Date in: 17/17/2	Jeb description		Date & Time Complete	d	Done	by		
Date In: 12/12-17:42				-				
Ref No: 44/14(20008347/14	SAS e-filing			+		-		
Veh No: 4M377774	E-mail (within	Shrs, AIC 2hrs)		-		-		
D.O.A : 11/1/22 16:45	i-Motor Clai	im Form	m11099 641-00	IM	1201	3:16		
OD TP ' Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)							
05 ()	i-Photo Uplo	paded		-				
TP Insurer:	Assessment/St	urvey Report	<u> </u>					
II liburo.	Ass't Report b	y Fax / Hand	to Owner/Wksp	1				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		-		
TP Particulars: Veh No: JLL	v78274	. INC()/Non-INC()			-		
Owner / Driver: (Tel:)	-		
Policy No: ()	Period: ()	Cover Type: ()			
Confirmed by : (Date:	Time:)	1-0-1		
Insured/Driver Liability: (%)		-	0%; P: 21-79%. P: 8	0-100%]]			
Year of Registration: ()	Warranty: YES ()/NO()					
Excess: (\$) Loading: \$1	,000 ()/\$2,000)()			-			
General Remarks:-				BOULE.	8.000	-		
() Walk-In Customer: Customer's in	formation strictly Co	infidential & St	trictly NO refer of repair	er.				
() Total Loss Case : to e-mail Insu		77.00						
		VO / \ \ . 7	Towing Co: ()		
Drive-In ()/ Towed-In (); Invoi	ce: YES() / I	NO();1	townig co. (
Remarks: (INC hotline: 6788 6616)			Date&Time Complete	1	Done	by		
		ACCESS OF THE PARTY OF THE PARTY.	Will be a second of the second	Company of the second	de la constante			
1) Apply for Transport Allowance ()/	Courtesy Car ()	*					
	Courtesy Car ()	1					
2) QC Check / Post Repair Inspection	()						
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	()))						
2) QC Check / Post Repair Inspection	()						
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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.
- 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.

aforesaid.	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	12/08/2020 17:42
Date Of Accident	11/08/2020 16:45
Exact Location Of Accident	PIE TWDS CHANGI BEFORE SIMEI AVE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YM3777H
Insured/Policyholder	
Name Of Registered Owner	A & S MANAGEMENT SERVICES PTE LTD
Co Reg No	2XXXXX492D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64434588
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FK617MSJRDEC
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	5021379194-12
Cover Note Number	
Driver	
Name of Driver	AREVARLAGAN S/O SUBRAMANIAM
NRIC No	SXXXX197Z
Date Of Birth	14/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1987
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93398154
Fax Number	An and a destruction on their countries (An Andrews Countries)
Contact Number	OFFICE-93398154
EMail Address	NOEMAIL

BLK 34 BEDOK SOUTH AVENUE 2 Address #06-363 460034 Postcode 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 COLLISION - HEAD TO REAR Type Of Accident Weather Conditions CLEAR Road Surface DRY Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 3 Passenger 1 NAME: : VELU MOHADECAN GENDER: : MALE Passenger 2 NAME: : ABDULLAH BIN MOHAMED ARIFF GENDER: : MALE **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE TEL NO: 65470000 - FAX NO: Police Station Contact Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200812/7011. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1 SLW7827Y** Vehicle Registration Number

PRIVATE CAR

LEOW WEN YU, ERWIN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SXXXX700A

DETAILS OF INJURED PERSON 1

Name

AREVARLAGAN S/O SUBRAMANIAM

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

YM3777H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

VELU MOHADECAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

YM3777H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

ABDULLAH BIN MOHAMED ARIFF

Approximate Age

Injuries Sustain

Injured person in which vehicle?

NECK & BACK

YM3777H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

SKETCH PLAN

IMPORTANT NOTICE

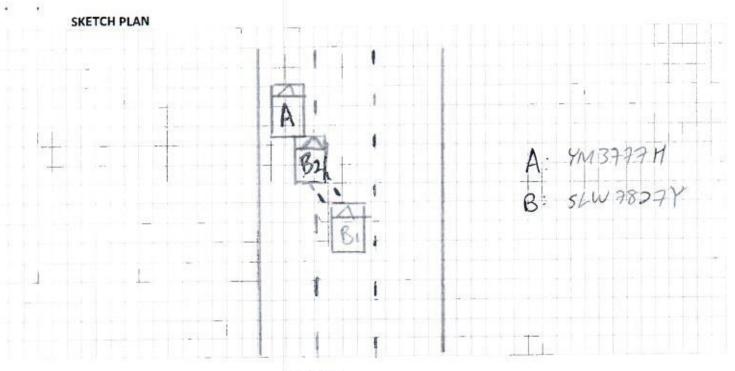
- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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.
- 6) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Managon of the state of the sta

