NATIONAL Assessment Cen	tre Services	me 1 Jan,02] W	HALIGIDENLY	reconstance Park	
Date In: 1010/19- 13146	Jeb description		Date &Time Completed	Don	e by
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Veh No: 6846396C		in Shrs, AIC 2hrs)	1		-
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1.00		O (Within: OD 2hr.	M7 1067441-00 1	1810191	2:11
OD / 17 / Reporting Only	i-Photo Upl		1		
		Survey Report	-		
TP Insurer:					
Defending the control of the control	Ass't Report	by Fax/Hand t			
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No:	*	. INC(25-3
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
			%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000	0()			
General Remarks:	KR TOO I	1 1 1 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mary State (15)		
() Walk-In Customer : Customer's in	formation etrictly Co	opfidantial 2 Ctr	eth NO refer of sometime	\$2000 - 101 - 1 - 2	
			cuy NO rater of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLV				
			owing Co: ()
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Drive-In () / Towed-In (); Invoi Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () /	ice: YES()/1			Done) by
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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.
- 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.

By the lodgement of this report to the insurers, you aforesaid.	ou 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	18/10/2019 13:46
Date Of Accident	17/10/2019 10:10
Exact Location Of Accident	1 RAFFLES PLACE LOADING/ UNLOADING BAY
Country/State of Loss	SINGAPORE
AND REVENUE SERVICE AND ADDRESS OF THE PERSON OF THE PERSO	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH6396C
Insured/Policyholder	
Name Of Registered Owner	MICRO 2000 SERVICES (S) PTE LTD
Co Reg No	200722743W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98008112
Alternative Phone No	OFFICE-98008112

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT

Exact Purpose	or which vehicle	was being	used at
time of accident	per-transcribe de-transcribe de-		

WORKING

NO

Are you claiming	under your own	insurance policy
*		

for repair to your vehicle?

REPORTING ONLY

If No, Please state action to be taken 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 5102823213-01

Cover Note Number

Driver

Name of Driver VELUSAMY VENKADESHWARAN

Passport No/FIN G2709627T Date Of Birth 16/04/1990 Occupation OUTDOOR Date Of Driving Pass 18/08/2017

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86507302

Fax Number

Contact Number OFFICE-86507302

EMail Address NOEMAIL Address

8 UBI ROAD 2 #08-33 ZERVEX

Postcode

408538

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

COLLIDED INTO PROPERTY

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

Was any body injured in the Accident?

1 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)

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

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)

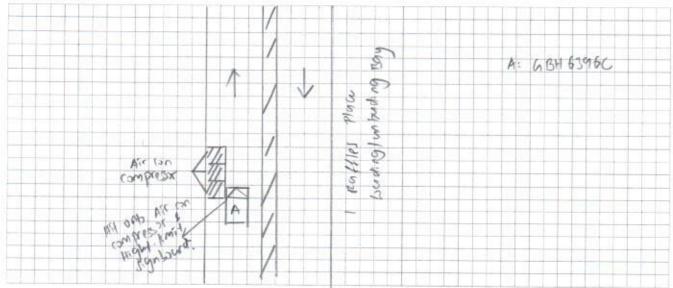
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	INISTANCES OF TH		
nefor to	Hate mind.		
-30			

DECLARATION

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.:

ON STATED DATE AND TIME, WHILE I ENTER THE LOADING/UNLOADING BAY OF ONE RAFFLES PLACE. MY VEHICLE HIGHT EXCEED THEIR HIGHT LIMIT, MY VEHICLE ROOF AREA HIT ONTO THE HEIGHT LIMIT SIGNBOARD AND AIR CON COMPRESSOR.

ACCIDENT STATEMENT

ACCIDENT DATE: 1 / 10 / 19)(DD/	(MM/YYY), TIME: (12 : 13 -)(HH:MM)
LOCATION: Rulles Place Long	ling lunbading day comparte
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 63 4 63	960
b)INSURANCE COMPANY: 4700	
C)POLICY NUMBER: 5102822113-	
e)MAKE & MODEL:	THIRD PARTY / THIRD PARTY FIRE &THEFT)
GIVEHICLE CATECORY (PRIVATE A CO	N / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	DMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT T	IME: WORKING
I) ARE YOU CLAIMING UNDER YOUR C	WN INSURANCE (YESTNO)
IF NO, PLEASE STATE (THIRD PARTY C	LAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	Dea Lad
A)NAME: Milro 2000 Arville (1)	[IAIUEF] I FIAIUEF]
b) NRIC/FIN/PASSPORT: 207 2741	CONTACT: 4800811V
c)ADDRESS:	and the second s
* CONTINUE TO 3 d IE DENVER 1122 DE	
* CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
(Including driver) DRIVER WINSAMY VEN KA deshingra	
(Including driver) b)NRIC/FIN/PASSPORT: 627096	1112
()	CONTACT: 86507302.
c)ADDRESS:	
"CUDATE OF RIPTH: () (,) (ACC)	115
e)OCCUPATION: (INDOOR / OUTDOO	_)(DD/MM/YYYY)
f)YEARS OF DRIVING EXPRERIENCE:	(8/8/29)
4. WAS DRIVER AN EMPLOYEE OF THE	THE LIBERTS COMPANIE OF THE
IF NO, RELATIONSHIP OF THE DRIV	ED WITH INCURED (YES 7 NO)
5. a) WEATHER CONDITION: (CLEAR / RAI	NING (OTHERS
b)ROAD SURFACE: (DRY / WET / OTHER	NING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	(3)
7. a) REPORTED TO POLICE (YES / MO)	(3)
IF YES, PLEASE STATE WHICH POLICE S	TATIONI
9 TUIDD DADTY VELLEN	TATION:
He of passenger a) VEHICLE NUMBER:	MODEL:
(Including driver) b) DRIVER'S NAME:	MODEL:
C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	ecitiAcii
No of passenger d) VEHICLE NUMBER:	MODEL:
e) DRIVER'S NAME:	
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:
	CONTACT.
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· Os. of look look	, tay @ Millo 2000, (3.
email = 03979	
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VIDEO =	8
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Hello, NAC_PAYA_UBI_8006	01						• Change	Language	+ Change	e Password	• Log Ou
My Desktop	Poli	cy Query						22 6-	Š		
Notice of Loss	Policy I	No.				Date	of Accident	17	10/2019 10	:10	
	Vehicle	No.(For Motor)	G8H63	96C		Certi	ficate Number			1474	
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102823213- 01		MICRO 2000 SERVICES (S) PTE, LTD.	200722743W	GCV	Comprehensive	GBH6396C	GBH6396C	08/08/2019	07/08/2020

