Date in the Land	entre Services [well Janos]	11 10 667 00	
Date In: n Hm-1617	Jcb description	Date &Time Completed	Done by
Res No: 44 146 1900 9023/24	SAS e-filing		
Veli No: YN 7 CE IC	E-mail (within Shrs, AIC 2hrs)		
D.O.A: Moly - 11:00	i-Motor Claim Form	M110455 94-001	vuls 19 16
OD : TP / Reporting (Only	i-Motor W/O (Within: OD 2		VUISTIA 16:
OB . IT . Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
11 Misurer.	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW:	:(
	148238 L INC		Fax:
Owner / Driver: (Tel:	1
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (9,	%) [Note-Est. Status (WO): N: 0-2)
Year of Registration: (100%]
)	
General Remarks:		PRINCIPAL PAR	123 4 17 17 17 17
Remarks: (INC hotline: 6788 6616	0.00	7	**************************************
1) 4-1 6 =		Date&Time Completed	Done by
Apply for Transport Allowance ())/Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance (OC Check / Post Repair Inspection)/Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >)/Courtesy Car ()	Date&Tarie Completed	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:)/Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() > \$3000] ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	() > \$3000] ()	Date&Tirris Completed	
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() > \$3000] ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() > \$3000] ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() > \$3000] ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	() > \$3000] ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() >\$3000] ()		Ant((5)) Am
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() ()	aration Checklist Reporting (\$30);	Ant (S) Am
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Many 7777	() ()	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80)	Ant (S) Am
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Actions Actions Actions	Invoice Prej	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80) 6 \$40/3 rough Survey \$1	Ant (5) Am fit Bill Add
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions alimant's Particulars:- iver/Owner:	Invoice Prej	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); o	Ant (S) Am
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions alimant's Particulars:- iver/Owner: ntact No:	Invoice Prej	aration Checklist Reporting (\$30); Issessment (\$100); INC (\$80) Tough Survey (\$100); Tough	Ant (5) Am The Bill Add
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions aimant's Particulars: iver/Owner: maged Portion:	Invoice Prej	aration Checklist Reporting (\$30); INC (\$80) State	Ant (5) Am 16 Bill Add
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions aimant's Particulars: iver/Owner: maged Portion:	Invoice Prej	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80)	Ant((5)) Am The Bill Add
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions Actions Actions iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prej	aration Checklist Reporting (\$30); Issessment (\$100); INC (\$80); ough Survey (\$100); INC (\$80); frough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005); ion \$200; SMRT Survey \$1 Sorvices:- Cer / Tpt Allowance Gradination \$5	Ant (5) Am The Bill Add
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Many Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge): ditors! Comments::	Invoice Prej	ar ation Checklist Reporting (\$30); INC (\$80) Se \$40/5 Frough Survey \$1 Frough Survey (Resurvey) \$2 Sinst INC Only (wef 10 Jan 2005) Son \$5 SMRT Survey \$1	Ant((5)) Am 16 Bill Add 30 75 60 85
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Many Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments::	() ()	ar ation Checklist Reporting (\$30); INC (\$80) Sample (\$100); INC	Ant (S) Am Ant (S) Am Ant (S) Add Add
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Prej	ar ation Checklist Reporting (\$30); INC (\$80) Sample (\$100); INC	Ant (S) Am Ant (S) Am

SINGAPORE ACCIDENT STATEMENT

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 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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	22/05/2019 16:17
Date Of Accident	21/05/2019 21:00
Exact Location Of Accident	OUTRAM RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN7981C
Insured/Policyholder	
Name Of Registered Owner	P-WAY CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	200405398Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62862781
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
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

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5078644617-03

Cover Note Number

Driver

Name of Driver JAYASEELAN ARIVUKKARASAN

 Passport No/FIN
 G7888410Q

 Date Of Birth
 28/05/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/12/2014

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83310439

Fax Number

Contact Number OFFICE-83310439

EMail Address NOEMAIL

8 NEW INDUSTRIAL ROAD Address

#02-04A LHK 3

Postcode 536200

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT 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

SH8238L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

Passenger 1 NAME: GENDER: : Passenger 2 NAME: * GENDER: : Passenger 3 NAME: 83

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

of o

8 En

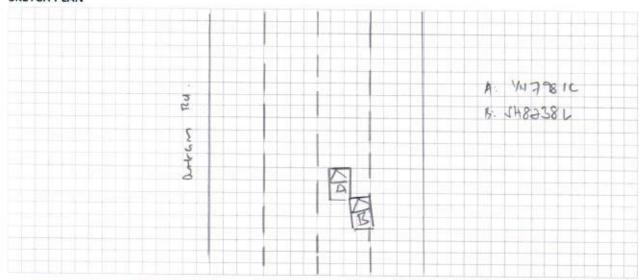
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	- Hate may.
CLADATION P.	