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
	Refer to Police Report

DECLARATION

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



Policy holder's signature Date & time: Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

的现在分词		ACCIDENT D	ETAILS			
Date of accident		1110812	020	AND REAL PROPERTY.		(DD/MM/YY)
Time of accident		16	045			(HH:MM)
Exact location of accident	PJE	towards	changi	Refore	Sime;	EXH

A PARTY OF THE STREET	DETAILS OF VEHICLE
Vehicle registration number	YM 37774
Vehicle make and model	Mitsubish: conter
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

	INSURANCE IN	FORMATION	是在1920年 1912年 191
Insurance company	NTUC		
Policy number	50.	21379194-12	
Type of policy	Comprehensive	Third party fire & theft	TP only

PARTY TO THE PARTY OF THE PARTY	INSURED / POLICY HOLDER
Name	ALS Manugement services PTE LTO Male = Female =
NRIC / Fin / Passport number	2000084920
Contact	6443 - 4588
Address	BIK 30 #07-11 Layang way (JTC Building) 5(508769)

DRIVER	5	SAME AS	INSURED	ABOVE 🗆 (S	KIP TO E	D.O.B	變信	Carlo Ve	
Name	Arevorala	gan s/c	subrai	nanian		1	Male	Femal	e 🗆
NRIC / Fin / Passport number		3		11972			-		
Contact		Service Control of the Control of th	9339	8154			- VOID		
Address	Blk	34	Bedok	000.	Ave		406	- 36 3	12
Email address						-			
Date of birth			14/10	1 1965					
Occupation	Indoor 🗆	Out	tdoor 🗷						
Driving date pass	V		241	04/198	7			Mire Care Control	

	GENERAL	INFORMATIO	N OF TH	E ACCIDENT	经	
Was driver an employee of	Yes	No 🗆	And other Designation of the			
the insured's company?	20 1/5/10 1/2		e driver	and insured:		
Accident captured by camera?	Yes 🗆	No 🗹				
Weather condition	Clear Z	Raining	Ot	hers:		
Road surface	Dryz	Wet 🗆				
No of passenger		5				(Inclusive of driver)
No or passenger						(melasive or arrivery
DESCRIPTION OF THE PROPERTY OF		PASSENO	CED 1	Carlo Ca	A SHARING AND	Auto de proprieta de la companya del companya de la companya del companya de la c
DANS DESCRIPTION OF STREET	3.0			The same of the sa		(A)
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		PASSENC	NAME AND ADDRESS OF TAXABLE PARTY.		4 00	
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Gender	Male 🗹	Female □				
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Name						
Gender	Male □	Female 🗆				
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Gender	Male 🗆	Female 🗆				
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Gender	Male 🗆	Female 🗆				
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Gender	Male 🗆	Female				
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建设设施,通过企业的企业	No.	OTHER INFO	RIVIATIO	N ASSESSMENT OF THE PARTY OF TH	一种的	2000年 中国 1000年 日
Was anybody injured?	Yes	No 🗆				
Was other vehicle damaged?	Yes 🗗	No □				
					Constitution a	NAME OF THE OWNER, WHEN THE OW
		S OF POLICE S			L. L.	经工作的 有效的现在分词
Reported to police?	Yes 🗆	No □ If	yes, ple	ase state which	n police s	tation.
Police station name		111				
	tore present	W. C.				
和19 00年的		WITNE	SS 1		外被类别	第一位于《本本》
Name						
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建筑 是1000年,1000年		WITNE	33 Z	AND STREET	11日の日本の日本の日本	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SLW 7827Y
Vehicle make model	Mazda 5
Name	Leon wen Yu, Erwin
NRIC / Fin / Passport number	59922700A
Contact	

AND REAL PROPERTY OF THE PARTY	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A CONTRACTOR OF THE PARTY OF TH	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

*	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

West of the second second second	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

20.100000000000000000000000000000000000		INJURED PERSON 1
Name	Arevar	
Injuries sustained		Neck & Boele
Which vehicle person in?		YM 3777H
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes □	No Z
hospital by ambulance?		
	NEW YORK STREET	
MACHEN STREET,		INJURED PERSON 2
Name		Velu mahadecan Neck K Back
Injuries sustained		Meck & Back VM 3777H
Which vehicle person in?	Vac	
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No a
hospital by ambulance?		
A STATE OF THE STA	AND THE RESERVE TO SERVE TO SE	INJURED PERSON 3
Name	SECTION AND ADDRESS.	Abdullah Bin Mohamed Ariff
Injuries sustained		Neck & Back
Which vehicle person in?		YM 3777 H
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	211	
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 5
Name		INJUNED PERSON 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	787.0000000	
M-1-12		
	A CARLOS	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D





Institution / School Name:

Date of Expiry:

T/20200812/7011

1 of 4

Report No. T/20200812/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

54

Male

Race: Indian

Occupation:

DRIVER

14/10/1965

	ne Report N 020 17:14	Made:	Vide Report No.: Station Diary No.:				
Informa	nt's Partic	ulars					
AREVA	f Informant: RLAGAN SA MANIAM		Address: 34 BEDOK SOUTH AV	/ENUE 2 #06-363 SINGAPORE 460034			
ID Type / ID No.: NRIC NO / S1714197Z			Contact No.: Home/Office: Mobile: 93398154				
Nationality: SINGAPORE CITIZEN			Email: AREVARLAGAN@HOTMAIL.COM				
Sex:	Age:	Date of Birth:	Type of Informant:				

Driving Licence Information:

Driver

English

Class:

Language:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2020 16:45	Type of Location Straight Road
Location: PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface: Dry		Road Speed Limit:
		Traffic Control:		Traffic Volume: Heavy
Traffic Flow: One Way		Not Controlled	1	ricavy

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLW7827Y	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM					0
YM3777H	Lorry	MITSUBISHI			Slightly Damaged	2





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Report No. T/20200812/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	volved: No					
No. of Pedestrian	The state of the s		Use of P	edestria	n Cross	ing: NA
Driver						TOWER WAS A
Name	AREVARLAGAN S/O SUBRA		MANIAM	ID No.		S1714197Z
Related Vehicle	YM3777H (Lorry)		Cont	act No.	93398154	
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng ice &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of	NIL	
Passenger					Parint.	Erecto Traini
Name	ABDULLAH BIN MO	DULLAH BIN MOHAMED ARIFF		ID No) .	S1087375D
Related Vehicle	YM3777H (Lorry)			Cont	act No.	NIL
Hospital/Clinic	OUR FAMILY PHYS	FAMILY PHYSICIAN CLINIC & GERY		Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave	03	Degree	of	Slight	t
Passenger						STATE OF THE PARTY
Name	VELU MOHADECA	N		ID No	o	G2384786N
Related Vehicle	YM3777H (Lorry)			Cont	act No.	NIL
Hospital/Clinic	OUR FAMILY PHYS	PHYSICIAN CLINIC &		Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave	03	Degree	of	Sligh	t

Brief Details.

I was driving vehicle bearing (YM3777H) along PIE towards Changi Before Simei Exit on the most left lane. As i was driving straight at my own lane, all of a sudden i felt an huge impact from my vehicle rear portion. I immediately stop my vehicle and alight at the road shoulder to check on the damages. After i got down i then realized that vehicle B (SLW7827Y) has collided onto my vehicle rear right portion. Due to this accident, my 2 passengers and I suffered back injuries and we went to consult the doctor and was given 3 days MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



T/20200812/7011

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Report No. T/20200812/7011

CONTINUATION OF REPORT





4 of 4

Report No. T/20200812/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch

Sketch Plan

Authentication Stamp

NP168

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2020 17:14
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No : 65476172	Classification Of Case:



ROAD TRANSPORT ACT, 1	PARTY RISKS AND COMPENSATIO PARTY RISKS AND COMPENSATIO 987 (MALAYSIA) PARTY RISKS) RULES, 1959 (MALAY	DN) RULES, 1960
Certificate Number: 502		Cover : Third Party, Fire & Theft
1. Index mark and Regist		: YM3777H
Chassis Number		: FK617MB10198
2. Name of Policyholder		: A & S MANAGEMENT SERVICES PTE LTD
3. Effective Date of Insura	ance	: 01 Sep 2019
4. Expiry Date of Insurant	ce	: 31 Aug 2020
5. Persons or Classes of P	ersons entitled to drive#	
(a) The Policyholder.		
(b) Any other person	who is driving on the Policyholder	's order or with his/her permission.
the Motor Vehicle	person driving is permitted in acco or has been so permitted and is r ilation in that behalf from driving	ordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any the Motor Vehicle.
The state of the s	estic and pleasure purposes and i	n connection with the Policyholder's business or profession.
(b) Use for the carriag	e of passengers or goods in conne	ection with the Policyholder's business or profession.
This Policy does not cover		estati Will the Folioyholder's obsiliess.
(a) Use for hire or rew	ard.	
	e-making, reliability trial or speed	testing
(c) Use whilet describe		reating,
# Limitations rendere	ed inoperative by Section 8 of the	y one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendere	ed inoperative by Section 8 of the and Section 95 of the Road Transp	
# Limitations rendere Act (Chapter 189) a headings.	ed inoperative by Section 8 of the	Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendere Act (Chapter 189) a headings. EXCESS (SECTION 1)	ed inoperative by Section 8 of the and Section 95 of the Road Transp : N/A	Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendere Act (Chapter 189) a headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE	ed inoperative by Section 8 of the and Section 95 of the Road Transp : N/A : N/A : YES	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these
# Limitations rendere Act (Chapter 189) a headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	ed inoperative by Section 8 of the and Section 95 of the Road Transp : N/A : N/A : YES : TAI THONG LEE TE	Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered Act (Chapter 189) a headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Vehicles (Third Party Risks at Agency	ed inoperative by Section 8 of the and Section 95 of the Road Transp : N/A : N/A : YES : TAI THONG LEE TI: MARKET VALUE OF Policy to which this Certificate rend Compensation) Act (Chapter 1	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these RADING (PRIVATE) LIMITED OF INSURED VEHICLE AT TIME OF LOSS elates is issued in accordance with the provisions of the Motor 89) and Part IV of the Road Transport Act, 1987 (Malaysia)
# Limitations rendered Act (Chapter 189) a headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Vehicles (Third Party Risks at Agency	ed inoperative by Section 8 of the and Section 95 of the Road Transp : N/A : N/A : YES : TAI THONG LEE TO: MARKET VALUE OF Policy to which this Certificate rend Compensation) Act (Chapter 1	Motor Vehicle (Third Party Risks and Compensation) fort Act, 1987 (Malaysia), are not to be included under these RADING (PRIVATE) LIMITED OF INSURED VEHICLE AT TIME OF LOSS elates is issued in accordance with the provisions of the Motor (89) and Part IV of the Road Transport Act, 1987 (Malaysia)
# Limitations rendered Act (Chapter 189) a headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Vehicles (Third Party Risks at Agency	ed inoperative by Section 8 of the and Section 95 of the Road Transp : N/A : N/A : YES : TAI THONG LEE TI: MARKET VALUE OF Policy to which this Certificate rend Compensation) Act (Chapter 1	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these RADING (PRIVATE) LIMITED OF INSURED VEHICLE AT TIME OF LOSS elates is issued in accordance with the provisions of the Motor 89) and Part IV of the Road Transport Act, 1987 (Malaysia)
# Limitations rendered Act (Chapter 189) a headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Vehicles (Third Party Risks at Agency	ed inoperative by Section 8 of the and Section 95 of the Road Transp : N/A : N/A : YES : TAI THONG LEE TI: MARKET VALUE OF Policy to which this Certificate rend Compensation) Act (Chapter 1	Motor Vehicle (Third Party Risks and Compensation) fort Act, 1987 (Malaysia), are not to be included under these RADING (PRIVATE) LIMITED OF INSURED VEHICLE AT TIME OF LOSS elates is issued in accordance with the provisions of the Motor (89) and Part IV of the Road Transport Act, 1987 (Malaysia)



Sequen	ce Date of Endorsement	E	ndorsement	Туре	Endorsement	Status	Endorsement Content
	ements						
) Insure	d Object: YM3777H	ACCESS 1555					
Init No.		Related Numbe		5101118204-02			
Address 4		Addres	s Type	Singapore address	31	Post Code	508769
Address 1	30 LOYANG WAY	Addres	s 2	#07-11	9	Address 3	SINGAPORE 508769
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-	HISK INSURANCE AGENCY	Agent Tel.	00/2043/		G31 Flag	₩.	
OD Excess Agent	NSK INSURANCE AGENCY	TP Excess Agent Tel.	68720457		GST Flag	Υ	
Outside Singapore		Outside Singapore				Young/	Inexperience Driver Excess
Additional Excess		Premium	0				
Third Party Excess	0	damage Excess	0		Windscreen Excess	0	
Туре	Per Accident	Excess Own			Millio de locación		
issue Date Excess	A Company of the Comp	Date All Claims	W1/03/2013	00.00	Expiry Date	31/08/2020 23	33
Name Policy	27/08/2019	Effective	01/09/2019	00.00	Policy Flag	24 (00/2020 22	250
Product	COMMERCIAL VEHICLE INSURAL	Plan			Group	N	
No. Address	30 LOYANG WAY #07-11 SINGA	PORE 508769					
Policy No. Certificate	5021379194-12	Policyholder Name	A & S MANA	GEMENT SERVICES	Policyholder NRIC	200008492D	

