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NATIONAL Assessment Co		ACIDO PILAN					
Date In: 17/19-17:11	Jeb description	Date &Time Completed	Done by				
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Vch No: GBE29560	E-mail (within Shrs, AIC 2hrs)						
D.O.A: 23/6/19- 10:4T	i-Motor Claim Form	M71011-64-001	117/19 12:29				
OD PP Reporting Only	i-Motor W/O (Within; OD 2h		11(14)				
The porting Only	i-Photo Uploaded						
TP Insurer:	Assessment/Survey Report	1 1					
Tr hisurer.	Ass't Report by Fax / Hand	to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW			ax:				
TP Particulars: Veh No:	BC1362m . INC (ax:				
Owner / Driver: (MSC/30VIII INC (/ Non-INC ()					
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:	,				
	%) [Note-Est. Status (WO): N: 0-2		,				
Version) Warranty: YES ()/NO (00%]				
Excess: (\$) Loading:)					
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The state of the s		description of the	Soft Piles				
() Walk-In Customer's	information strictly Confidential & St	rictly NO refer of repairer.					
() Total Loss Case : to e-mail In	surer URGENTLY.		T.				
Drive-In ()/ Towed-In (); Inv	voice: YES()/NO();T	owing Co: (.)				
Remarks: (INC horline: 6788 661	6)	Date& Time Completed	27207.967.1561				
) / Courtesy Car ()	Lizatese farme Compleyad	Done by				
2) QC Check / Post Repair Inspection	// country car ()						
3) Upload Resurvey Photo [Repair Cost	> \$30001						
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No.			Anit (\$) Amit (\$				
HAIGOUGOU.	Invoice Prep	paration Checklist	Tit Bill Add Bi				
aimant's Particulars :-	1) AR : Accident						
iver/Owner:	3) TF : Towing Fe		The second secon				
ntost No.	4) FT : Follow-Th		20				
ntact No:		rough Survey (Resurvey) 5 ainst INC Only (wef 10 Jan 2005)	30				
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Checked by (Engr-In-Charge):	OD*						
		The state of the s	\$5				
ditors! Comments :-	*N6: Repair Co *N7: Post Repair		25				
1:	*N8: DV / Colle	ect Excess Coordination	\$3				
	9) N12: Idao Mobi		20				
2/3;	Invoice dated	Fee Chargea	Astern 7				
1	Invoice dated	Fee Charged	SETT				

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.

aloresaid.	
MADE SERVICE CONTRACTOR OF	ACCIDENT STATEMENT
Date Of Report	01/07/2019 12:11
Date Of Accident	27/06/2019 10:45
Exact Location Of Accident	PIE (TUAS) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE2956D
Insured/Policyholder	
Name Of Registered Owner	VOLKSLIFT ELEVATOR PTE LTD
Co Reg No	201423879G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63401036
Vehicle Particulars	
Manufacturer	CITROEN
Model	BERLINGO LWB 1.6L EHDI ETG6
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	5075031761-03
Cover Note Number	

Driver

Name of Driver ARUMUGAM KRISHNAN

 Passport No/FIN
 G7022558T

 Date Of Birth
 25/03/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 05/10/2017

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83476171

Fax Number

Contact Number OFFICE-83476171

EMail Address NOEMAIL

Address

1 KAKI BUKIT ROAD #03-20 ENTERPRISE ONE

Postcode

415934

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 - 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?