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









eBao Tech										Genera	Claim
Hello, NAC_PAYA_UBI_80	0601) Change La	nguage	> Chang	e Password	• Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	lo.				Date o	of Accident	21/	05/2019 2	1:00	
	Vehicle	No.(For Motor)	YN798	11C		Certific	cate Number				
					5	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078644617- 03		P-WAY CONSTRUCTION & ENGINEERING PTE LTD	200405398Z	GCV	Comprehensive		15		08/04/2020

Policy No.	5078644617-03	Policyholder Name	P-WAY CON	STRUCTION & ENGI	Policyholder NRIC	200405398Z	941 - 11 - 142
Certificate No.					MAIC		
Address	8 NEW INDUSTRIAL ROAD #02-	04A LHK 3 SI	NGAPORE 53	6200			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	21/03/2019	Effective Date	09/04/2019	00:00	Expiry Date	08/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			Windows		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	8 NEW INDUSTRIAL ROAD	D Addre	ss 2	#02-04A LHK 3		Address 3	SINGAPORE 536200
Address 4		Addre	ss Type	Singapore address		Post Code	536200
		Relate	ed Policy er	5078644617-03			
Jnit No.							
	d Object: YN7981C						
Jnit No. D Insure □ Endors	100						

ccident No.		LIBITI NO.	9813		
9	MT/1045594	Claim No.	901		
Attachment					
			Save Submit		
Print AK letter					
eport Taken By	Jackson			Established Mills	Hedrick Colonial Colo
te Registered	22/05/2019 16:42	Claim Close Date		Date Received	22/05/2019 00:00
equire Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
referred Workshop Contact o.		Insured Liability *	Not at Fault		
am Description	YN7981C / SH8238L ON 21 May 2019			Name of Preferred Workshop	
armant Address				1	
laiment Name +	>>	Claimant NRIC *	Press seed.		
lamant Type Claimant Type •	Please Select.	Type of Benefit *	Please Select	TP Vehicle Number	SH8238L
mail Address		Contact No.(Home) DI Vehicle Number	YN7981C	Contact No. (Office)	62961783
ontact No.(Mobile)	DD-MX	Contact No (Home)	P-WAY CONSTRUCTION & ENGII	Insured NRIC	200405398Z
laim Type +	DO-MX				V//
Claim 001 New					
odification History					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
eclaration					
oss he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
INT No.	02-04A				
ddress 4		Address Type	Singapore address	Post Code	536200
ddress 1	8 NEW INDUSTRIAL ROAD	Address 2	FHK 3	Address 3	SINGAPORE S16200
ontact No.(Mobile)	83310439	Contact No.(Office)	0	Contact No.(Home)	0
gister Date of Driver License		Driver Age	41	Driving Experience	28/05/1977
nnamed driver Name	JAYASEELAN ARTVUKKARASAN	Driver Type Driver NRIC	Unnamed Driver G7888410Q	Driver DOB	28/05/1977
or OI Driver Info	Umassed Driver	Private Private			
of No.		Related Policy Number	5078644617-03		
idress 4		Address Type	Singapore address	Post Code	536200
idress 1	8 NEW INDUSTRIAL ROAD	Address 2	#02-04A LHK 3	Address 3	SINGAPORE 536200
Policyholder Mailing Ad					
	22/05/2019 16:41:44 Sy	stem changed GST Registration No. fro stem changed GST Registration Date f	pm null to 2004053982		
idification History	22/05/2019 16:41:44 Sy	stem changed GST Registered from No	to Yes	Yes	
ST Registration No.	745 2004053952		GST Registration Date GST Status Venhed	01/06/2005	
ST Registered Informs	Yes		GET Gasterovica Service		
→ Benefits → GST Registered Informa →	ition				
otal CO Excess Applicable Benefits		Total TP Excess Applicable			
Additional Excess					
TED OD Excess		YIED TP Excess		Driver is Covered?	
OD Standard Excess	600.00	TP Standard Excess	0.00		
		COSC LEGISTER	200.00		
Excess Type	Per Accident	Windscreen Excess	100.00		
▼ Total Excess Applicable	W				
Accident Location	OUTRAM RD	Grange Porce		ICM No.	
Reporting Centre	2 E000000000000000000000000000000000000	Crange Force	21.00	Country of Acadent	Outside Singapore
Tate of Accident	21/05/2019	Time of Accident bhomm	Yes 21:00	Accident Type	Collision - Change / Cross lane
aport Date	22/05/2019 16:40	Accident Report Within 24 hrs	26753		
Accident Details	No	NCD Entitlement(%)	20	Private Hire	No
CD Protection	® No ○ Yes	TCA	● No ○ Yes	eCode Reason	
imaii Address CPK	2.2	Special Remark	0.00	eCode	The V
Contact No.(Mobile)	0	Contact No.(Office)	62862781	Contact No.(Home)	0
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Product Code	CONTRACTOR OF THE PARTY OF THE	PIELIO		Policyholder NR3C	2004053982
olicyholder Name Hoduct Code	P-WAY CONSTRUCTION & ENGINEERING	DTE I TO			
	P-WAY CONSTRUCTION & ENGINEERING	DTE LTO			

