MNA 19 109150-0 NATIONAL Assessment Centre Services. wel I Jarlost . Date In: 20/08/2019 10:40. Done by Date &Timo Completed Job description Reino. NBA/Incla014615 /F SAS c-Illing Veh No GBJ 1809 B U-malf (& Jula ther, AlC thrs) 0.01 19/08/2019 10:40 I-Motor Claim Form I-Motor W/O (Winle: OD 2hrs, TP 4hrs) OD TP . (Reporting Only) I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Proformed Wicep / INC Assign Wksp / QW: (TP Particulars: Veh No:)/Non-INC(SLW 4723 H INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by : (Dates . Timer Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/52,000 Sone of the market seek a single content of the second of) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repoter.) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ()/Towed-in (); Invoice: YES () / NO () : Towing Cor 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Infury : MA1906325 1) Alt I Apoldent lisporting 340/345 Driver/Owner: \$120 4) PT : Follow-Through Eurysy 5) PT : Pullow-Through Euryvy (Resurvey) 230 Por slaimhix against ING Only (war 10 Jan 2003) Contact No: 6) TR: Re-Inspection 3160 Darnaged Portion: 7) NI : Idao DA + SMRT Survey 1) NTUC Additional Services:-OUL NS: Courtory Cor / Tpt Allowance OC Checked by (Engr-In-Charge): \$10 *N6: Repels Co-ordination \$23 * Not Post Repair Inspection No: DV / Collect Uxcess Coordination withfors Communistic 1997 TP (NII): TP (Non INC) against INC Jal_1: AMPLICATION OF 9) N13: Idao Mobile Invalor dated 1 3/3: Pas Charged

Involce dated

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.
- 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.
- 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

	ACCIDENT STATEMENT			
Date Of Report	20/08/2019 10:40			
Date Of Accident	19/08/2019 10:40			
Exact Location Of Accident	TAI SENG AVE			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBJ1809B			
Insured/Policyholder				
Name Of Registered Owner	CITI CONSTRUCTION & ENGINEERING PTE LTD			
Co Reg No	Partie I Andrea de Caracteria			
Email Address	CITI@CITICONSTRUCTION.COM.SG			
Mobile Phone No	(LOCAL) +65-90262216			
Alternative Phone No	OFFICE-62666266			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	NV200			
Exact Purpose for which vehicle was being used a time of accident	at COMMERCIAL USE			
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	THIRD PARTY			
Fleet Policy	NO			
Policy Number	5107328124			
Cover Note Number				
Driver				
Name of Driver	DEVARAJAN SENTHILKUMAR			
NRIC No	G8021609U			
Date Of Birth	04/03/1988			
Occupation	OUTDOOR			
Date Of Driving Pass	27/04/2018			
Driving Experience	1 YEAR AND 3 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-90262216			
Fax Number				
Contact Number				

CITI@CITICONSTRUCTION.COM.SG

Address

4 TUAS SOUTH STREET 5 SINGAPORE

Postcode

637780

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

SIDE SWIPE

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?

NO

Control of the same

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

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 SKETCH PLAN.

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

SLW4723H

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)

Page 2 of 11

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</u> and <u>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.
- 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.

S English

Policyholder's Signature Date & Time: (80)

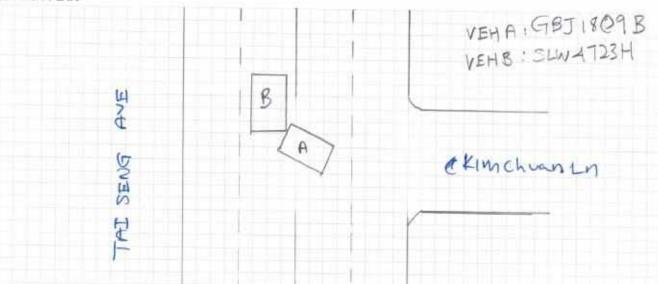
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRICAFIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TW	as about to make a right turn from Kim
huan	Ln. VEH & Sudderly appeared to my vision so
1	guickly brake but still knock into the ven B.
chock	into right rear door of ven B
CLARATIO	

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.:

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CITI SCAFFOLDING PTE. LTD.

For LKK/NAC Use Only

DEVARAJAN SENTHILKUMAR

0.33824561

CONSTRUCTION





K0636048

27-07-2938

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES).

EFFECTIVE DATE

C Class 28 C Class 2

Motorcycles == 100 CC Motor curs =< 3000 kg with =< ? passengers, reclusive of the divisor, and motor transcrivelyingles == 2500 kg

For LKK/NAC Use Only

G80216091

NP 428A

S / No.9000306625

Licence No:G3021509U-5

DEVARAJAN SENTHILKUMAROF LKK/NA U6091408D MULTIPLE JOURNEY VISA ISSUED

VISIT PASS



Certificate of Insurance

Cover : Comprehensive

CITI CONSTRUCTION & ENGINEERING PTE LTD

V5KYBAM20U0174761

To Be Advised

31 Jan 2019

30 Jan 2020

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107328124

1. Index mark and Registration Number of Vehicle Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Umitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bradings.

EXICESS (SECTION 1)

: 55600

EXCESS (SECTION 2)

1 N/A

WINDSCREEN EXCESS

: 55100

INSURE WITH COE

YES.

HIRE PURCHASE COMPANY

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ONE LINK INSURANCE AGENCY PTE. LTD. (00000573391)

Date of Issue

: 30 Jan 2019 13:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 = 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDEND	UM
PARTICULARS OF PE	RSONMAKINGTHEAMENDMENT	S:
Original Report No	: MNA419109150	Vehicle Registration No:GBJ L809B
Name(as shown in NRIC)		_NRIC/FIN/PassportNo : 98021609U
	ahicle Owner) (*) Please delete as a	
Address	4 TUAS SOUTH STREET S	SINTAPORESingapore(637
Contact (Tel)	E	_Mobile No.: 90262216
Email Address	: CITI @ CITICONSTRUCTION.C	om.sg
Date of Accident	19/08/2019	_Time of Accident: 10:4 0
Place of Accident	tal sens ave	
Insurance Company	NTUC	
	nicle Number.	
1-		9
Policyholder / Drive Date:	r's Signature	Reporting Contre Personnel's Signature Name; NRIC/FIN No.:

Date: