Date In: 24 9 19-09:77	Jeb descripti	ion	Date & Time Completed	Done by
Res No: Hallucino 16759 my	SAS e-filin	ıg		
Veh No: 41 2634m	E-mail (with	hia 8hrs, AIC 2hrs)		
D.O.A: 23/9/19/10/10		aim Form	mi -mar mi	20161 1 11
A	i-Motor W	O (Within: OD 2hrs	[m] 1067705-001	24/9/19/10/1
OD : TP: Reporting Only	i-Photo Up		1	
		Survey Report		
TP Insurer:	I	by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: 57	L83D.	INC (
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%. F: 30-1	00%]
Year of Registration: ()	Warranty: YES (76, 1.21-7770. 1.30-1	
)	
	1,000 ()/\$2,00	0()		
General Remarks:			word a district charges of the second	2000
() Walk-In Customer: Customer's in	formation etrictly C	onfidential & Ctal		
			cuy NO raier of repairer.	
() Total Loss Case : to e-mail Insu				
Drive-In ()/ Towed-In (); Invoi	ice: YES () /	NO (); To	wing Co: (
lemorles (INCA) (700) cores	No. of the second second		III	145:78888 M. MAN.
	S. S. C.		Date&Time Completed	Done by
	Courtesy Car ()	Date&Time Completed.	Done by
) Apply for Transport Allowance ()/	Water Committee or the William St. St. Committee)	Date&Time Completed	Done by
Apply for Transport Allowance () / QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance () / QC Check / Post Repair Inspection	Courtesy Car ()))	Dates Time Completed	
Apply for Transport Allowance ()/ 2) QC 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 > : Injury :	Courtesy Car ((\$3000] ()		Done by
Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury :	Courtesy Car ((\$3000] ()		Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury:	Courtesy Car ((\$3000] ()		Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury:	Courtesy Car ((\$3000] ()		Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury:	Courtesy Car ((\$3000] ()		Done by
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Apply for Transport Allowance ()/ Q) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > : Injury : Pate/Time Actions Liminant's Particulars :: ver/Owner:	Courtesy Car ((\$3000] (Invoice Preparation of the following Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming aga.	pration Checklist. sporting (\$30); seasment (\$100); INC (\$80 \$40/5) sugh Survey \$100 \$2005) inst INC Only (wef 10 Jan 2005) in \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	Ant (5) Am Tir Bill Add
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > : Injury : Pate/Time Actions Umant's Particulars : ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	(Courtesy Car (() () () () () () () () ()	Invoice Preparation of the control o	pration Checklist porting (\$30); sessment (\$100); INC (\$80 \$40/* sugh Survey \$ sugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005) m MRT Survey \$ I Services: or / Tpt Allowance ordination Inspection \$ t Excess Coordination on INC) against INC \$ \$	Ant (S) Am FABil Add 1545 120 1575 160 1525 153 120 1525
Apply for Transport Allowance ()/ Q) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > : Injury : Pate/Time Actions Umant's Particulars: ver/Owner: naged Portion: Checked by (Engr-In-Charge):	(Courtesy Car (() () () () () () () () ()	Invoice Preparation of the control o	pration Checklist porting (\$30); sessment (\$100); INC (\$80 \$40/* sugh Survey \$ sugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005) m MRT Survey \$ I Services: or / Tpt Allowance ordination Inspection \$ t Excess Coordination on INC) against INC \$ \$	Ant (5) Am

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.
- 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	24/09/2019 09:57
Date Of Accident	23/09/2019 10:10
Exact Location Of Accident	KPE (ECP) TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN2634M
Insured/Policyholder	
Name Of Registered Owner	NEO & GOH CONSTRUCTION PTE LTD
Co Reg No	199104895W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI

Model FE83BE6SRDEA

Exact Purpose for which vehicle was being used at WORKING

time of accident

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

5103070225-01

Cover Note Number

Driver

Name of Driver PERUMAL VADIVEL SEKAR

Passport No/FIN F8023693W Date Of Birth 15/05/1973 Occupation OUTDOOR Date Of Driving Pass 03/08/2017

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91342141

Fax Number

Contact Number OFFICE-91342141

EMail Address NOEMAIL Address

10 UBI CRESCENT #07-83 UBI TECHPARK

Postcode

408564

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

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

Vehicle Registration Number

SJL83D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

91918155

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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, involces, 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

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.:

velvicle A: YN 2634M		AIV	
venicu 13: SJL63D.		A	
		图	
	(30)	4	-> KPE(ECP)
	PIE(TIVAS)		KRE(

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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heav	y n	rattic	, trov	nt vehic	u stoppe	d and	Z	нотрев	as
well.	hha	4 11	selon	ds later	, vehic	le B,	SJL9	530, Viit	
outo	mų	Gati	onauj	velüce	e's vear	porti	m.		
		v		S.					
									11
		25				-			

DECLARATION

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

Policyholder's Signature Date & Time:

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

Date & Time:

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 123 109 2019 (DD/MM)	MYYY), TIME: (10 : (0 HHH:MM)
LOCATION: YPE (ECP), EXH 10	PIE LTUAS).
1. DETAILS OF VEHICLE O) VEHICLE NUMBER: VN 2634M	S
NTV	16
CIPOLICY NUMBER: 5103070 dipolicy type: (COMPREDENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
d)POLICY TYPE: (COMPRESION TO THIS	THERS!
6)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /VAN / L	ORRY / MOTORCYCLE / OTTICKO
AIVELICIE CATEGORY: IPRIVATE / COMM	- Lande
h)PURPOSE OF USING AT ACCIDENT	INSURANCE (YES/NO)
I) ARE YOU CLAIMING UNDER YOUR OF THE IT NO, PLEASE STATE (THIRD PARTY CLAIM	N/ KCI.OII
2. INSURED / POLICY HOLDER	n Ple Ltd IMPLE/ FEMALE!
	95W_CONTACT:
CIADDRESS: 10 UNI CIENCEVIT	echpark.
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	Y HOLDER
Silla of recommand. DRIVER	MALE FEMALE
alname: Perumal Vacantes Zeros	93W CONTACT: 9134 3141
(01) CIADDRESS:	
- 41 1	(DD/MM/YYYY)
OCCUPATION: (INDOOR / OUTDOOR)	
FIYEARS OF DRIVING EXPRENDING	SURED'S COMPANY? (YES / NO)
4. WAS DRIVER AN EMPLOYEE OF THE DRIVER	WITH INSURED:
- WEATHER CONDITION: ILLEAN / NO III	G / OTHERS
HIPOAD SIRFACE: IUKI / TIEL /	
6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATE	ION:
B. THIRD PARTY VEHICLE STL 630	MODEL:
b) DRIVER'S NAME:	CONTACT: 91918155
(Induding driver) B) DRIVER'S NAME. C) NRIC/FIN/PASSPORT: (1) MINI THIRD PARTY VEHICLE	2 9
d) VEHICLE NUMBER:	MODEL:
to of passenger of DRIVER'S NAME:	CONTACT
(Including driver) 1) NRIC/FIN/PASSPORT:	
()	* * 1*
# F	
email =	
, chirti-	No.

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	• Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	23	/09/2019 1	0:10	
	Vehicle	No.(For Motor)	YN263	4M		Certifi	cate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103070225- 01		NEO & GOH CONSTRUCTION PTE LTD	199104895W	GCV	Comprehensive	YN2634M	YN2634M	16/08/2019	15/08/2020
	-				Co	ontinue					

Policy No.	5103070225-01	Policyholder Name	NEO & GO	H CONSTRUCTION PT	Policyholder NRIC	199104895W	880
Certificate No.		Hame			HALL		
Address	10 UBI CRESCENT #07-83 UBI T	ECHPARK SI	IGAPORE 40	08564			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	31/07/2019	Effective Date	16/08/201	9 00:00	Expiry Date	15/08/2020 2	3:59
Excess Type	Per Accident	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	/Inexperience Driver Excess
Agent	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate	No						
▽ Policyh	older Mailing Address						
Address 1	10 UBI CRESCENT	Addre	ss 2	#07-83 UBI TECHP/	ARK	Address 3	SINGAPORE 408564
		Addre	ss Type	Singapore address		Post Code	408564
Address 4			ted Policy ber 5112708652				
Address 4 Unit No.		Numb		3112700032			
Jnit No.	d Object: YN2634M			3112700032			
Jnit No.	No. of the Control of			3112700032			

Claim Handling					
cident HT/1063705	vulgaran puchan	S100000 3077	Conservation .	119400000000000000000000000000000000000	
Hey No.	5103070225-01	Vehicle No.	YN2634M	GST Registration No.	
rtificate No.					
slicyholder Name	NEO & GOH CONSTRUCTION PTE LTD			Policyholder NR3C	199104895W
educt Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
intact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
nail Address		Special Remark		eCode	No. V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
W Accident Details					
port Date	24/09/2019 10:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident					
	23/09/2019	Time of Accident hh:mm	10:10	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	
xident Location	KPE (ECP) TWDS PIE (TUAS)				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess		150 (CONTRACT CONTRACT	1225		
	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess					
tal OD Excess Applicable	600.00	Total TP Excess Applicable			
7 Benefits	U. M. C.				
GST Registered Informa	ation				
T Registered	Yes		GST Registration Date	01/04/1994	
T Registration No.	M201026431		GST Status Verified	Yes	
dification History	24/09/2019 10:17:55 Sys 24/09/2019 10:17:55 Sys	tem changed GST Registered from Notem changed GST Registration No. for	o to Yes om pull to M201026431		
	24/09/2019 10:17:55 Sys	tem changed GST Registration Date f	from null to 01/04/1994		
Policyholder Mailing Ad	dress				
idress 1	LO UBI CRESCENT	Address 2	#07-83 UBI TECHPARK	Address 3	SINGAPORE 408564
Idress 4		Address Type	Singapore address	Post Code	408564
nt No.		Related Policy Number	5112708652		
OI Driver Info		on the control of the control of the	67 CONT. SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	PERUMAL VADIVEL SEKAR	Driver NR3C	F8023693W	Driver DOB	15/05/1973
gister Date of Driver License		Driver Age	46	Driving Experience	2
ntact No.(Mobile)	91342141	Contact No.(Office)	0		
				Contact No.(Home)	0
dress 1	10 UBJ CRESCENT	Address 2	UBI TECHPARK	Address 3	SINGAPORE 408564
idress 4		Address Type	Singapore address	Post Code	408564
nit No.	07-83				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
eathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
saungr	20070	APPENDAGE A			
dification History					
Claim 001 Next					
Craim out Men					
aim Type *	OD-MX	Insured Name	NEO & GOH CONSTRUCTION PT	Insured NRIC	199104895W
ntact No.(Mobile)		Contact No.(Home)	62848901	Contact No.(Office)	67432338
nail Address	ADMINIBREOGOHCONST.COM.S		YN2634M		
		Ol Vehicle Number		TP Vehicle Number	S3L830
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
imant Name *	>>	Claimant NR3C *		<u> </u>	
siment Address					WIP-
im Description	YN2634M / SJL83D ON 23 Sept 2019			Name of Preferred Workshop	
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