NATIONAL Assessment Com	e Services	(veforlaring				
Date III 06/11/19	Job description		Date & Time Complete	d De	ne by	
Ref No NA/INC19019663/13	SAS e-filin	g				
Vch No XE/3/4C	E-mail (w.e)	u. 8las. Alti 2lars;		1		
DOA 05/11/19 1540	The second second second second	Motor Claim Form 137/1070277-001				
	The second secon	O (Within: OD 2ho		7-001		
OD TP (Reporting Only)	i-Photo Upl	The second second second second	s. 17 4013)	-	1.4.0	
TP Insurer		Survey Report				
SEP SINSUICE.			o Owner/Wksp		0.01 22	
Preferred Wksp / INC Assign Wksp / QW: (Sy That Hand	Tel:	-	-	
TODA	BARRIER	INC /		Fax:		
Owner / Driver: (- Televisia	INC ()/Non-INC()			
Policy No: () Per	iod: ()		
Confirmed by : (Date:	Cover Type: ()		
I was a second of the second o	lote-Est Statue ((0.400.000)	Time: 0%; P: 21-79%. F: 80-	1,000,0		
Van- CD	/arranty: YES ()/NO(7%, P: 21-79%, P: 80-	-100%]		
Excess: (\$) Loading: \$1,00	CONTRACT BOOK STATE OF THE STATE OF)			
General Remarks:-	77 32,000	()				
1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	())				
Date/Time Actions						
NA1908487		A DESCRIPTION OF STREET	ration Checklist	Amt (\$)	Amt (3	
laimant's Particulars :-		1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)			20 II 20 20	
river/Owner:		3) TF : Towing Fee \$40/\$45				
ntact No:		4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30				
amaged Portion:		For claiming agai 6) TR : Re-inspection	nst INC Only (wef 10 Jan 2005 on	\$75		
		7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services				
Checked by (Engr-In-Charge):		OD*			6 He-17	
2 27		*N5: Courtesy Ca *N6: Repair Co-o		\$5		
ditors' Comments :-		*N7: Fost Repair	Inspection	\$10]		
1:			Excess Coordination	\$5		
2 / 2		9) N12: Idae Mobile		30		
2/3		Invoice dated	Fee Charged	The state of the s	See See	
				公司 200 计多点处		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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 06/11/2019 16:10 Date Of Accident 05/11/2019 15:40

Exact Location Of Accident 8 CHANGI NORTH WAY SASCO

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE1314C

Insured/Policyholder

Name Of Registered Owner TRANSWORLD INTERNATIONAL PTE LTD

Co Reg No 199106421Z Email Address NOEMAIL

Mobile Phone No

Alternative Phone No. OFFICE-68723333

Vehicle Particulars

Manufacturer SCANIA

Model

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?

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5105525983

Cover Note Number

Name of Driver ABDUL MALIK BIN ABDULLAH

NRIC No S8211642G Date Of Birth 28/04/1982 Occupation OUTDOOR Date Of Driving Pass 01/06/2009

Driving Experience 10 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97181642

Fax Number Contact Number

EMail Address NOEMAIL

Page 1 of 16

Address

BLK 135 TECK WHYE LANE

#02-293

Postcode

680135

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

HIT BY FALLEN TREE / OTHER OBJECTS

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Was there any video captured by Car Camera?

YES

Are accident photos available for attachment?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BARRIER

NA/UNKNOWN

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

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.
- 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.

TEL: 6872 3333

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

06/11/19

Name: NRIC/FIN No.:

NRIC/FIN No.:

Date & Time:

From: Kumarasan A/L Katheraisan

Sent: Tuesday, 5 November, 2019 5:51 PM
To: TAN VINCENT < Vincent. Tan@stengg.com >

Cc: FOO Chin Hwa <chinhwa@stengg.com>; CHNG Wan Yee Phyllis chyllis.chngwy@stengg.com>; CHAN Hon Ping
Fred <chanfred@stengg.com>; Gabriel Joshua LEE Zong Ming <gabrieljoshua.leezm@stengg.com>; LOH Onn Ming
David <davidloh@stengg.com>; RAJINI AL Applasamy <rajini.applasamy@stengg.com>; BALASUNDRAM Jayakumar
<jayakumar.balasundram@stengg.com>

Subject: INCOMING BARRIER hit by TRANSWORLD INTERNATIONAL TRAILER at Sasco.

