NATIONAL Assessment Cent	tra Camilago	i + per st	1 1311
Date In: 12/4/19-15:41	Job description	Date & Time Completed	Done by
Ref No: Haling	SAS e-filing		
Ref No: MA /INC19007176/74		1	
Veh No: GBFIAGE	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/4/19-14:00	i-Motor Claim Form	100-2621 holl LW	27/4/19 15:45
OD TP ! Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4brs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	j.	
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: VK	470001 INC(	)/Non-INC( )	*1-10-1
Owner / Driver: (		Tel:	)
	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
	Warranty: YES ( )/NO (	)	
Excess: (S ) Loading: \$1, General Remarks;	000()/\$2,000()	ek Januarya S. 1.50 T. T. at 150 T. T.	<del></del>
The state of the s		a a transfer of a large	Jon Mills
( ) Walk-In Customer: Customer's inf		rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur			
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	owing Co: (	
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ( )		wide to a second
2) QC Check / Post Repair Inspection	( )		
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$</li> </ol>	3000] ( )		
Injury:			
Date/Time Actions			**************************************
Actions Actions		Action Co.	eagloing.
1			
•	4	····	<del>-                                    </del>
Mark-20 Co		A. C.	Amt (S) Amt (S)
MN1609022		paration Checklist	fir Bill Add Bil
alimant's Particulars :-	1) AR : Accident 2) DA : Damage /	Reporting (\$30); Assessment (\$100); INC (\$80	0)
iver/Owner:	3) TF : Towing Fe	se . \$40/	\$45
ntact No:	4) FT : Follow-Th 5) FT : Follow-Th		120 \$30
	For claiming ag  6) TR: Re-inspec	tonst INC Only (wef 10 Jan 2005)	\$75
maged Portion:	7) N1 : Idao DA +	SMRT Survey 'S	160
Checked by (Engr-In-Charge):	8) NTUC Addition OD*	nal Services:-	+
Checked by (Engr-In-Charge):	*N5: Courtesy (	Car / Tpt Allowance	\$5
ditors' Comments :-	• N6: Repair Co • N7: Post Repa	ir Inspection	\$10 \$25
1:	*N8: DV / Colle	ect Excess Coordination	\$5
V.	9) N12: Idac Mob	ile	30
2/3:	Invoice dated	Fee Charged Fee Charged	SACTOM STATE
V <del></del>	Invoice dated	ree Charges	PARAMETER

#### 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

aforesaid.	
and the second second second second	ACCIDENT STATEMENT
Date Of Report	23/04/2019 15:21
Date Of Accident	22/04/2019 14:00
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE
PER Liberty and Indiana	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF1176P
Insured/Policyholder	
Name Of Registered Owner	SAY CONSTRUCTION PTE LTD
Co Reg No	200807864W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83301545
Alternative Phone No	OFFICE-83301545
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA DYNA 150 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	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 5091888680-01

Cover Note Number

# Driver

Name of Driver KOOTHARASAN RAHUL

Passport No/FIN G6468757W Date Of Birth 20/08/1984 Occupation OUTDOOR Date Of Driving Pass 10/11/2011

Driving Experience 7 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91736745

Fax Number

Contact Number OFFICE-91736745

EMail Address NOEMAIL Address BLK 291 BISHAN STREET 24

#02-45

Postcode 570291

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)

1

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

### REFER TO 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 SKA7000T

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)

# 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.

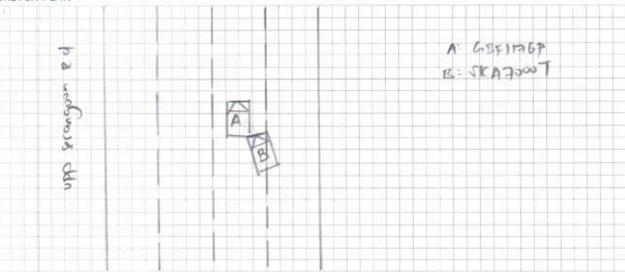
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	Hatement.		

