The real of the state of the st		• Change La	nguage	· Change Pa	ssword	Log Out
My Desktop	Poli	cy Query									
Notice of Lass	Policy N	vo.				Date of	Accident	15/1	2/2018 20:30	123	
	Vehicle	No (For Motor)	GBB182	9K		Certifica	ite Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5097245554		MOO AUTO	53373000K	GFT	Third Party	GBB1829K	GBB1829K	21/08/2018	

Policy No.	5097245554	Policyholder Name	MOO AU	то	Policyholde NRIC	53373000K	
Certificate No.							
Address	317 OUTRAM ROAD #B1-37 C	ONCORDE SHO	PPING CE	NTRE SINGAPORE 16907	5		
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue ate	08/01/2018	Effective Date	08/01/2	018 00:00	Expiry Date	02/01/2019	23:59
xcess ype		All Claims Excess					
hird Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional xcess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	6344072	27	GST Flag	Y	
Flag Open Policy nfo Certificate nfo	No						
	holder Mailing Address	53,5300	95	Landon and the second			
ddress 1	317 OUTRAM ROAD	Addre	ess 2	#B1-37 CONCORDE	SHOPPING	Address 3	SINGAPORE 169075
ddress 4		Addre	ess Type	Singapore address		Post Code	169075
Init No.	08-13	Relat	ed Policy ber	5100745627			
) Insure	d Object: GBB1829K						
Endors	ements						
Sequen	oce Date of Endorsement	Endorseme	ent Type	Endorsement Number	Endorse	ment Status	Endorsement Content
	05/02/2018 00:00	Basic Informa Endorsement	ition	000001286749773	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBA4247A 05-02-2018 \$1,080.32 2. GBA8272A 05-02-2018 \$1,080.32 2. GBA8272A 05-02-2018 \$2,080.32 1n view of this amendment, an additional premium of \$2,160.64 (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 if 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 or NETS.
							Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover x additional vehicles as follows: VEHICLE NUMBER

ident MT/1024186					
licy No.	5097245554	Vehicle No.	GBB1829K	GSY Registration No.	
rtificate No.					
hcynolder Name	M00 AUTO.			Palicyholder NRIC	53373000K
oduct Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
neart No.(Mobile)	90088701	Contact No.(Office)	•	Contact No.(Home)	0
vali Address		Special Remark	*	eCode	
K	® No ⊜Yes		2-0-		The State of the S
		TCA	® No ○ Yes	eCode Reason	
2) Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	17/12/2018 20:10	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
te of Accident	15/12/2018	Time of Accident hitchim	20:30	Country of Accident	
porting Centre					Singapore
		Crange Force		ICM No.	
ident Location	JUNC BOON LAY WAY & JURONG TOWN I	HALL RD			
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	1,500,00	Outside Singapore TP Excess			
Benefits		DEWARD BY THE STREET			
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
dification History			0.000.000.000.0000) (No. 1)	
Policyholder Mailing Ad	dress				
dress 1	317 OUTRAM ROAD	Address 2	421 27 0040000 C CO	******	
	THE SPECIAL PROPERTY AND ADDRESS.		#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Dress 4	PERM	Address Type	Singapore address	Post Code	169075
it No.	08-13	Related Policy Number	5100745627		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver name	CHANDRA KUMAR ARJUNSWARI	Driver NRIC	G2564129P	Driver DOB	30/10/1987
gister Date of Driver License	26/08/2015	Driver Age	31	Driving Experience	3
ntact No.(Mobile)	83218236	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	100 JALAN SULTAN	Address 2	SLA,TAN PLAZA	Address 3	SINGAPORE 199001
iress 4					
	12273	Address Type	Singapore address	Post Code	199001
4 No.	06-11				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
athelyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eding?		600000000000			
diffication History					
and the same					
laim 001 New					
m Type *	00-MX V	Insured Name	MOO AUTO	Insured NRIC	53373000K
cact No.(Motive)	NO.		the state of the s		
	100	Contact No.(Home)	ND.	Contact No.(Office)	NIL
all Address	-	OI Vehicle Number	G881829K	TP Vehicle Number	SHB181E
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mans Name *	22	Claimant NRIC *			
mant Address					
= Description	GBB1829K / SHB181E ON 15 Dec 2018			Name of Preferred Workshop	
erred Workshop Contact		Innured Control of	Blot as Facility		
		Insured Liability *	Not at Fault	5	
ure finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
: Registered	17/12/2018 20:12	Claim Close Date		Date Received	17/12/2018 00:00
ort Taken By	Jackson				
	77.00.53.00				
Bring and Land					
Print AK letter			Save Submit		
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ttachment					
ittachment	NET PART OF FREE	period kee	***		
ttachment	MT/1024186	Cleim No.	001		
stachment	MT/1024186 ● Yes ○ No	Cleim No. Upload Date	001 17/12/2018 20:13		
tachment				Confidential Urgenc	y * Description *
stachment	● Yes ○ No		17/12/2018 20:13 Category •	The second secon	107
stachment	● Yes ○ No	Upload Date Browse,	17/12/2018 20:13 Category * Cear Please Select	V Normal	<u> </u>
stachment	● Yes ○ No	Upload Date Browse. Browse.	17/12/2018 20:13 Category • Cear Please Select Cear Please Select	No V Normal	0
Print AK letter Attachment P Iddard No. If Doc, Received	● Yes ○ No	Upload Date Browse,	17/12/2018 20:13 Category • Cear Please Select Cear Please Select	V Normal	<u> </u>

