NATIONAL Assessment Centre Se	ervices. port 1 January.	MWA 11911 5497	AL AL
The state of the s	b description	Date &Time Completed	Done by
	SAS c-filing		
	E-mail (within this, AIC 2his)		
	-Motor Claim Form	MT/1060526001	219119 14:55
	-Motor W/O (Within: OD 2hra,	- A-7.	
(II) D' Reporting Only	-Photo Uplonded		•
	Assessment/Survey Report		
TI Insurer:	ss't Report by Fax / Hand to	Owner/Wksp	
Profured West / INC Assign Wise / QW: (The second secon	CONTRACTOR SECURE AND ADDRESS OF THE PARTY ADDRESS OF TH	ax:
TP Particulars: Veh No: Sck	6884× . INC ()/Non-INC().	14
Owner / Driver; (Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-	Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warra	nty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
Geachathenholes and Stans Water Control			Con St.
() Walk-In Customer's Customer's Informatio			
() Total Loss Case : to e-mall Insurer UR	GENTLY. ·		
Drive-In ()/ Towad-In (); Invoice: YES	S()/NO(); To	wing Co: (' '	.)
Contacts to a city of the model of the contact of the city of the			33 Shone by
1) Apply for Transfort Allowance ()/ Courtes		Salvade Control of The Action	
2) QC Check / Post Repair Inspection	(·)=		,
Upload Resurvey Photo [Repair Cost > \$3000]	- (·) · · ·		
Infary :			
Date/Time / Actions 25 (Action 25 (1987))		- (1 /4)	Charles .
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1			
· · · · · · · · · · · · · · · · · · ·			WEIGHT RESIDENCES
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Chimontel particulars is the state of the st	1) Alt 1 Accident R		30.00
Driver/Owner:	2) DA : Demego As 3) TF : Towing Fee	. \$40/	\$45
*	4) PT : Follow-Three	The second secon	120
Contact No:	Por claining ata	nsting Only (wef 10 Jan 2005)	
Danaged Portion:	6) TR: Re-inspection 7) NI: Idau DA + S		160
	8) NTUC Additions		
QC Checked by (Engr-In-Charge):	OD* • NS: Courtery Co	or / Tpt Allowanne	\$5
and the second s	*NG: Repair Co-c	rdination	510
Auditors Comments:	*N8: DV / Collect	t Excess Coordination	22
11_11	TP (N11): TP (N 9) N12: Idao Mobile	un INC) against INC	30
2270	involve dated	Fee Charged	Marine Control
	Involce dated	Fee Charged	PARAMILE DE LA COMPANIE DE LA COMPAN

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.
- 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.
- 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.

aroresald.	ACCIDENT STATEMENT
D. C. D.	ACCIDENT STATEMENT
Date Of Report	02/09/2019 10:21
Date Of Accident	31/08/2019 14:15
Exact Location Of Accident	PIE TWDS CHANGI AFTER BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC4070G
Insured/Policyholder	
Name Of Registered Owner	JETLAND MARKETING (S) PTE, LTD.
Co Reg No	200705469W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62916248
Vehicle Particulars	
Manufacturer	RENAULT
Model	TRAFIC 2.0 DCI LWB 115 MT ABS D/AB 6DR
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5110522092
Cover Note Number	s e
Driver	
Name of Driver	ALAGU DEVAR SAKTHIVEL
NRIC No	S6861947E
Date Of Birth	25/07/1968
Occupation	INDOOR
Date Of Driving Pass	13/05/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85050168
Fax Number	AMERICAN AND TO AND TO SERVE SHOW THE SERVE SHOW TH
Contact Number	
EMail Address	NOEMAIL

Address BLK 229 TAMPINES ST 23 #05-261

Postcode 521229

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

in two, relationship of the Driver with the matric

Vehicle Registration Number of Driver's Own Vehicle OTHER - DIRECTOR

•

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?

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)

5

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2

Passenger 1

NAME:

: UNKNOWN

GENDER: : MALE

Passenger 3

NAME:

UNKNOWN

GENDER:

: MALE

Passenger 4

NAME:

: UNKNOWN

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

NO

If Yes, against whom?

Circumstances of Accident

PLEASE 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCR6884X

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:
 - (i) 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.:

twols changi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While	trave	lling	along	PIE	tw obs	Changi	After
Bedok	North	Ave 3	9 И	the	center	Lone.	Suddenly
veh B	from	the	first	lane	cut i	nto my	lane quo
hit on	to m	y veh	right	hand	side.		