Dear Sir,

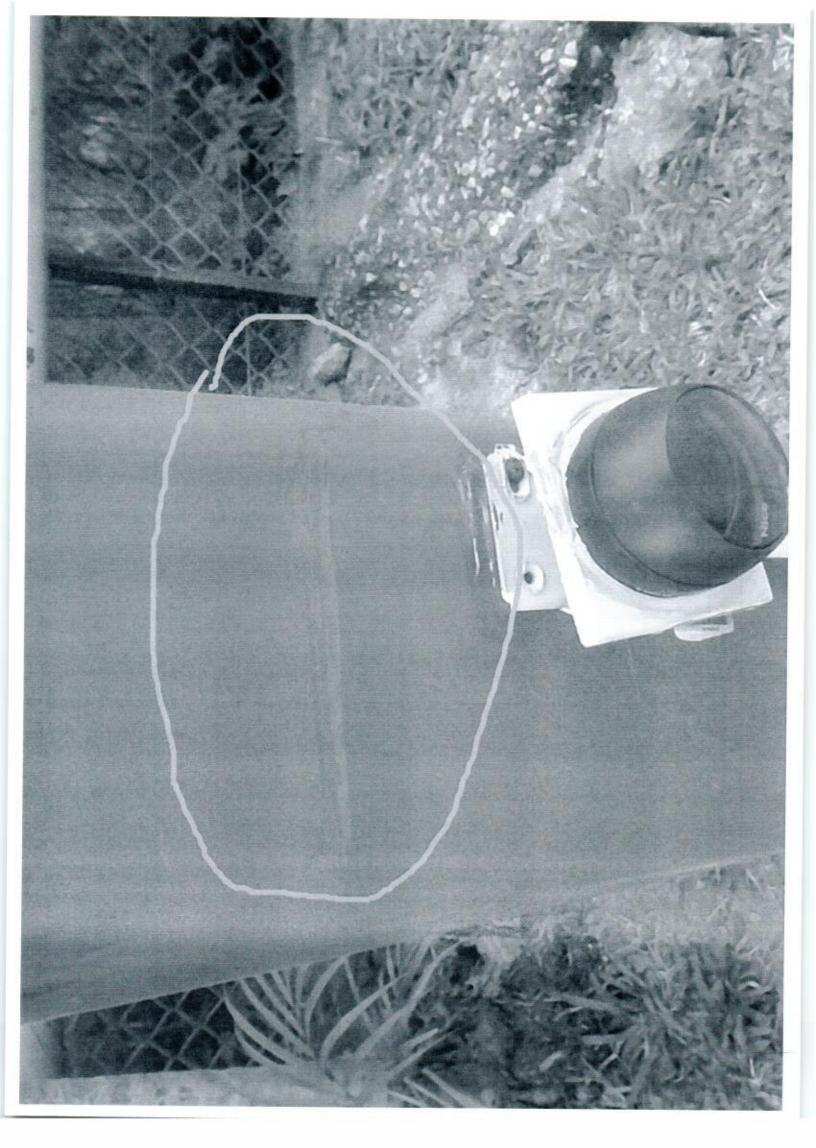
At 1540hrs a long trailer from TRANSWORLD INTERNATIONL came for delivery cargo at Sasco store hit and damaged Incoming Barrier. CPL(APF) 8133 GURUSAMY was on duty at Landside and facilitating the driver to enter Sasco by up lifting all the barriers. Instead of turn to his right he went straight to the slope. Then while reversing back he hit the body of the Incoming barrier and also damaging the Sensor. Attach the image of the damage barrier.