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 3

Number of Passengers (Including Driver) Passenger 1

NAME:

: -

GENDER: : MALE

Passenger 2

NAME:

100

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC1762M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 15

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.
- 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 4/75 X705

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE B

VEHICLE B

CBC 1762 M

2

B A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Aug	MED FROM MY JEMICUE AND REALIZED IT WAS
A	remove with mance PLATE ("CBC 1762M) THAT COLLIDED
70	the repa of my vehicle.
UBLIC	UZ A - CB12 29560
VRM	CIE B - CIBC 1762 M
)

DECLARATION

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

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ehicle No.	GBE 2956D Model/Make CIRDEN BEAUNEW
ate of Accident	27/06/2019
ime of Accident	1045 HRS
ocation of Accident	PIÈ TOWARD WAS BEFORE KAŁ EXIT.
xact purpose use during accid	lent worken nous
lame of Owner	VOLKSLIFT ELEVATOR ME LED
elephone No.	H/P: Home: Office: 63401636
IRIC	20142347 96
Address	I KAKI BUKIT ROAD 403-20 SUTERAUSE ONE S(45934)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5075031761-03
oney ivo.	
Name of Driver	As Above If No, ARUMUGAM KRISHNAN
NRIC	G10225587 Any Passengers: 2 (MGCR BUTH)
Date of birth	25 MAR 1974
Occupation	Outdoor / Indoer
Driving License Pass Date	05 007 2017
Gender	Male / Female
Contact No.	H/P:83476171 Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	GBC 1762 M Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes /No
Email Address	Admin hr @ volks-lift.com
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE DIE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
CONTROLLERSON	





WORK PERMIT

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

VOLKSLIFT ELEVATOR PTE. LTD.



ARUMUGAM KRISHNAN

0 32259340

CONSTRUCTION





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

For LKK/NAC

Motor cars with unladen weight =< 3000kg with =< 7 05 Oct 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Name ARUMUGAM KRISHNAN

G7022558T

INDIAN

MULTIPLE JOURNEY VISA ISSUED

VISIT PASS

Immigration Regulations

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED. OR WHEN A NEW CARD IS ISSUED TO YOU



NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY	RISKS AND COMPENSATI	ON) ACT (CHAPT	FR 189)
MOTOR VEHICLES (THIRD PARTY			[33500.0014
ROAD TRANSPORT ACT, 1987 (MA		011) 110 223, 1300	5
MOTOR VEHICLES (THIRD PARTY	V.	ΔΥΣΙΔ)	
Certificate Number : 507503176			: Comprehensive
Index mark and Registration !			
Chassis Number	vulliber of vehicle	: GBE295	9HF8FJ643243
Name of Policyholder			LIFT ELEVATOR PTE LTD
Effective Date of Insurance		: 21 Oct 2	
Expiry Date of Insurance		: 20 Oct 2	
Persons or Classes of Persons	entitled to drive#	. 20 000	2019
(a) The Policyholder.	endiced to driven		
(b) Any other person who is	driving on the Deliauheld	an'a andan anisi	h his/has a sectorias
			the licensing or other laws or regulations to drive
			by order of a Court of Law or by reason of any
enactment or regulation			
6. Limitations as to Use#			
(a) Use for social domestic a	nd pleasure purposes an	d in connection v	with the Policyholder's business or profession.
(b) Use for the carriage of pa			
This Policy does not cover	176 74		53
(a) Use for hire or reward.			
(b) Use for racing, pace-mak	ing, reliability trial or spe	ed-testing	
			mechanically propelled vehicle.
headings.	cuon 35 or the Road Trai	isport Act, 1907	(Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600		
EXCESS (SECTION 2)	: N/A		
WINDSCREEN EXCESS	: \$\$100		
INSURE WITH COE	: YES		
HIRE PURCHASE COMPANY	: MAYBANK SIN	GAPORE LIMITED	D
SUM INSURED	: MARKET VALU	E OF INSURED VI	EHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Co Agency : CYCLI	ep 2018 18:49 hrs	er 189) and Part I	ed in accordance with the provisions of the Motor IV of the Road Transport Act, 1987 (Malaysia) TE LTD (00000613549) NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
	nonl		1