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: ON SATTED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM 1<sup>ST</sup> LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

# **ACCIDENT STATEMENT**

1	ATION: Upp Arangoon Rd.		
	a) VEHICLE NUMBER: GBF/126P		
		-11.m.00	
	b)INSURANCE COMPANY: 4750	1	
	CIPOLICY NUMBER: 5091888690 -01		
	d)POLICY TYPE: (COMPREHEDSIVE / THIRD	PARTY / THÍRD PARTY FIRE &THEFT)	
	e)MAKE & MODEL:		
	f)TYPE: (SALOON / COUPE / MPV /VAN / LO		
	g) VEHICLE CATEGORY: (PRIVATE / COMMI		
	h) PURPOSE OF USING AT ACCIDENT TIME:		50
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NG)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)	
2.	INSURED / POLICY HOLDER	O	
	AINAME: Suy Continuction AL H	(MALE / FEMALE)	
	b) NRIC/FIN/PASSPORT: 20807864W	CONTACT: 9173 6745 . /83	330
	c)ADDRESS:		
til #6			
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	YHOLDER	
do of passon 13.	DRIVER	THOUSEN	
Land of the	The state of the s		
	GINAME: KOBHAGAGA	(NAME / SENAME)	
Including driver)	DINRIC/FIN/PASSPORT: GUISSATAW	(MALE / FEMALE)	
Ho of passangal Including driver) (1.)			
Including driver)	DINAME: KOOKAIWA ROKUI  DINRIC/FIN/PASSPORT: GW68757W  CIADDRESS:		
Including driver)	c)ADDRESS:	CONTACT: 91336345	
Including driver)	c) ADDRESS: *d) DATE OF BIRTH: ( >> / 8 / 1984.) (	CONTACT: 91336345	
Including driver)	*d)DATE OF BIRTH: ( >0 / 8 / 1984.)(I e)OCCUPATION: (INDOOR / OUTDOOR)	CONTACT: 91336344	
(1.)	*d)DATE OF BIRTH: ( >> / 8 / 1984.) (E e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: DIT	CONTACT: 91336344	
(1.)	*d)DATE OF BIRTH: ( >> / 8 / 1984.) (E e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: () IN WAS DRIVER AN EMPLOYEE OF THE INS	DD/MM/YYYY)  DI 1.  SURED'S COMPANY? (YES / NO)	
4.	c) ADDRESS:  *d) DATE OF BIRTH: ( >> / 8 / 1984.) (E e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: (>) (1) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER W	CONTACT: 91336344  DD/MM/YYYY)  BULL  SURED'S COMPANY? (VES / NO)  WITH INSURED:	
( <u>1</u> .)	c) ADDRESS:  *d) DATE OF BIRTH: ( >0 / 8 / 1984.) (E)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: (0 1)  WAS DRIVER AN EMPLOYEE OF THE INS  IF NO, RELATIONSHIP OF THE DRIVER ( a) WEATHER CONDITION: (OTEAR / RAINING	CONTACT: 91336344  DD/MM/YYYY)  BULL  SURED'S COMPANY? (VES / NO)  WITH INSURED:	
4. 5.	*d)DATE OF BIRTH: ( >> / 8 / 1984.) (I e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: () (I) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER V a) WEATHER CONDITION: (OTEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS	CONTACT: 91336344  DD/MM/YYYY)  BULL  SURED'S COMPANY? (VES / NO)  WITH INSURED:	
4. 5. 6.	*d)DATE OF BIRTH: ( > 2 / 8 / 1984.) (E) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: (DI) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER WAS ANYBODY INJURED (YES / NO)	CONTACT: 91336344  DD/MM/YYYY)  BULL  SURED'S COMPANY? (VES / NO)  WITH INSURED:	
4. 5. 6.	c) ADDRESS:  *d) DATE OF BIRTH: ( >> / 8 / 1984.) (E) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: (DI) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER ( a) WEATHER CONDITION: (OTEAR / RAINING b) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / (O)) a) REPORTED TO POLICE (YES / (O)).	CONTACT: 91336344  DD/MM/YYYY)  PUL  SURED'S COMPANY? (Ves / NO)  WITH INSURED:  G / OTHERS	
