	re Services wet Jan'05 M	44119082350		
Date In: 76/6/19-7110	Jeb description	Date & Time Complete	d Doi	ne by
Ref No: 44 [NC 17011346/14	SAS e-filing			
Veh No: GOCYDGP	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 18/6/19-17:15	i-Motor Claim Form	M7/105 0747-001	26/6/19	17:25
OD / TA / Reporting Only	i-Motor W/O (Within: OD 2)		1-1-1-1	
OD : 119", Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
17 Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 600	USASC INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 8	0-100%]	
	Warranty: YES ()/NO ()		de la colonia
Excess: (\$) Loading: \$1,6	000()/\$2,000()			
General Remarks:		HEAVEN STATE	35520m S	
() Walk-In Customer : Customer's info			Assessment Column	*
		dictly NO 13ler of repair	51.	-
() Total Luss Case : to e-mail Insur				
Drive-In ()/ Towed-In (); Invoic	e: YES () / NO ();	Towing Co: ()
Remarks: (INC hotline: 6788 6616)	A Commence of the Commence of	Date&Time Completed	* Don	s hy
The state of the s		reaction in the contract of th		
1) Apply for Transport Allowance ()/(AND STORY OF THE PERSON NAMED IN THE PERSON NA		1000000	
The second secon	Courtesy Car ()			
2) QC Check / Post Repair Inspection	Courtesy Car ()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5:	Courtesy Car ()			
2) QC Check / Post Repair Inspection	Courtesy Car ()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5: Injury:	Courtesy Car ()			DATE OF THE REAL PROPERTY.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	Courtesy Car ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury:	Courtesy Car ()			*
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Laumant's Particulars:- river/Owner:	Invoice Pro () () 3000] () Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 For claiming	charation Checklist It Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2	Am((S) fit Bill (\$80) \$40/\$45 \$120 \$30	Amt(3)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions Laimant's Particulars: iver/Owner: paraged Portion:	Invoice Product	eparation Checklist It Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 setion + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$905) \$75	Amt(\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Pate/Time Actions Actions Laimant's Particulars: inver/Owner: ontact No: amaged Portion:	Invoice Pro () () 3000] () Invoice Pro () AR: Acciden () DA: Damage () FT: Follow- For claiming () TR: Re-inspe () NTUC Additi () DA*	eparation Checklist: It Reporting (\$30); Assessment (\$100); INC Fee Through Survey (Resurvey) against INC Only (wef 10 Jan 2 cetion + SMRT Survey ional Services:	(\$80) \$40/\$45 \$120 \$30 \$905) \$75	Amt(\$)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:	Courtesy Car ()	eparation Checklist At Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2 ection + SMRT Survey ional Services:	\$ Ani((\$) Fit Bill (\$80)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury:	Courtesy Car ()	eparation Checklist At Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2 ection + SMRT Survey ional Services:	\$40/\$45 \$120 \$30 \$905 \$75 \$160 \$55 \$10 \$25 \$5 \$20 \$30	Amt (5)

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,
- 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.

aforesaid.	g	port delig made available
Manual Company of the	ACCIDENT STATEMENT	A Same
Date Of Report	26/06/2019 17:12	
Date Of Accident	25/06/2019 17:15	
Exact Location Of Accident	PIE BEFORE STEVENS RD EXIT	
Country/State of Loss	SINGAPORE	
AND THE RESERVE OF THE PARTY OF	DETAILS OF OWN VEHICLE	Section of the Control
Vehicle Registration Number	GBF4536P	
Insured/Policyholder	THE RESERVE THE PROPERTY OF THE PARTY OF THE	
Name Of Registered Owner	GOODWORK TRADING ENTERPRISE PTE LTD	
Co Reg No	201118037K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars	THE RESIDENCE OF THE PARTY OF THE PARTY.	
Manufacturer	NISSAN	COMPANY OF STREET
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE	
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	SECRETARIAN PROPERTY AND ADDRESS OF THE PARTY.	MILES EN SERVI
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
EL VE V		