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change I	Language	• Change	Password	Log Out
My Desktop	Policy Query									
My Desktop Notice of Loss	Policy No.				Date	e of Accident	27	/06/2019 10	2:45	
	Vehicle No.(For Motor)	GBE29	56D		Cert	tificate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5075031761- 03		VOLKSLIFT ELEVATOR PTE LTD	201423879G	GCV	Comprehensive	GBE2956D	GBE2956D	21/10/2018	20/10/2019
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March Mar	laim Handling Accident MT/1051264					- Jask Transfer +
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Mode	FK	® No ○ Yes		@No Cives		The es
## Control				377		No.
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## A PACIFICATION 100000000000000000000000000000000000	eport Date	01/07/2019 12:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
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Moderning Protection 100	ccident Location	PIE (TUAS) BEFORE KPE EXIT				
Counting	· Excess					
March Park	own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
## ADDRESS 1985 19	nnamed Onver Excess		Outside Singapore OD Excess			
Total programme Total prog	hird Party Excess	0.00	Outside Singapore TP Excess			
Telephore	♥ Benefits					
## 25	GST Registered Inform	nation				
	IST Regimenta				01/10/2014	
### ### ##############################		CARRELL CONTRACTOR CON			Yes	
	fodification History	01/07/2019 12:27:29 Syste 01/07/2019 12:27:29 Syste	im changed GST Registration Date im changed GST Status Verified fr	from 14/08/2014 to 01/10/2014 on No to Yes		
Maries 2	III. Bolicubalder Maillea A	CONTRACTOR				
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Set 10 10 10 10 10 10 10 1		2 PORT BURN HORSE 2				
Marie Mari		09-14			Post Code	413834
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Chime Chim	Innamed driver Name	ARUMUGAM KRISHNAN	Driver NRIC	G7022558T	Driver DOB	25/03/1974
Contact No. (Moder)		05/10/2017	Driver Age	45	Driving Experience	1
Marie Mar			CONTROL OF CONTROL	0		
Address Type						
The National Address Claimed Agency Claim Cycle (See Control No.) Declaration Type College Claim Cycle (See College Claim Cycle) College Claim Cycle (See College Claim C						
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Any Injury 1 One (No	10000000000000000000000000000000000000					
And find the first provided in the state of		900		512009452708		
Second S	leading?	o mg	Any injury?	○ Yes ® No		
Claim 1903 - O-MX	Modification History					
Claim 1003 00 - MX	⇒ Investigation					
Claim Type DO-MX Insured Name VOLKSLIFT ELEVATOR PTE LTD Insured NBIC 201423679G Contact No. (Mobile) NIL Contact No. (Mobile) NIL Contact No. (Mobile) NIL Contact No. (Mobile) DO NAME OF Vehicle Number OBC1763M OBC1763		N .				
Dam Type	14 80	Enc				
Contact No.(Mobile) NIL						100 SA
Total Address Claimant Type Type of Berefit Claimant Name				VOLKSLIFT ELEVATOR PTE LTD	Insured NRIC	201423879G
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Claimant Aodress Claim Description GBE29580 / GBC1762M CN 27 Jun 2019 Name of Preferred Workshop Contact. Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report Received Date Registered 01/07/2019 12:29 Claim Close Date Date Received 01/07/2019 12:29 O1/07/2019 12:29 Total Loss but Repaired Print AK letter Print AK letter Post Claim Creation Appreval Reason Attachment Attachment Reason Attachment Attachment Reason Name of Preferred Workshop Name of Preferred Workshop				GBE2956D	TP Vehicle Number	G8C1762M
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Date Registered 01/07/2019 12:29 Claim Close Date Date Received 01/07/2019 00:00 Date Received	No.	Was .			Ale source	2000
Report Taken By Sacision Workshop Repairer Total Loss but Repaired Front AK letter **Optication History **Special Claim Creation Approval **Approval Reason **Attachment **Optication Approval Reason **Attachment				Preferred Workshop, Name unknown	10	
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Localent No. MT/1051264 Claim No. 001	0					
			Claim No.	001		
® Yes ○ No Upload Date 01/07/2019 00:00	ast Doc. Received	® Yes ○ No	Upload Date	01/07/2019 00:00		

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Attachment	List											No. Welling
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