1	08/08/2019 00:00	08/08/2019 00:00 Changing Commission Rate Endorsement Take Effe		The commission rate (MOTOR ACT) has been changed from 0.1: to 0.2 on 08/08/2019.			
Sequenc	Date of Endorsement	E	ndorsemen	t Type	Endorsement :	Status	Endorsement Content
♥ Endorse	ements						
) Insured	Object: GBH6396C	50500	295				
Init No.		Relate	d Policy	5102823213-01			
ddress 4		Addres	s Type	Singapore address		ost Code	408538
ddress 1	8 UBI ROAD 2	Addres	is 2	#08-33 ZERVEX	-	Address 3	SINGAPORE 408538
	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- nsurance	No				\$2.500 SAC TO		
gent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
xcess Outside		Premium	0				
Additional		Excess OS	20 B T (*)		Excess	100	
Third Party Excess	0	Own damage	600		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	02/08/2019	Effective Date	08/08/201	9 00:00	Expiry Date	07/08/2020	23:59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	8 UBI ROAD 2 #08-33 ZERVEX 5	INGAPORE 4	08538				
Certificate No.		wante			NRIC		
Policy No.	5102823213-01	Policyholder Name	MICRO 20	00 SERVICES (S) PTE	Policyholder	200722743V	M.

Continue Cancel

Accident HT/1067446 Policy No.					
Policy No.	District Control of the Control of t				
	5102823213-01	Vehicle No.	GBH6396C	GST Registration No.	200722743W
Certificate No.				1000000000	
Policyholder Name	MICRO 2000 SERVICES (S) PTE. LTD.			Policyholder NRIC	200722743W
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	
ontact No.(Mobile)	98008112	Contact No.(Office)	0	937C3R	0
mail Address		Special Remark		Contact No.(Home)	0
CFK	® No ○ Yes	TCA	8 × 0 ×	eCode	WY
ICD Protection	No	NCD Engitiement(%)	® No ○Yes	eCode Reason	
♥ Accident Details		reco checoment, sey	10	Private Hire	No
eport Date	101101010111111111111111111111111111111				
	18/10/2019 13:55	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
ate of Accident	17/10/2019	Time of Academ hh.mm	10:10	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coldent Location	I RAFFLES PLACE LOADING/ UNLOADING BAY				
Total Excess Applicable	•				
cess Type	Per Accident.	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Iditional Excess				AND IS MAKE SUL	
tal OD Excess Applicable	600.00	Total TP Excess Applicable			
P Senefits	200000	- Parisance			
GST Registered Inform	ation				
T Registered	Yes		GST Registration Date	18/01/2004	
T Registration No.	200722743W		GST Status Verified	15/01/2008 Yes	
dification History	18/10/2019 13:56:50 System	changed GST Registration Date f	rom 01/01/2015 to 15/01/2008		
	18/10/2019 13:56:50 System	changed GST Status Verified from	n No to Yes		
Policyholder Mailing Ad	Idress				
dress 1	8 UBI ROAD 2	Address 2	#08-33 ZERVEX	Address 3	\$1NGAPORE 408538
dress 4		Address Type	Singapore address		
it No.		10		Post Code	408538
OI Driver Info		Related Policy Number	5102823213-01		
ver Name	WALESTONIA CONT.	94900 C 100 C			
	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	VILUSAMY VENKADESHWARAN	Driver NRIC	G2709627T	Driver DOB	16/04/1990
gister Date of Driver License		Driver Age	29	Driving Experience	2
rtact No.(Mobile)	86507302	Contact No.(Office)	0	Contact No.(Home)	0
Gress 1	8 UBI ROAD 2	Address 2	ZERVEX	Address 3	SINGAPORE 408538
fress 4		Address Type	Singapore address	Post Code	408538
it No.	08-33		30500000000000000000000000000000000000	7 001 2000	W00330
es he own a Singapore	○ Yes ⊕ No	Parties the black and			
gistered car?	0146	Driver Vehicle No.		Driver Insurer Company	
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