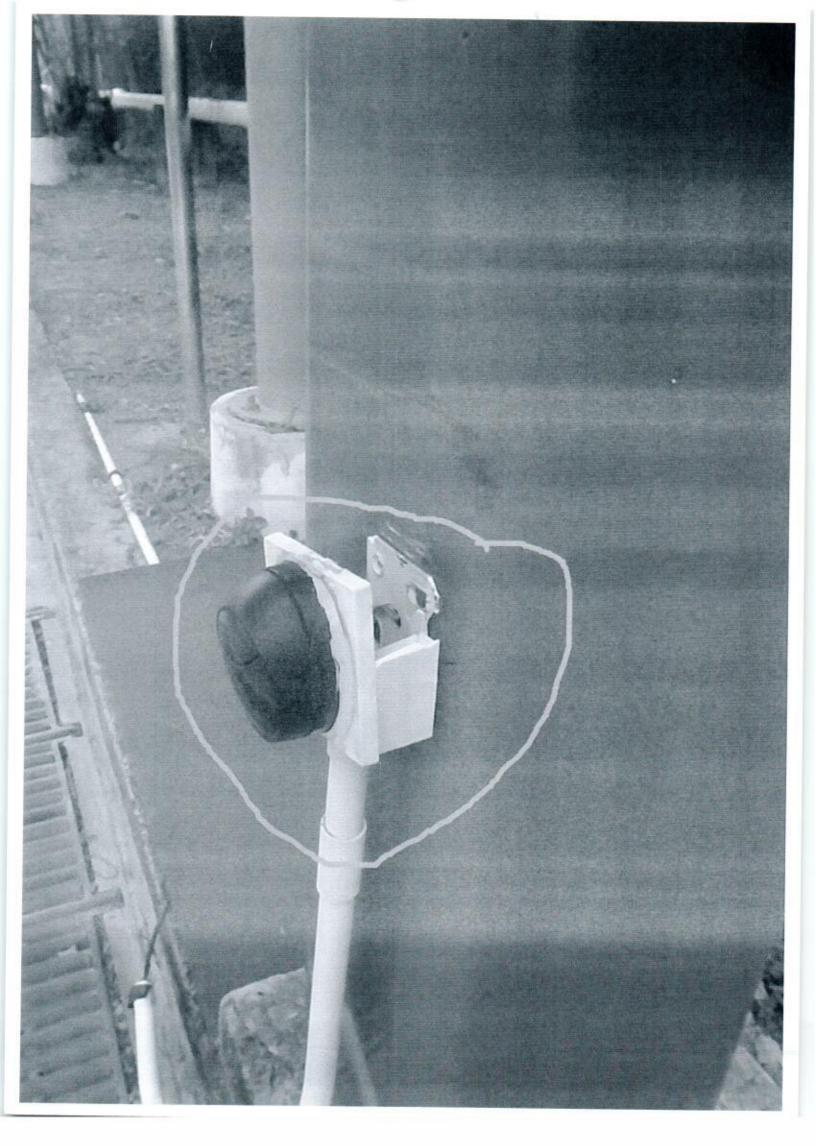
Particulars of the Driver:

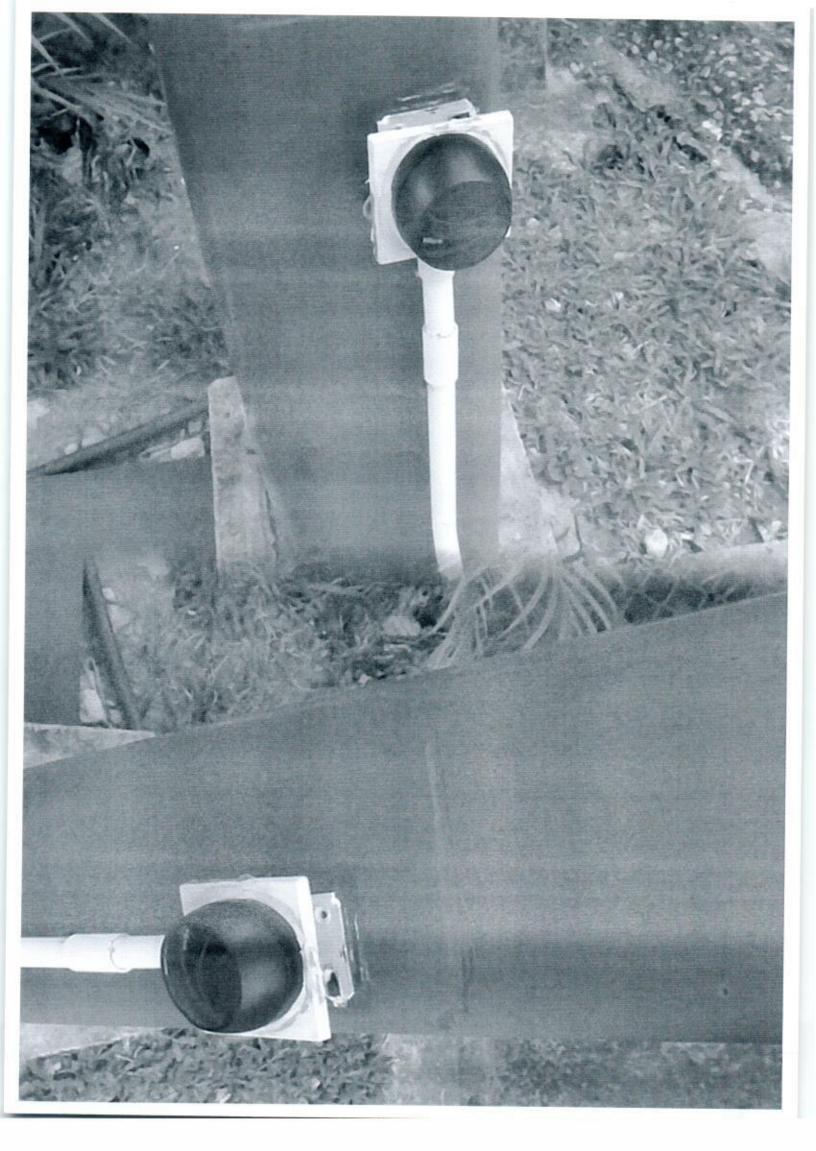
Name: ABDUL MALIK BIN ABDULLAH

NRIC : S 8211642G HP : 9718 1642 VEH : XE1314C

Regards, SGT KUMARASAN AETOS AUXILIARY POLICE







Sally

From: Tan, Jeanette Export License Required - US - Collins

<jeanette.tan@collins.com>

Sent: Wednesday, 6 November 2019 9:52 AM

To: sally@tworldintl.com

Cc: Lee, Meng Kit Export License Required - US Collins; Lim, Angeline Hwee

Hwee Export License Required - US Collins

Subject: FW: INCOMING BARRIER hit by TRANSWORLD INTERNATIONAL TRAILER at Sasco.

Attachments: PB050168.JPG; PB050169.JPG; PB050167.JPG

HI Sally

Can you check with the driver and come back to us?

Jeanette Tan

Tel: +65 6580 6225

Goodrich Aerostructures Service Center-Asia Pte Ltd, a Collins Aerospace company. Registered in Singapore, company registration No. 199502918E

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From: CHAN Hon Ping Fred [mailto:chanfred@stengg.com]

Sent: Wednesday, 6 November 2019 8:39 AM

To: Tan, Jeanette Export License Required - US - Collins < Jeanette. Tan @utas.utc.com >; Lee, Meng Kit Export License

Required - US Collins < MengKit.Lee@utas.utc.com>

Subject: [External] FW: INCOMING BARRIER hit by TRANSWORLD INTERNATIONAL TRAILER at Sasco.

Hi All

Kindly assist for the following matter . Thx

From: CHAN Hon Ping Fred

Sent: Wednesday, 6 November, 2019 8:29 AM

To: Lim, Angeline Hwee Hwee Export License Required - US Collins <angeline.lim@collins.com>

Cc: FOO Chin Hwa <chinhwa@stengg.com>; CHNG Wan Yee Phyllis <phyllis.chngwy@stengg.com>; Gabriel Joshua LEE Zong Ming <gabrieljoshua.leezm@stengg.com>; LOH Onn Ming David <davidloh@stengg.com>; RAJINI AL Applasamy <rajini.applasamy@stengg.com>; BALASUNDRAM Jayakumar <jayakumar.balasundram@stengg.com>; Kumarasan A/L Katheraisan < kumarasan.katheraisan@stengg.com >; TAN VINCENT < Vincent.Tan@stengg.com >; TAN

Hong Ngee <tanhongngee@stengg.com>

Subject: FW: INCOMING BARRIER hit by TRANSWORLD INTERNATIONAL TRAILER at Sasco.

Hi Angeline

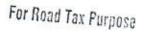
I am sorry to tell you that there is a damaged case occurred during delivery the NLET=> RO330965 (SSV) on 05 Nov 2019 by your agent Transworld International trailer to SASCO.

Kindly ref below and adv your disposition.

We look fwd for your immed replied at this subject matter.

B/Rgds

Fred Chan





Certificate of Insurance

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: 5105525983

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

Cover : Comprehensive

XE1314C

: YS2P4X20002117911

TRANSWORLD INTERNATIONAL PTE LTD

: 28 Dec 2018

: 27 Dec 2019

(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.

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.

Limitations 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 headings.

