NATIONAL Assessment Centre	Services.	י ובסיובר ו וזיי	SN09213 6000E	3		
Date In: -12 03 2021 16:10	Jeb description		Date &Time Completed	Done, by		
Ref No NA/INC 21003283/4	SAS c-filing			1		
	E-mail (within 3)	its, AIC 2hrs)				
Vali No GBH 576P	I-Motor Cinim	ı Form	MT/1124165-001	12/03	21	16:22
11 (1) 11/03/2021 17:00	I-Motor W/O	(Within; OD 2hrs,	TI 4brs)			,
OD . TP ! Reporting Only	I-Photo Uplon		1		,	•
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax/Hand to	Owner/Wksp			
Professed Wise / INC Assign Wise / QW: (- Andrews		Tol: 4	Fax:)
TP Particulars: , Veh No: 68	36 5140 K	. INC(.)/Non-INC(*).	<u></u>		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Configured by : (Date:	Time:	1)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	(O): N: 0-20	0%; P: 21-79%. P: 80)-100%]		<u> </u>
· mi o resultation (arranty; YES ()/NO(<u>) </u>		• •	
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() Walk-In Customer: Customor's Inform		ildential & St	nedy NO 19181 of Tepanie			
() Total Loss Case : to e-mail Insurer		O().T	owing Co: (# · ,		,)
Drive-In ()/ Towed-In (); Invoice:	ATES () / 14	TEMPARITHONISIDE	THE COLUMN THE WAY OF	游尼文法	ייין בייין	The state of the s
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	ourtesy Car ()		-		
2) QC Check / Post Repair Inspection	(·).	· · ·		17	:	
1) Upload Resurvey Photo [Repair Cost> \$30	(.					
Injurý :			ASSESSMENT DESCRIPTION OF THE PROPERTY OF THE	Y20-(3)-20	(2:1.4.4	(11, 11, 1, 1, 1)
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NA 2102148		1) AR1 Acciden	t Reporting (530);	(210)	30	
intriamusenachiculaes et staats and dens staat	PRESENTATION OF THE PROPERTY O	3) Tr : Towing	Pet .	240/245		
Oriver/Owner:		4) FT : Follow-T	Through Survey (Resurvey)	\$120		
Contact No:		Porolalming	reginary DC Only (Mary Agus	3005)		
Parnaged Portion:		6) TR: Re-Inspe	+ SMRT Survey	3160		
Variable 1 of dot.	â	8) NTUC Addit	Ional Services:-			
C Checked by (Engr-In-Charge):	٤	• NS: Courles	y Car / Tpt Allowanne	33 310		
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-2/3;	,	Involve dated	Fee Char		MARIE	W

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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

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of willouing of material lacks may allow insurance companies of the 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 aforesaid.

ACCIDENT	STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	12/03/2021 16:10 (SGT) 11/03/2021 17:00 (SGT) KPE, Singapore EXIT BARTLEY ROAD EAST L/P 67 Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	GBH576P
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes SWEE BUILDERS PTE LTD 1XXXXX449R SBPLANT@SWEEBUILDERS.COM.SG (Phone) +65-65470091 +65-65470091
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Nissan Cabstar - Employment No - Reporting only Commercial vehicle
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Comprehensive No 5110563860-01
DRIVER	

VENKITACHALAM UTHIRAPATHY

GXXXX331N

27/05/1979

Outdoor

Work Permit No

Occupation

Name of Driver

Date Of Driving Pass 08/11/2010 10 YEARS AND 4 MONTHS Driving experience Gender Mobile Number (Phone) +65-86048182 Alt. Phone Number SBPLANT@SWEEBUILDERS.COM.SG Email Address 19A TANNERY ROAD Address Address complement 347731 Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 7 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name **UNKNOWN** Gender PASSENGER 2 **UNKNOWN** Name Gender Male PASSENGER 3 Name **UNKNOWN** Gender Male PASSENGER 4 Name UNKNOWN Gender Male PASSENGER 5 UNKNOWN Name Gender PASSENGER 6 **UNKNOWN** Name Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No 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?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5140K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCX1388M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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.
- 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any government agency/authority (such as the police), for the purpose(s) of:
- (i) 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")