Claim Handling							
Accident MT/1099691							
Poncy No.	9021379194-12	Vehicle No.	VM37776	4		GST Registration No.	
Certificate No.							
Policyholder Name	A & S MANAGEMENT SERVICES PTE LTD					Policyholder NRIC	2000084920
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft			Loading	0
Contact No (Mobile)	10	Contact No. (Office)	64434588			Contact No. (Home)	0
Email Address	The second control	Special Remark	1111 02200 00-122	W 44130 14000 111		eCode	To y
KFK	® No ○ Yes	TCA	® No ○ Yes			eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20			Private Hire	No
□ Accident Details	12/08/2020 17:54	Valency is a more than the space	A1858				
Report Date		Accident Report Within 24 hrs				Accident Type	Collision - Head to Rear
Date of Accident	11/08/2020	Time of Accident hh:mm	16:45			Country of Academ	Singapore.
Reporting Centre Accident Location		Grange Force				ICM No.	
Total Excess Applicable	PIE TWDS CHANGI BEFORE SIME: AVE EXIT						
Excess Type	Per Accident	Windscreen Excess		2.22			
Exocas (Abe	Per Accident	windscreen excess		0.00			
OD Standard Excess	0.00	TP Standard Excess		0.00			
YIED OD Excess	0.00	VIED TP Excess				Onver is Covered?	
Additional Excess							
Total OD Excess Applicable	0.00	Total TP Excess Applicable					
▽ Benefits							
GST Registered Inform	ation						
GST Registered GST Registration No.	Yes 200084920		GST Registration Date			08/10/2001	
Medification History		channed GST Senistened from 8	GST Status Verified			Yes	
Common of the second	13/08/2020 17:56:11 System changed GST Registered from No to Yes: 12/08/2020 17:56:11 System changed GST Registration to, from null to 200008492D 12/08/2020 17:56:11 System changed GST Registration Date from null to 08/10/2001						
Policyholder Mailing Ad		omiget out regulation uses	THE STATE OF THE STATE OF	may and enters			
Address 3	30 LOYANG WAY	Address 2	#07-11			Address 3	SINGAPORE 508769
Address 4		Address Type	Singapore address			Post Code	508769
Unit No.		Related Policy Number	5101118204-02				
OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	AREVARIAGAN S/O SUBRAMAN	Driver NRIC	517141972			Driver DOS	14/10/1965
Register Date of Driver License		Driver Age	54			Driving Experience	33
Contact No.(Mobile)	93398154	Contact No.(Office)	0			Contact No.(Home)	0
Address 4	BLK 34	Address 2	BEDOK SOUTH AVENUE 2			Address 3	SINGAPORE 450034
Unit No.	06-363	Address Type	Singapore address			Post Code	460034
Does he own a Singapore		racomonos cos					
Registered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer Company	
Declaration							
Breatharyser or Blood Test	0 mg	Any injury?	® Yes ○ No				
Reading?	200	Carried Co.		99.50			
Modification History							
Producation History							
Claim 001 New							
Claim Type +	DD-MX	Insured Name	A & S MANAGEMENT SERVICES			Insured NRIC	200006492D
Contact No. (Mobile)		Contact No.(Home)				Contact No (Office)	64431990
Email Address	anshama@singnet.com.sg	OI venicle Number	YM3777H			TP Vehicle Number	SLW7827Y
Claimant Type Claimant Type *		Type of Benefit +	-	Please Select			
Claiment Name +	>>	Claimant NRIC +		17			
Claimant Address							
Claim Description	YM3777H / SLW7827Y ON 11 Aug 2020					Name of Preferred Worksho	0
Preferred Workshop Contact No.		Insured Liability *	Not at Par	ult Y			
Require Finalisation	Yes	Preferend Repair Option	Preferred	Workshop, Name unknown	v	SIA report	Received
Date Registered	12/08/2020 17:56	Claim Close Date				Date Received	12/08/2020 00:00
Report Taken By	Jackson						
Print AK letter							
			Description of the last	estura			
The state of the s			Save Sut	umst			
Attachment							
9							
Accident No.	MT/1099691	Claim No.		001			
Last Doc. Received	● Yes ○ No	Ugload Date		12/08/2020 17:58			
	Path •			Category +		Confidential Urg	ency * Description *
A HISSON HIPSON	microstustina and an analysis	Browse	Clear	Please Select	V	Norma	
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		Browse	Gear	Please Select	~	Did ∨ Norma	

