Frank de 197 NATIONAL Assessment Centre Services. [Wet 1 Jamos] MNAMWHITE Done by Date & Time Completed Jeb description Date In: (1712-17142 SAS e-filing Ref No: E-mail (within 8hrs, AIC 2hrs) Vch No: 610720 17:0 i-Motor Claim Form M7/1092336-001 D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: GDA24374 TP Particulars: Tel: Owner / Driver: (Cover Type: (Policy No: (Period: (Time: Date: Confirmed by : (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: () / NO ()/ Towed-In (); Invoice: YES (Drive-In (Date & Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions 'Amt (1) Anit (S) Invoice Preparation Checklist Add Bill MA2002006 " 1) AR : Accident Reporting Claimant's Particulars: INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): * N5; Courtesy Car / Tpt Allowance \$5 \$10 *N6: Repair Co-ordination \$25 * N7: Post Repair Inspection Auditors! Comments :-55 +N8: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC lat. 1: 9) N12: Idac Mobile and the Park Fee Charges Involce dated 2at. 2 / 3; 经常的经

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 aforesaid

学员理 经证的制度,这种特别的	ACCIDENT STATEMENT
Date Of Report	06/05/2020 17:42
Date Of Accident	06/05/2020 12:20
Exact Location Of Accident	PIE (TUAS) AFTER PIONEER RD EXIT
Country/State of Loss	SINGAPORE
to see an experience of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB4055G
Insured/Policyholder	
Name Of Registered Owner	THILLAI SUPERMARKET PTE LTD
Co Reg No	2XXXXX841E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91745794
Alternative Phone No	OFFICE-91745794
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5116704829
Cover Note Number	
Driver	
Name of Driver	KULLAN SIVA KUMAR
NRIC No	SXXXX231C
Date Of Birth	23/06/1971
Occupation	INDOOR
Date Of Driving Pass	24/04/2009

11 YEARS AND 0 MONTHS

(LOCAL) +65-91745794

OFFICE-91745794

MALE

NOEMAIL

Address

BLK 642 ROWELL ROAD

#09-115

Postcode

200642

OWNER

Was driver an employee of the Insured's Company NO

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

CHAIN COLLISION

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

3

Was any body injured in the Accident?

YES

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)

2

Passenger 1

NAME:

: BASKARAN DHARANIDHARAN

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

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

GBH2437U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MUHAMMAD AFIQ

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

XD8068Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KULLAN SIVA KUMAR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBB4055G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

BASKARAN DHARANIDHARAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBB4055G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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:

REG NO

- (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

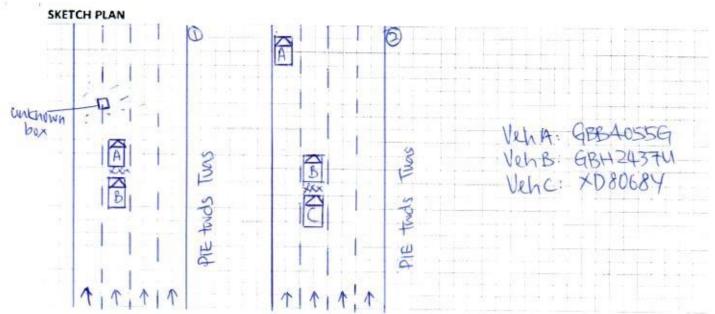
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving my vehicle A DOVR PIE touch That on thind lane of traveling along a 4-lanes, expressivay Somewhere after Pionar Road exit I noticed one box on the middle the thing was sayacc the road the road and Oll 00 Slowed down my vehicle and wanted move my volide away trom the B (GBH 24374 sudden, vehicle Out ame from recar and collided onto the vear partion of my vehicle. directly After accident, vohide , vehicle Bremain stationery at lane road side XD80681 to stopped and minutes, vehicle trilled Collided portion of Vehrde B rear like to state that, my vehicle was Work obvious after the accident. hibrate and shaking very DECLARATION

