		i , pri st	4 . 75.
NATIONAL Assessment Ce	ntre Services.   well sarios	MIAUA072692	
Date In: 11/5/19-16:45	Jeb description	Date &Time Completed	Done by
Rei No: Na /1.1c 1904/10/24	SAS e-filing		
Veh No: 476697	E-mail (within Shrs, AIC 2hrs		
D.O.A: 10/15-17:00	i-Motor Claim Form	M-711035466-031	11/3/19 20:2
The same of the same	i-Motor W/O (Within: OD		113/19 2.1
OD The 'Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Repor	,	
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW:	The state of the s		
TP Particulars: Veh No:			Fax:
Owner / Driver: (	DE1868H . INC		
Policy No: (	Period: (	Tel:	
Confirmed by : (	Date:	) Cover Type: (	
		Time:	)
1/ en ! !	(6) [Note-Est. Status (WO): N: 0 Warranty: YES ( ) / NO (	-20%; P: 21-79%. P: 80-1	.00%]
		)	
VS ASSAULT ELECTRIC TO THE SECOND CONTRACTOR OF THE SECOND CONTRACTOR O	\$1,000 ( )/\$2,000 ( )		
General Remarks:			Soft Mills
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	) / Courtesy Car ( )	Date&Tims Completed	Done by
3) Upload Resurvey Photo [Repair Cost	> \$30001 ( )	<del>- </del>	
Injury:			
Date/Time Actions		acceptance of the control of the con	REFERENCE PROPERTY.
	10-21		
	1		
	Toward Services		**************************************
1 190 1838. 1	Invoice Pr	eparation Checklist	And (S) Am
nimant's Particulars :-	1) AR : Accide		
iver/Owner:	3) TF : Towing	Fee . \$40/	
ntact No:			\$30
	For claiming	against INC Only (wef 10 Jan 2005)	PERSONAL PROPERTY AND ADDRESS.
maged Portion:	6) TR: Re-insp 7) N1: Idae DA		160
	8) NTUC Addi	ional Services	
Checked by (Engr-In-Charge):	OD* *N5: Courtes	y Car / Tpt Allowance	\$5
CACAR SOME STREET, S.	*N6: Repair	Co-ordination	510
ditors! Comments :-		pair Inspection Dilect Excess Coordination	\$25 \$3
1:	TP(N11):T	P (Non INC) against INC	\$20
2/3:	9) N12: Idea M. Invoice deted	Pee Chargea	30
	Invoice dated	Fee Charged	<b>MARKET</b>

#### 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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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	11/03/2019 16:45
Date Of Accident	10/03/2019 13:00
Exact Location Of Accident	AYE BEFORE CTE/MCE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG89J
Insured/Policyholder	
Name Of Registered Owner	METROPOLE BUILDERS PTE LTD
Co Reg No	199604235M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81112332
Alternative Phone No	OFFICE-81112332
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 MANUAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090745935-01
Cover Note Number	
Driver	
Name of Driver	MUTHURAMALINGAM NEELAMEGAM
Passport No/FIN	G2267518X
Date Of Birth	08/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93929980
Fax Number	
Contact Number	OFFICE-93929980

NOEMAIL

7 TOH GUAN ROAD EAST Address

#06-08 ALPHA INDUSTRIAL BUILDING

Postcode 608599

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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)

Passenger 1

NAME:

: +

GENDER: : MALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME:

GENDER: : MALE

Passenger 4

NAME: GENDER:

: MALE

Passenger 5

NAME:

Passenger 6

GENDER:

: MALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDE1868H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver YUSOP BIN AHMAD

NRIC/Passport Number

S2013921H

PRIVATE CAR

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.
- 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.

SOPOLE OF

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

(If driver is not the policyholder)

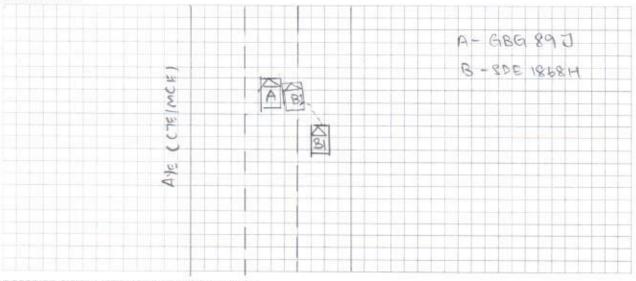
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VII.10	ENG. STORESMAN AND PROPERTY AND ADDRESS.	
nela to dutem	int.	

DECLARATION

I/We declare the for the 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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 1. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

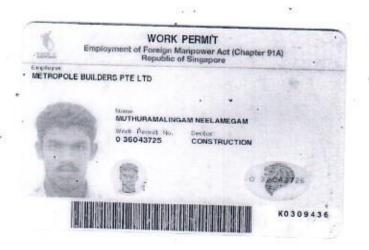
# ACCIDENT STATEMENT

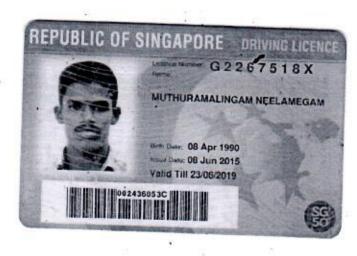
ACCIDENT DATE: 10 1 19 10D/	MM/YYYY), TIME:( /> :3 )(HH:MM)
LOCATION: AYE, CCTE/MCE/ Quy	
1. DETAILS OF VEHICLE	
C)POLICY NUMBER: 5 6937 45917 -	- )1
d)POLICY TYPE: (COMPREHENSIVE / TI	HIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	V/IORRY/MOTORCYCLE/OTHERS
g) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT TI	MMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR O	WN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	
Almane: Me tropole Dusides P	4 c Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199604~ 35 c) ADDRESS:	M. CONTACT: 81112332.
* CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
The of passange DRIVER	
(Including diver) al NAME: No managem le	(MALE / FEMALE)
DINKIC/FIN/PASSPORT: 422625	18x . CONTACT: 93919980.
c)ADDRESS:	
6. Small	
*d)DATE OF BIRTH: ( 8 / 4 / 195)	2)(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE	24166214
4. WAS DRIVER AN EMPLOYEE OF THE	INSUPED'S COMPANYS (YES: (NO)
IF NO, RELATIONSHIP OF THE DRIVE	FR WITH INSUPED:
5. a) WEATHER CONDITION: (CLEAR / RAIN	VING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHER	S
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE ST	TATION:
Q TUIDD BARTY VEHICLE	20.0
HE of passenger a) VEHICLE NUMBER: SDER 66 H.	MODEL:
Including driver) b) DRIVER'S NAME: YUSOP BIO AL	num and -
C) NRIC/FIN/PASSPORT: JZV139VI	H. CONTACT:
7. IHIKO PARIY VEHICLE	
No of passenger d) VEHICLE NUMBER:	MODEL:
OF DRIVER S NAME:	T. 42
NRIC/FIN/PASSPORT:	CONTACT:
	6
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email =

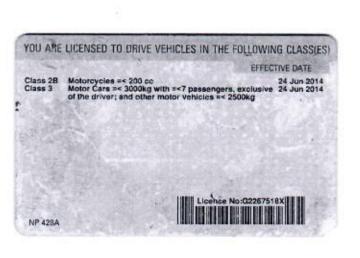
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VIDEO =









									Genera	alClaim
00601						· Change L	anguage	· Chan	ge Password	· Log Ou
Polic	cy Query									39
Policy N	lo.				Date	of Accident		10/03/2019	13:00	
Vehicle	No.(For Motor)	GBG89	1		Certif	ficate Number	1			
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5090745935- 01		METROPOLE BUILDERS PTE LTD	199604235M	GCV	Comprehensive	GBG89)	GBG893	28/04/2018	27/04/2019
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query  Policy No.  Vehicle No.(For Motor)  GBG89  Select Policy No.  Certificate Number	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No. Certificate Number Name  5090745935- METROPOLE BUILDERS	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number Name NRIC  5090745935-  01  METAPOPOLE BUILDERS 199604235M	Policy Query           Policy No.	Policy Query  Policy No.  Date of Accident  Certificate Number  Select Policy No.  Certificate Number Name Name Name Name Name Natic  Sogo745935-  Date of Accident  Certificate Number Name Name Natic Policyholder Name Natic Name Natic Product Cover Type BUILDERS 199604235M GCV Comprehensive	Policy Query  Policy No. Date of Accident  Vehicle No.(For Motor) GBG893 Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type No.  5090745935- METROPOLE BUILDERS 199604235M GCV Comprehensive GBG899	Policy Query  Policy No.  Date of Accident  10/03/2019  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Search  Select Policy No.  Certificate Number  Number Name Name NRIC  Sogo745935-  Discrete Number  METROPOLE BUILDERS  199604235M  GCV Comprehensive GBGB91  GBGB91  Contains Cartificate No. Object  METROPOLE BUILDERS  199604235M  GCV Comprehensive GBGB91  GBGB91	Policy Query  Policy No. Vehicle No.(For Motor)  Select Policy No. Certificate Number  Select Policy No. Certificate Number Name Name Name NRIC Policyholder NRIC Product Cover Type No. Date of Accident 10/03/2019 13:00  Search  Select Policy No. Certificate Number Name Name Name NRIC Date Object Date Obje

Policy No.	5090745935-01	Policyholder Name	METROPOLI	BUILDERS PTE LTD	Policyholder NRIC	199604235M	
Certificate No.							
Address	7 TOH GUAN ROAD EAST #06-08	B ALPHA IND	USTRIAL BUI	DING SINGAPORE 6	08599		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	25/04/2018	Effective Date	28/04/2018	00:00	Expiry Date	27/04/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	ALLGEN INSURANCE AGENCY	Agent Tel.	91711148		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	7 TOH GUAN ROAD EAST	Addr	ess 2	#06-08 ALPHA IND	USTRIAL BUI	Address 3	SINGAPORE 608599
Address 4		Addr	ess Type	Singapore address		Post Code	608599
Init No.		Relat Num	ed Policy ber	5073451005-03			
D Insure	ed Object: GBG89J						
	sements						
♥ Endors							

cident MT/1035466					
Ricy No.	5090745935-01	Vehicle No.	GBG991	GST Registration No.	199604235M
ortificate No.					
licyholder Name	METROPOLE BUILDERS PTE LTD			Policyholder NRJC	199604235M
oduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
ritact No.(Mobile)	81112332	Contact No. (Office)	0	Contact No.(Home)	0
nall Address		Special Remark		eCode	16. V
K	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details			- Tri	7 male rate	537
port Date	11 (07/2010 20.10		140		
	11/03/2019 20:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	10/03/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
orting Centre		Orange Force		3CM No.	
ident Location	AYE BEFORE CTE/MCE EXIT				
Excess					
damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits		(1000)000000000000000000000000000000000			
GST Registered Inform	ation				
Registered	Yes		GST Registration Date	15/11/1996	
Registration No.	199604235M		GST Status Venified	15/11/15/56 Yes	
fication History			The state of the s		
Policyholder Mailing Ad	dress				
ress 1	7 TOH GUAN ROAD BAST	Address 2	#06-08 ALPHA INDUSTRIAL BUI	Address 3	CHICADONE FORFOR
iress 4					SINGAPORE 608599
		Address Type	Singapore address	Post Code	608599
t No.		Related Policy Number	5073451005-03		
OI Driver Info		HOMESTAN P.	Maria and how of success		
er Name	Unnames Driver	Driver Type	Unnamed Driver		
amed driver Name	MUTHURAMALINGAM NEELAMES	Driver NRIC	G2267518X	Driver DOB	08/04/1990
ster Date of Driver License		Driver Age	28	Driving Experience	4
tact No.(Mobile)	93929980	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	7 TOH GUAN ROAD EAST	Address 2	ALPHA INDUSTRIAL BUILDING	Address 3	SINGAPORE 608599
ress 4		Address Type	Singapore address	Post Code	608599
No.	06-09				
o he our a Sinnanne	○ Yes   No				
to the own a prograpure		Driver Vehicle No.		Datas Issues Commen	
pitered car7	C res (B No	Driver Vehicle No.		Driver Insurer Company	
istered car7	O tas de no	Driver Vehicle No.		Driver Insurer Company	
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stered car? sration sthatyser or Blood Test sing? fication History			○ Yes <b>®</b> No	Driver Insurer Company	
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stand arrangement of the standard stand	0 mg	Any injury? Insured Name	○ Yes ® No  METROPOLE BUILDERS FTE LTD	Insured NRIC	19904235M
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tration thayser or Blood Test ling? fication History aim 003 New in Type * act No.(Mobile) ii Address nant Type Claimant Type *	O mg  OD-MX  Please Select	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senetic *	METROPOLE BUILDERS FTE LTD	Insured NRIC Contact No.(Office)	68998525
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aration thatyser or Blood Test sing? fication History aim 001 New  In Type * lact too (Mobile) iil Address nant Type Claiment Type * nant Address in Description	O mg  OD-MX  Please Select	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senetic *	METROPOLE BUILDERS FTE LTD GEGS93	Insured NRIC Contact No.(Office)	68998525
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aration athalyses or Blood Test ding? fication History laim 001 New  Type * tact to (Mobile) iii Address mant Type Claimant Type * mant Address in Description erred Workshop Contact	0 mg  OD-MX  Please Select   ≥≥	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Seneric * Cleimant NRIC *	METROPOLE BUILDERS FTE LTD  GBG893  Please Select   Mot at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number	S0E1868H
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