DECLARATION

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

Date & Time?

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

Reporting Centre Personnel's Signature

Bedok

Morth

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

	ENT DATE: (31/ 8/	22.5 339	(YYY), TIME:(/	t : 15)(HH:MM)	
LOCATI	ION: PIE +w	ds Changi	After bea	lok north Ave	3
1.0	DETAILS OF VEHICLE	1 8		11	
	a) VEHICLE NUMBER:	GBC 40706.		0.	
	b)INSURANCE COMPAN				
	c)POLICY NUMBER:	20.0			
	d)POLICY TYPE: (COMPR	EHENSIVE / THIRD	PARTY / TUIDO O	ADTY CIDE STUEET	
E)	e)MAKE & MODEL:	- THE TOTAL PROPERTY	AKIT / IHIKU F	AKIT FIKE & I HEFT)	
1	F)TYPE: (SALOON / COUPL	E/MPV/VAN/LO	DRRY / MOTORC	YCLE / OTHERS)	
	9) VEHICLE CATEGORY: (F	RIVATE / COMME	RCIAL / MOTOR	CYCLEL	
1	NIPURPOSE OF USING AT	ACCIDENT TIME:	going bac	K home.	
1	JAKE YOU CLAIMING UN	DER YOUR OWN II	NSURANČE (YES	/NOI	
2 1	IF NO, PLEASE STATE (THI	IRD PARTY CLAIM	/ REPORTING O	NLY)	
2. 1	NSURED / POLICY HOLDE	R			
<i>A</i>	A)NAME: Jetland	Marketing		AALE / FEMALE)	
	D)NRIC/FIN/PASSPORT: E)ADDRESS:		CONTAC	T: 6291 6248.	
an w w	JADDRESS.				
	CONTINUE TO 3.d IF DRI	VER ALSO BOLICY	HOLDED		
the of passanga D	RIVER	VER ALSO POLICY	HOLDER		
(Including driver)	NAME:		(M	ALE / FEMALE)	
(#)-	NRIC/FIN/PASSPORT:			: F50 50 16 8.	
(<u>+</u>)3 c)ADDRESS:				20
.1				**************	
	DATE OF BIRTH: ()		D/MM/YYYY)		
Θ)	OCCUPATION: (INDOOR	S/OUIDOOR)		70	
1) 4. M/	YEARS OF DRIVING EXPR	ERIENCE:			
IF	AS DRIVER AN EMPLOY	YEE OF THE INSU	JRED'S COMPA	NY? (YES / NO)	
5. a)	NO, RELATIONSHIP OF	CLEAD / BAINING	ITH INSURED:	Director.	
b)	ROAD SURFACE: (DRY /	WET / OTHERS	/ OTHERS		
6. W.	AS ANYBODY INJURED (Y	(ES / NO)			
7. a)ı	REPORTED TO POLICE (Y	ES / NO)			
li di	F YES, PLEASE STATE WHIC	CH POLICE STATIO	N:		
8. THI	IRD PARTY VEHICLE				
is of presenger al	VEHICLE NUMBER;	5CR 6884X	MODEL:	- Tale	
collection driver) D	DRIVER'S NAME:				
() c)	NRIC/FIN/PASSPORT:_		CONTACT		
	RD PARTY VEHICLE				
1 1 1 1 1 1 1	VEHICLE NUMBER:		MODEL:	A.	9
ordinating driver) fl	DRIVER'S NAME:				
- 1	NRIC/FIN/PASSPORT:		CONTACT:		
	98				
	8			- 8	
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enting License.	()				
5 50.	fax:	=		\$7	
	VIINE O	- No	81		

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 31/08/2019 09:07 Vehicle No.(For Motor) GBC4070G Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Commence Expiry Date Insured Select Policy No. Product Cover Type Object JETLAND MARKETING (S) PTE. LTD, 5110522092 200705469W GCV Comprehensive GBC4070G GBC4070G 11/07/2019 25/03/2020 Continue