Fleet Policy NO

Policy Number 5095471038-01

Cover Note Number

Driver

 Name of Driver
 SEKAR KARTHI

 Passport No/FIN
 G2242513M

 Date Of Birth
 23/05/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/04/2018

Driving Experience 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90362153

Fax Number

Contact Number OFFICE-90362153

EMail Address NOEMAIL

Address 1002 JALAN BUKIT MERAH

#01-05

Postcode 159456

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

1

Insurance Company of Driver's Own Vehicle

2

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

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) 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

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

COMMERCIAL VEHICLE

Vehicle Registration Number

GBA4575C

Vehicle Make/Model/Colour

Details Of Properties

Details Of Froperties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SEKAR KARTHI

Page 2 of 18

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

GBF4536P

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

DESCRIBE CIRCUISTAILES OF THE ACCIDENT
I was travelling along PIE before Stevens Road exit. As the
ehicle infront of me started to slow down, I followed to stop
my vehicle. Out of sudden, I felt a huge impact from my
rear. When I got down from my vehicle, I found out vehicle B collided onto my rear portion of my vehicle.
collided onto my rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder signature Date & time:

₹ 201118037K

Driver's signature

(if driver is not policy holder) Date & time:

reporting centre personnel's Signature

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre,
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

网 克斯·美国 2005年1			ACC	CIDENT DE	TAILS		HE THE	
Date of accident	25	106	12019					(DD/MM/YY)
Time of accident	17	15	- 12					(HH:MM)
Exact location of accident	Alo	ng	ÞIE	bafore	Stevens	Road	exit	, control of

对 的特别的 如果那些最后的一次)。	DETAILS OF VEHICLE
Vehicle registration number	GBF4F36P
Vehicle make and model	
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only Reporting only

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

科学的基础。以及它是影响是	INSURED / POLICY HOLDER
Name	GOODWORK Trading Enterprise Ptu Ltd Male - Female
NRIC / Fin / Passport number	2011\8037K
Contact	
Address	1002 Jalan Bukit Merah #01-05 S(159 456)

DRIVER	SAME AS INSURED ABOVE (KIP TO D.O.B)
Name	Sukar Karthi	Male Female
NRIC / Fin / Passport number	G2242513M	
Contact	9036 2153	
Address		
Email address		
Date of birth	23 May 1991	
Occupation	Indoor Outdoor	
Driving date pass	27 Apr 2018	

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗷 No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗆 No 🗷
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	(Inclusive of driver
	DASSENCED 4
Name	SCKAY KATHI
Gender	Male Female
Name	PASSENGER 2
Gender	Male Female
	PASSENGER 3
Name	PASSENGER 3
Gender	Male - Female -
THE RESERVE OF THE PARTY OF THE	PASSENGER 4
Name	PROSERVOER 4
Gender	Male D Female D
	That B Terrain B
有地域和发生主要	PASSENGER 5
Name	
Gender	Male Female
Note that the second second second	PASSENGER 6
Name /	
Gender	Male Female
/	
	OTHER INFORMATION
Was anybody injured?	Yes Z No 🗆
Was other vehicle damaged?	Yes No 🗆
国际 公司,1997年,1997	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
建造成的产生产品的	WITNESS 1
Name	
网络阿尔斯 医多数反应性	WITNESS 2
Name	

	THIRD DARTY VEHICLE 1
Vehicle registration number	THIRD PARTY VEHICLE 1 GB4 4575 C
Vehicle make model	904 4343 6
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
Validation	THIRD PARTY VEHICLE 2
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
Vohiala vasistustis	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
WASHINGTON TO STREET WASHINGTON	
	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
AMERICAN STRUMENTS	THIRD DARTY VEHICLE S
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Comace	
	THIRD DARTY VILLIGIES
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The second second second	TUIDD DARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE 7
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
Name	Sikar Karth
Injuries sustained	Nuck and Back
Which vehicle person in?	GBF453AP
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No.
hospital by ambulance?	AND
建设设施设施	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
THE RESERVE OF THE PERSON OF T	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes D No D
hospital by ambulance?	
Intraction (Carton Carton Cart	INJURED PERSON 4
Name	INJURED PERSON 4
Injuries sustained	INJURED PERSON 4
Injuries sustained Which vehicle person in?	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No Yes No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No Yes No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No No INJURED PERSON 5