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

OERMAD REG NO: Policyholder's Signatur Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No .:

Vehicle No.	GBB 40559 Model / Make Nissan Urvan
Date of Accident	6/5/2020
Time of Accident	1220 HRS
Location of Accident	Along PIE touds Tugs after Pioneer Road Exit
Exact purpose use during acci	
Name of Owner	Thillai Supermarket Pte Ltd
Telephone No.	H/P: 9174 5794 Home: Office:
NRIC	202006841E
Address	BLK 109 Tuas View Walk 1 #N-N S(637731)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTuc
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5116704829
Name of Driver	As Above If No, Kullan Siva Kumar
NRIC	S7164231C Any Passengers: ((m)
Date of birth	23 6 1971
Occupation	Outdoor / Indoor
Driving License Pass Date	24 4 2009
Gender	Male / Female
Contact No.	H/P: 91745794Home: Office:
Address	BLK 642 Ravell Road #09-115 S(200642)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Kullan Siva Kumar 91745799
Name And Contact No.	Baskaran Dharanidharan 96630195
Police Report	If Yes, Where?
Vehicle B No.	GBH 2437U Any Passengers: -
Name of Driver	Mulrummeral Afriq Contact No.:
Vehicle C No.	XD8068Y Any Passengers : -
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portion
Camera Recorder	Yes /No
Email Address	Kullansivakumar 1971 @ gmail. Com.
	U Company of the comp
PARTICULAR WORKSHOP	N-SI Airtumotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5116704829

Cover: Third Party, Fire & Theft

: THILLAI SUPERMARKET PTE, LTD.

1. Index mark and Registration Number of Vehicle

GBB4055G

Chassis Number

JN1MG4E25Z0792198

2. Name of Policyholder

3. Effective Date of Insurance

: 19 Mar 2020

4. Expiry Date of Insurance

: 18 Mar 2021

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.

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)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: ABWIN PTE 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)

: SGML PTE, LTD. (00000573854)

Date of Issue

: 19 Mar 2020 09:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_80	0601				7		· Chang	e Languag	e - Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	No.				Date	of Accident		06/05/2020 1	12:20	
	Vehicle	No.(For Motor)	GBB40)55G		Certi	ficate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116704829		THILLAI SUPERMARKET PTE, LTD.	2020068416	GCV	Third Party, Fire & Theft	GBB4055G	GBB4055G	19/03/2020	18/03/2021

Sequence Date of Endorsement		E	Endorsement Type			Status	Endorsement Content
□ Endors	ements						
▶ Insured	Object: GBB4055G	DOIN'S					
Jnit No.	Related Policy Number			5116704829			
Address 4		Address Type		Singapore address		Post Code	637731
Address 1	109 TUAS VIEW WALK 1	Addres	s 2	WESTLINK TECHPA	RK /	Address 3	SINGAPORE 637731
	older Mailing Address	The American					
Info	000 0000 0000						
Policy Info							
Open							
Co- insurance Flag	No						
Agent	SGML PTE, LTD,	Agent Tel.	86682223		GST Flag	Υ	
Singapore OD Excess		Singapore TP Excess				Young/	Inexperience Driver Excess
Outside		Premium Outside					
Additional		os	0				
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	19/03/2020	Effective Date	19/03/202	0 00:00	Expiry Date	18/03/2021 23	::59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	109 TUAS VIEW WALK 1 WESTLI	NK TECHPARA	SINGAPOR	E 637731			
Certificate No.		NUMBER .			HAIC		
Policy No.	5116704829	Policyholder Name	THILLAI SI	JPERMARKET PTE, LT	Policyholder NRIC	202006841E	