Claim Handling					
Accident MT/1060526					
Policy No.	5110522092	Vehicle No.	GBC4070G	GST Registration No.	
Certificate No.				Section Control of the Control of	
Policyholder Name	JETLAND MARKETING (S) PTE. LTD.			Policyholder NRIC	2007
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Contact No (Mobile)	62916248	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	NEX
KFK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	02/09/2019 14:18	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident Reporting Centre	31/08/2019	Time of Accident hh:mm Orange Force	14:15	Country of Accident ICM No.	Singa
	DIE THING CHANCS AFTER BETOV MORTH			JUN NO.	
Accident Location Total Excess Applicable	PIE TWOS CHANG! AFTER BEDOK NORTH	I WAS 2 SALI			
Excess Type	Per Accident	Windscreen Excess	100.00		
THE STATE OF THE S	The President	A CONTRACTOR OF THE PROPERTY O			
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Cove
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits					
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History	02/09/2019 14:21:09 Sy	stem changed GST Status Verified fro	m No to Yes		
Policyholder Mailing Ad	dress	51 TO 300 FROM 11.		en content of	
Address 1	6001 BEACH ROAD	Address 2	02-44 GOLDEN MILE TOWER	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	1995
Unit No.		Related Policy Number	5110522092		
OI Driver Info	and the state of t	of Construction (Allerton)	and and a the months of the beat and		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	2 / 107102000	No.
Unnamed driver Name	ALAGU DEVAR SAKTHIVEL	Driver NRIC	S6861947E	Driver DOB	25/0
Register Date of Driver License	13/05/2004	Driver Age	51	Driving Experience	15
Contact No.(Mobile)	85050168	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 229 #05-261	Address 2	TAMPINES STREET 23	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5212
Unit No.	05-261				
Does he own a Singapore Registered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration	5000	17 MARINEW 1821 - 12	85,860 1 594,560 C		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ③ No		
8					
Modification History					
Claim 001 OD-MX Nev					
Claim Tone 1	00.WV 153	Torough Name	JED AND MARKETTHE (C) DTE	Incurred NP10	2007
Claim Type •	OD-MX	Insured Name	JETLAND MARKETING (S) PTE.	Insured NRIC	2007
Contact No.(Mobile)		Contact No.(Home)	NIL CRC4020C	Contact No.(Office)	SCR6
Email Address	Please Select	Of Vehicle Number	GBC4070G	TP Vehicle Number	SCRE
Claimant Type Claimant Type * Claimant Name *		Type of Benefit * Claimant NRJC *	Please Select		
	22	Communic rests -			
Claimant Address Claim Description	GROADING / SCREEPAY ON 31 A 2010			Name of Preferred Workshop	n.
Preferred Workshop Contact	GBC4070G / SCR6884X ON 31 Aug 2019		The same of the sa		la .
No.	0	Insured Liability •	Not at Fault		
Require Finalisation	Vice: V	Preferenced Repair Cotion	Preferred Workshop, Name unknown	V GIA report	Rece

Date Registered		aim Clos			- 6			Date Recei		inad	02/09
Report Taken By	LIEW SHAN HUI W	orkshop	Repairer					lotal Loss	оит кера	irea:	
Print AK letter											
				Se	sve Sub	mit					
Attachment											
9											
Accident No.	MT/1060526		Claim No.			001					
Last Doc. Received	● Yes ○ No		Upload Da	ite		02/09/2019 14:55					
	Path *					Category *		Confid	tential	Urgen	cy.•
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				Browse	Clear	Please Select	V	NO	~	Normal	V
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Attachment	Uploaded By/Date		Cate	dory		orgency.			Descrip		
APPT MESS	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE : CES) on 02 Sep 2019 14:55	SERVI	NRIC/ Drivi	ng License	Y	Normal		NRIC/ D	riving Lice	ense 2019-	9-2
驑	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE : CES) on 02 Sep 2019 14:55	SERVI	NRIC/ Drivi	ng License	×	Normal		NRIC/ D	riving Lice	ense 2019-	9-2
148.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE CES) on 02 Sep 2019 14:55	SERVI	NRJC/ Drivi	ng License	¥	Normal		NRIC/ D	riving Lice	ense 2019-	9-2
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			Display in New Window	Scan and uploading		
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Video List						
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		ONAL ASSESSMENT CENTRE SERVI Sep 2019 14:53	Photos	Normal	Phot	os 2019-9-2
14		ONAL ASSESSMENT CENTRE SERVI Sep 2019 14:53	Photos	Normal	Phot	os 2019-9-2
3		ONAL ASSESSMENT CENTRE SERVI Sep 2019 14:53	Photos	Normal	Phot	os 2019-9-2