EXCESS (SECTION 1) **EXCESS (SECTION 2)**

: 5\$2,000 : N/A

WINDSCREEN EXCESS INSURE WITH COE

: \$\$100 : YES

HIRE PURCHASE COMPANY

: DBS BANK 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

: TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)

Date of Issue

: 14 Nov 2018 14:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

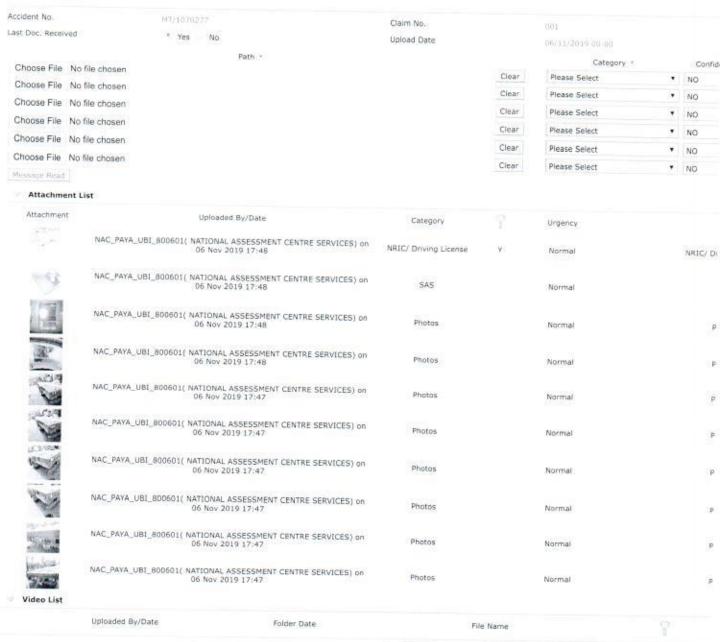
Chief Executive



Claim Handling Accident MT/10702

Accident MT/1070277						
Policy No.	5105525983	Vehicle No.	XE1314C			400 E40
Certificate No.					G51 F	Registra
Policyholder Name	TRANSWORLD INTERNATIONAL PTE LTD				82000	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive			holder
Contact No.(Mobile)		Contact No.(Office)	68723333		Loadii	
Email Address		Special Remark				ict No.(
KFK	No Yes	TCA	- No Yes		eCode	
NCD Protection	No.	NCD Entitlement(%)	a			: Reaso
Accident Details					Privati	e Hine
Report Date	06/11/2019 17:44	Accident Report Within 24 hrs	Yes		19000	
Date of Accident	05/11/2019	Time of Accident hh:mm	15:40			ent Typ
Reporting Centre		Orange Force	. 431.450			ry of A
Accident Location	6 CHANGE NORTH WAY SASCO	001000 - 0000000 0001			ICM N	0.
Excess						
Own damage Excess	2,000.00	Additional Excess				
Unnamed Driver Excess		Outside Singapore OD Excess			Winds	creen 8
Third Party Excess		Outside Singapore TP Excess				
Benefits		The second secon				
GST Registered Informa	ntion					
GST Registered	Yes		CCT go	mintensis - Po-s		
GST Registration No.	M2G1D4G5H2		gistration Date atus Verified			
Modification History			33134	NOS VEINICE		Ver
Policyholder Mailing Ado	dress					
Address 1	196 PANDAN LOOP	Address 2	artist was made expenses		200000	776
Address 4		Address Type	WIDSHIT PANTECH		Addres	
Unit No.		Related Policy Number	Singapore addres 5113547528	15	Post Co	ide
OI Driver Info		The state of the s	211354/328			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	ABDUL MALIK BIN ABDULLAH	Driver NRIC			7237	
Register Date of Driver License	01/06/2009	Driver Age	58211642G 37		Driver I	
Contact No.(Mobile)	97181642	Contact No.(Office)	0		Driving	
Address 1	BUK 135	Address 2	TECK WHYE LANE		Contact	
Address 4		Address Type	Singapore addres		Address	
Unit No.	≠02-293			5	Post Co	de
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.			Driver I	nsure
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No			
Modification History						
Claim 001 OD-MX New						
Claim Type *				OD-MX	• Insured	Ŧ
Contact No (Monifo)				44.14	Name	1
Contact No.(Mobile)					No.	
mail Address					(Home) 01	
mail address					Vehicle Number	×
Dalm Description				XE1314C / BARRIER ON 5		
referred Vorkshop	Insured Liability Fully at Fault					
Contact No. Yes	 Repair Preferred Workshop, Nam 	e unknown GIA Received				
ate Registered	Option	report Received	•	DE ILL COCKE AND AND	Claim	
				06/11/2019 17:48	Close Date	
eport Taken By				ROSLINDA	Workshop Repairer	P
Print AK letter						
			Save Submit			
			and the second s			

Attachment



Display in New Window Scan and uploading