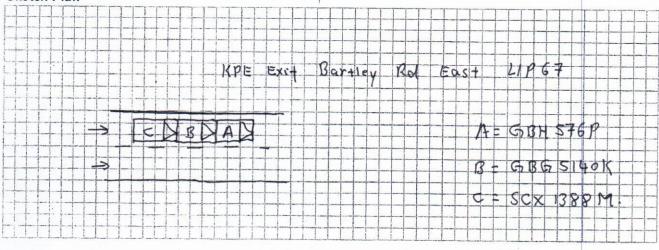
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

	- 1880年 1- 1884 - 1	
I wa	is travelling along KPE exit to Bartley	Rd
East ,	My Veh was stop doe waiting for tra	ffic
light,	27 CO 1984 C A 27 CO	
behind.	After the incident, I realized I wa	ſ
involved	d in a 3 car chain collision. Veh R f	rom
behind	collided onto my veh rear portion	
4.		

Declaration

IWe 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

Witnessed by Reporting Centre Personnel



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: 5110563860-01-000008

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GBH576P

Chassis Number

: JN1SC2F24Z0860870

2. Name of Policyholder

: SWEE BUILDERS PTE LTD

3. Effective Date of Insurance

: 01 Jul 2020

4. Expiry Date of Insurance

: 30 Jun 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.

6. 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)

\$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

\$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: N/A

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

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 29 Jun 2020 15:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

ACCIDENT STATEMENT

ACC	IDENT DATE:	Exit	21)(DD/	MM/YYY	Y), TIME:(_1	7 : 00)(HH:MA	4)
. LOCA	ATION:	* 1	Bartley	Rel	East	41967	
1	. DETAILS OF \						
	a) VEHICLE 1		GRH	57 6F	2	•	
*	b) INSURANC			nic .			
	c)POLICY NL		(1	u C			
		•	DELIENGINE / 1	THIRD DAI	ביין איני		
	elmake & M	ODE!	Missan	INIKU PAI	RIY / THIRD F	PARTY FIRE &THEFT	}
	fITYPE (SALO	ON / COUP	E (MPV (VA	N / I OPP	V / MOTOR	CYCLE. / OTHERS)	
	g) VEHICLE C	ATEGORY:	PRIVATE / CC	MMERC	IAL / MOTOR	CYCLE!	
	h)PURPOSE C	OF USING AT	ACCIDENT T	IME:	Work	τ	
	I) ARE YOU CL	AIMING UN	DER YOUR C	WH INSU	RANCE (YES	(NO)	
	IF NO, PLEAS	SE STATE (TH	IRD PARTY C	LAIM / RE	PORTING O	NLY)	
2.,	INSURED / PO		*				
	A) NAME: b) NRIC/FIN/P				(\)	MALE / FEMALE)	
	c) ADDRESS:	7.001 OK1			CONTAC	T: 6547009	_!
	<u>.</u>						-
	* CONTINUE TO	O 3.d IF DRI	VER ALSO PO	DLICY HO	LDER		•
the of personger	DRIVER	·		1.41.0			
(Including driver)	a)NAME: V	en Kit a	chalam	OTHIP	apathy (N	ALE / FEMALE)	
(7)	c) ADDRESS:	ASSPORT:_	9A Tan	nery	_CONTAC	T: 86048183	4
Au M	· ·	101	1911	nery	real de	37 344431	_
AII M	*d)DATE OF BII	ŖTH: (/)(DD/N	MM/YYYY)		-
	e)OCCUPATIO	N: (INDOO	R/OUTDOO	R)			
	f)YEARS OF DR				_		
4.	WAS DRIVER	AN EMPLO	YEE OF THE	INSURE	D'S COMPA	NAS (AER) NO)	
5.	IF NO, RELAT	ONDITION!	CIFAR / RAI	NING (C	I INSURED:		_
	b)ROAD SURFA	ACE: (DRY /	WET / OTHER	RS			_/
6.	WAS ANYBODY	INJURED (YES / NO)				_
7.	a)REPORTED TO						
8.	IF YES, PLEASE THIRD PARTY VE		CH POLICE S	TATION:_			
the of passenger	a) VEHICLE N	UMBER:	636 51	40K	MODEL.		+
(Including driver)	b) DRIVER'S N	IAME:					
()	c) NRIC/FIN/F	PASSPORT:_			_CONTACT	:	
	HIRD PARTY VE	HICLE	SCV 125	C 1-			
* No of passenger	d) VEHICLE NI	JMBER:	2CX 12 }	8 19	_MODEL:		٠.
(Including driver)	fl NRIC/FIN/P	ASSPORT.			CONTACT		
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		fax	= .				
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