Certificate of Insurance

MOTOR VEHICLES (THI	RD PARTY RISKS) RI	ULES, 1959 (MALAYS	A)	
Certificate Number : 5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cover : Comprehensive	
1. Index mark and Reg	istration Number	of Vehicle	: GBF4536P	
Chassis Number			: JN15C2F24Z0858913	
2. Name of Policyhold	er		: GOODWORK TRADING ENTERPRISE PTE LTD	
3. Effective Date of In	surance		: 31 Oct 2018	
4. Expiry Date of Insur	ance		: 30 Oct 2019	
5. Persons or Classes	of Persons entitled	to drive#	(i) Sill (ampliation)	
(a) The Policyhold				
			order or with his/her permission.	
the Motor Veh enactment or r	cle or has been so egulation in that b	s permitted in accord permitted and is not ehalf from driving the	ance with the licensing or other laws or regulation disqualified by order of a Court of Law or by reast Motor Vehicle.	ons to drive son of any
Limitations as to Us				
(a) Use for social of	omestic and pleasi	ure purposes and in o	onnection with the Policyholder's business or pro	ofession.
		s or goods in connect	on with the Policyholder's business.	
This Policy does not co				
	reward			
(a) Use for hire or				
(b) Use for racing, (c) Use whilst drav # Limitations ren	pace-making, relial ving a trailer excep dered inoperative I	by Section 8 of the M	sting. ne disabled mechanically propelled vehicle. otor Vehicle (Third Party Risks and Compensation Act, 1987 (Malaysia), are not to be included und	n) der these
(b) Use for racing, (c) Use whilst drav # Limitations ren Act (Chapter 18 headings.	pace-making, relial ving a trailer excep dered inoperative I	t the towing of any o by Section 8 of the M of the Road Transpor	ne disabled mechanically propelled vehicle. otor Vehicle (Third Party Risks and Compensation	n) der these
(b) Use for racing, (c) Use whilst draw # Limitations ren Act (Chapter 18 headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	pace-making, relial ving a trailer excep dered inoperative I 9) and Section 95	t the towing of any of by Section 8 of the M of the Road Transpor S\$600 N/A	ne disabled mechanically propelled vehicle. otor Vehicle (Third Party Risks and Compensation	n) der these
(b) Use for racing, (c) Use whilst draw # Limitations ren Act (Chapter 18 headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS	pace-making, relial ving a trailer excep dered inoperative I 9) and Section 95 (:	t the towing of any of by Section 8 of the M of the Road Transpor S\$600 N/A S\$100	ne disabled mechanically propelled vehicle. otor Vehicle (Third Party Risks and Compensation	n) der these
(b) Use for racing, (c) Use whilst draw # Limitations ren Act (Chapter 18 headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS INSURE WITH COE	pace-making, relial ving a trailer excep dered inoperative I 9) and Section 95 (: :	t the towing of any of by Section 8 of the M of the Road Transpor S\$600 N/A S\$100 YES	ne disabled mechanically propelled vehicle. otor Vehicle (Third Party Risks and Compensation Act, 1987 (Malaysia), are not to be included und	n) der these
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Hello, NAC_PAYA_UBI_800601			A STATE OF THE PARTY OF THE PAR			Change Language			Change Password		Log Out
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	Policy I	Vo.				Date of Accident 25/		06/2019 17:15			
	Vehicle	No.(For Motor)	GBF45	GBF4536P		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Véhicle No.	Insured Object	Commence Date	Expiry Date
	0	5095471038- 01		GODDWORK TRADING ENTERPRISE PTE LTD	201118037K	GCV	Comprehensive	GBF4536P	GBF4536P	31/10/2018	30/10/2019
						Continue]				