4. 5. 6. 7.	c) ADDRESS:  *d) DATE OF BIRTH: ( >> / 8 / 1984.) (E) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: (DI) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER (A) WEATHER CONDITION: (OTEAR / RAINING b) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO). IF YES, PLEASE STATE WHICH POLICE STATE	CONTACT: 91336344  DD/MM/YYYY)  PUL  SURED'S COMPANY? (Ves / NO)  WITH INSURED:  G / OTHERS	
4. 5. 6. 7.	c) ADDRESS:  *d) DATE OF BIRTH: ( >> / 8 / 1984.) (E) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: (DI) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER (A) WEATHER CONDITION: (OTEAR / RAINING b) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO). IF YES, PLEASE STATE WHICH POLICE STATE	CONTACT: 91336344  DD/MM/YYYY)  DU1.  BUS COMPANY? (VES / NO)  WITH INSURED:  G / OTHERS	
4. 5. 6. 7. 8. of passenger	*d)DATE OF BIRTH: ( > 2 / 8 / 1984.) (E) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: (DI) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER WEATHER CONDITION: (OTEAR / RAINING b) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO). IF YES, PLEASE STATE WHICH POLICE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER: (CA)	CONTACT: 91336344  DD/MM/YYYY)  PUL  SURED'S COMPANY? (Ves / NO)  WITH INSURED:  G / OTHERS	
4. 5. 6. 7. 8. of passenger	c) ADDRESS:  *d) DATE OF BIRTH: ( >> / 8 / 1984.) (0 e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: () (1) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER () a) WEATHER CONDITION: (OTEAR / RAINING b) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO). IF YES, PLEASE STATE WHICH POLICE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER: (CA) 300 (1)	CONTACT: 91336344  DD/MM/YYYY)  DUIL  BURED'S COMPANY? (Ves / NO)  WITH INSURED:  G / OTHERS  ON:  MODEL:	
4. 5. 6. 7. 8. of passenger duding driver)	c) ADDRESS:  *d) DATE OF BIRTH: ( >>> / 8 / 1984.) (E) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:   DITE WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER N a) WEATHER CONDITION: (OTEAR / RAINING b) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO). IF YES, PLEASE STATE WHICH POLICE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER: ( ) ( ) VEHICLE NUMBER: ( ) NRIC/FIN/PASSPORT:	CONTACT: 91336344  DD/MM/YYYY)  DUIL  BURED'S COMPANY? (Ves / NO)  WITH INSURED:  G / OTHERS  ON:  MODEL:	
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4. 5. 6. 7. 8. of passenger duding driver) (1.) 9.	c) ADDRESS:  *d) DATE OF BIRTH: ( >>> / 8 / 1984.) (E) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:  >>>> / 11 WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER (A) D) WEATHER CONDITION: (OTEAR / RAINING D) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) D) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE THIRD PARTY VEHICLE  a) VEHICLE NUMBER:   (	CONTACT: 91336344  DD/MM/YYYY)  POLL  SURED'S COMPANY? (Ves / NO)  WITH INSURED:  ON:  MODEL:  MODEL:	
4. 5. 6. 7. 8. of passenger duding driver) (1.) 9.	*d)DATE OF BIRTH: ( >> / 8 / 1984.) (E) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: (DI) WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER (A) WEATHER CONDITION: (OTEAR / RAINING D) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE  D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT: 91336344  DD/MM/YYYY)  POLI. SURED'S COMPANY? (VES / NO) WITH INSURED:  ON:  MODEL:  MODEL:	