Claim Handling						
ccident HT/1092336	Recognitive and		THE PARTY OF THE P			
Nicy No.	5116704829	Vehicle No.	G884055G	GST Registration No.		
ertificate No.						
Policyholder Name	THILLAI SUPERMARKET PTE. LTD.			Policyholder NRIC	202006841E	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0	
ontact No.(Mobile)	91745794	Contact No.(Office)	0	Consact No.(Home)	0	
mail Address		Special Remark		eCode	-	
rk	® No ○ Yes	TCA	® No ○Yes	eCode Reason	n: V	
CD Protection	No	NCD Emittement(%)	0.000	Private Hire		
Accident Details				Private Pine	No	
port Date	06/05/2020 17:51	Accident Report Within 24 hrs	- 0442			
ice of Acodem	06/05/2020			Accident Type	Chain Collision	
	06/05/2020	Time of Accident hh:mm	12:20	Country of Academt	Singapore	
porting Centre		Orange Force		ICM No.		
cident Location	PIE (TUAS) AFTER PIONEER RD EXIT					
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess	0.00			
SZMANO DARKA						
Standard Excess	0.00	TP Standard Excess	0.00			
D OD Excess	0.00	VIED TP Excess		Driver is Covered?		
délanal Excess						
al OO Excess Applicable	0.00	Total TP Excess Applicable				
Benefits						
GST Registered Inform						
Registered Registration No.	No		GST Registration Date			
Incadion History	06 05 0000 17 00 10 10 10		GST Status Verified	Yes		
A CONTRACT TORON	00/03/2020 27:32:40 595	tem changed GST Status Verified from	m No to Yes			
Wellerheiter seem en						
Policyholder Mailing Ad						
dress I	109 TUAS VIEW WALK I	Address 2	WESTLINK TECHPARK	Address 3	SINGAPORE 637731	
dress 4		Address Type	Singapore address	Post Code	637731	
t Na.		Related Policy Number	5116704829			
OI Driver Info						
er Name	Unnamed Driver	Driver Type	Unnamed Driver			
samed driver Name	KULLAN STVA KUMAR	Driver NRIC	50000231C	Driver DOB	23/06/1971	
ister Date of Oriver License	24/04/2009	Driver Age	48	Driving Expenence		
tact No.(Mobile)	91745794	Contact No.(Office)	0		11	
ress 1	BLK 642			Contact No.(Home)	0	
	804 045	Address 2	ROWELL ROAD	Address 3	SINGAPORE 200642	
ress 4		Address Type	Singapore address	Post Code	200642	
t No.	09-115					
is he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
aration						
athalyser or Blood Test iding?	0 mg	Any injury?	● Yes ○ No			
ification History						
incareu success						
laim 001 New						
0.00						
m Type *	00-MX	Insured Name	THILLAI SUPERMARKET PTE. LTI	Insured NR3C	2020068415	
tact No.(Mobile)		Contact No.(Home)	NO.	Contact No.(Office)		
if Address		Ol Vehicle Number	G884055G	TP Vehicle Number	GRH2437U	
mant Type Claimant Type •	Please Select V	Type of Benefit *	Please Select	are warete number	G8H2437U	
nant Name +	>>	Clamant NRJC +				
ment Address						
n Description	GRANISSO / CHARATTA DA Z M. TOTA					
erred Workshop Contact	G884055G / GBH2437U ON 6 May 2020	aporto-loy selectores		Name of Preferred Workshop		
		Insured Liability *	Not at Fault			
ure Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Registered	06/05/2020 17:53	Claim Close Date		Date Received	06/05/2020 00:00	
ert Taken By	Jackson					
Print AK letter	Territoria de la constanta de					
THE PERSON NAMED IN						
		S S	Save Susmit			
tachment						
SOUTH TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE S						
dent No.	MT/1092336	Claim No.	00+			
Doc. Received			001			
The Control of the Co	● Yes ○ No	Upload Date	06/05/2020 17:54			
	Pach *	\$25000000	Category *	Confidential Urgen	ky * Description	
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عالدونوا باللا		Browse	Clear Please Select	V NO V Normal		
		Browse	Clear Please Select	V № V Normal		
		Browse	Cear Please Select	V Normal	2	
		Browse	Clear Please Select	V Normal	V	
		Bernand	Clave Disagn Salard	Total Const		