Policy No.	5095471038-01	Policyholder Name	GOODWOF	RK TRADING ENTERPR	Policyholder NRIC	201118037K	
Certificate No.					WICC		
Address	1002 JALAN BUKIT MERAH #01-	05 SINGAPOR	E 159456				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	30/10/2018	Effective Date	31/10/201	8 00:00	Expiry Date	30/10/2019 23:5	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/Ir	experience Driver Excess
Agent	KIMBERLEY INSURANCE AGENC	Agent Tel.	97912294		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	nolder Mailing Address						
Address 1	1002 JALAN BUKIT MERA	H Addre	ss 2	#01-05		Address 3	SINGAPORE 159456
Address 4		Addre	ss Type	Singapore address		Post Code	159456
Unit No.		Relate Numb	ed Policy er	5107018641			
20000	d Object: GBF4536P						
1 Insure	Susception con 10					1 7 7 7 7 7	
	ements						

Claim Handling Accident MT/1050743					
Policy No.	5095471038-01	Vehicle No.	G8F4536P	GST Registration No.	
Certificate No.				Salar Canada Can	
Policyholder Name	GOODWORK TRADING ENTERPRISE PTE LTD			Policyholder NR3C	201118037K
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive :	Loeding	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	V -
KFK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	(Code)
MCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
 Accident Details 				1	100
Report Date	26/06/2019 17:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	25/06/2019	Time of Accident No.mm	17:15	Country of Acodemi	
eporting Centre		Orange Force		ICM No.	Singapore
ecident Location	PIE BEFORE STEVENS RD EXIT	11 000000000000000000000000000000000000		JOH NO.	
♥ Excess					
wn damage Excess	500.00	Additional Excess			
nnamed Driver Excess		Outside Singapore OD Excess		Windscreen Excess	100.00
hird Party Excess	0.00	Outside Singapore TP Excess			
♥ Benefits	3,00	outside singapore in excess			
GST Registered Informa	ation				
ST Registered	No		2222		
ST Registration No.			GST Registration Date GST Status Verified		
lodification History			OUT STATES	346	
Policyholder Mailing Ad	idreas				
doress 1	1002 JALAN BUKIT MERAH	Address 2	#01-05	Address 3	SINGAPORE 159456
ddress 4		Address Type	Singapore address	Post Code	159456
mit No.		Related Policy Number	5107018641		105430
♥ OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	SEKAR KARTHI	Driver NRIC	G2242513H	Driver DOB	23/05/1991
igister Date of Driver License	27/04/2018	Driver Age	28	Driving Experience	1
ontect No.(Mobile)	90362153	Contact No. (Office)	0	Contact No.(Home)	0
idreas 1	1002 JALAN BUKIT MERAH	Address 2		Address 3	SINGAPORE 159456
ddress 4		Address Type	Singapore address	Post Code	
nit No.	01-05			ross code	159456
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		25 14	
egistered car?				Driver Insurer Company	
eclaration					
reathalyser or Blood Test. éading?	0 mg	Any injury?	® Yes ○ No		
377(20)					
odification History					
ourication restory					
Claim 001 New					
aim Type *	ор-мх	Insured Name	GOODWORK TRADING ENTERPR	Insured NRIC	201118037K
intact No.(Mobile)	96515675	Contact No.(Home)		Contact No.(Office)	62234188
hall Address	GOWORK#SINGNET.COM.SG	OI Vehicle Number	GBF4536P	TP Vehicle Number	GBA4575C
	Please Select	Type of Benefit *	Pleade Select		DC
umant Name *	22	Claimant NRIC +			
imant Address					
im Description	GBF4536P / GBA457SC ON 25 Jun 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferend Repair Option		GIA report	Received
te Registered	26/06/2019 17:25	Claim Close Date		Date Received	26/06/2019 00:00
port Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
*					
odent No.	HT/1050743	Claim No.	100		
st Doc. Received	● Yes ○ No	Upload Date	26/06/2019 17:26		
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