email = Saycpl @ gmail.com

VIDEO =



# **EMPLOYMENT PASS**

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

SAY CONSTRUCTION PTE. LTD.



KOOTHARASAN RAHUL G6468757W



# G6468757W KOOTHARASAN RAHUL Sert Date: 20 Aug 1984 Insue Date: 14 Oct 2016 Valid Till 09/11/2021

VISIT PASS

Immigration Regulations

05-11-2018

KOOTHARASAN RAHUL



G5468757W Date of Birth

20-08-1984

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 CLASSIES!

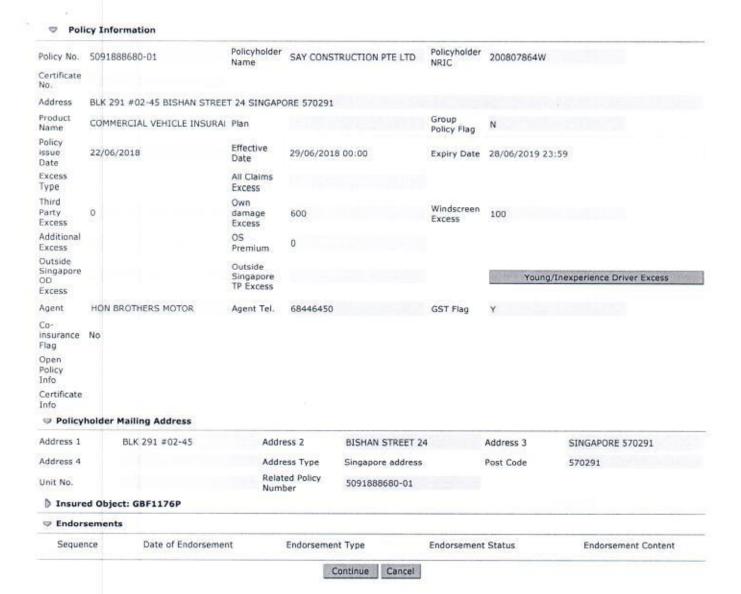
EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



<b>eBao</b> Tech									Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601					• Change La	nguage	+ Change	Password	Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	22/0	04/2019 14	:00	
	Vehicle No.(For Motor)	GBF11	76P		Certifi	cate Number				
				5	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5091888680- 01		SAY CONSTRUCTION PTE LTD	200807864W	GCV	Comprehensive	GBF1176P	G8F1176P	29/06/2018	28/06/2019
			PIELID	C	ontinue					



aim Handling					
Hey No.	5091888680-01	Vehicle No.	GBF1176P	GST Registration No.	200807864W
rificate No.					
Cyholder Name	SAY CONSTRUCTION PTE LTD			Policyholder NRIC	200807864W
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
cact No.(Mobile)	83301545	Contact No.(Office)	0	Contact No.(Home)	0
sé Address		Special Remark		eCode	N. V
(Al polymers	® No ○ Yes	TEA	® No ○Yes	eCode Reaton	( Transport of the second of t
Protection	No	NCD Entitlement(%)	10	Private Hire	866
Accident Details	ine :	New cholement(%)	10	Private Hire	No
ort Date	23/04/2019.15:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Acoident	22/04/2019	Time of Accident hhomm	14:00	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	UPP SERANGOON RD				
Excess					
n damage Excess	600,00	Additional Excest		Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ition				
			12222143 CONTROLOGIST II	120122225	
Registered	Yes		GST Registration Date	01/03/2011	
Registration No.	200807864W		GST Status Verified	Yes	
Incacion relatory					
Policyholder Mailing Ad	200				
	Obale management	44	ALC: 11 PROPERTY	22002	
ress 1	BLK 291 #02-45	Address 2	BISHAN STREET 24	Address 3	SINGAPORE \$70291
Iress 4		Address Type	Singapore address	Post Code	570291
t No.		Related Policy Number	5091888680-01		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	KOOTHARASAN RAHUL	Driver NRIC	G6468757W	Onver DOB	20/08/1984
ister Date of Driver License	10/11/2011	Driver Age	34	Driving Experience	7
tact No.(Mobile)	91736745	Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BUK 291	Address 2	BISHAN STREET 24	Address J	BISHAN HEIGHTS
iress 4	SINGAPORE \$70291	Address Type	Singapore address	Post Code	570291
t No.	02-45			1,000	370631
es he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
esthalyser or Blood Test ading?	0 mg	Any injury?	O Yes   No		
Claim 001 New					
m Type •	00-MX	Insured Name	SAY CONSTRUCTION PTE LTD	Insured NRIC	200807864W
stact No.(Mobile)	83301545	Contact No.(Home)		Contact No.(Office)	63367657
all Address		OI Vehicle Number	GBF1176P	TP Vehicle Number	SKA7000T
mant Type Claimant Type *	Please Serect 🔍	Type of Benefit *	Please Select	70000000000000000000000000000000000000	***************************************
mant Name *		Claimant NRIC *			
	>>	Antonia PRIA 7			
mant Address					
m Description	GBF1176P / SKA7000T ON 22 Apr 2019	DESCRIPTION OF THE PROPERTY OF		Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
uire Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	23/04/2019 15:45	Claim Close Date		Date Received	23/04/2019 00:00
ort Taken By	Jackson	The second second second		Action, representable	23.4746.18.4846
	(manual)				
Print AK letter					
			Save Submit		
ttachment					
ident No.	MT/1041395	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	23/04/2019 15:47		
	Path *	La La Javana	Category •	Confidential Urgeni	cy * Description *
		Browse	Clear Please Select	▼ Normal	V
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