NATIONAL Assessment Centre	Services :	u, . 19.000l	2° 2				
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D.OA:04/08/22 0700	i-Motor Claim	Form	1		i		
OD . (P) Reporting Only	i-Motor W/O (TP 4hrs)	··			
	Assessment/Surv		+		_	- 14	
TP Insurer:	Ass't Report by		Owner	Wksp	_		
Preferred Wksp / INC Assign Wksp / QW: (7100 1100 100		Tel:		Fax:)
	9BK679.4X	INC (n-INC ()		
Owner / Driver: (413-671.42		Tel:)	
Policy No: () Perio	od: ()	Cover	Гуре: ()	
Confirmed by : (Date:		Time:)	
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Drive-In ()/ Towed-In (); Invoice:) () ; T	owing C	o, ()
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- Committee of the Comm	urtesy Car ()	STATE OF THE PROPERTY OF THE	oi Action	SECTION.			
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NA 22020 79	F 6	300000 JKT32	Course Course	And A But Like	起身的不少	Lift Billy	' 'Add Bill
Claimant's Particulars:		1) AR : Accider 2) DA : Damag			INC (\$50)		
2 12 2 80 J 8 4 5 10 L 25 2 10 4 4 10 10 10 10 10 10 10 10 10 10 10 10 10	2) X 4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	3) TF : Towing	Foe		\$40/\$45 \$120		
Driver/Owner:	4) FT : Follow- 5) FT : Follow-	Through S	rvey (Resurve	y) \$30			
Contact No:	- Village	For claiming	against IN	CONLY (Well	0 Jan 2005) \$75		
Damaged Portion:	*	6) TR : Re-lusp 7) NI : Idao DA	+SMRT	Survey	5160		
	3	8) NTUC Addi	tional Serv	005:-			
QC Checked by (Engr-In-Charge):		*N5: Courte	sy Car / Tp	Allowande	\$5 \$10		
		*NG: Repair *N7: Post R	epoir Inspe	tion	\$25		
Auditors! Comments :-	Pathing o	*N8: DV / C	ollect Exe	ss Coordinatio			
241.12		TP (N11):	IP (Non IN	C) against INC	30		
Cal. 2/3:	+ -	Invoice dated		100000	charged		1720
A STATE OF THE STA		involve dated		Fee	e Charged	300011344	S.

SN0922840006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/08/2022 13:55 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (04/08/2022 13:55 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 04/08/2022 13:55 (SGT)

Reported by Driver

Date of Accident 04/08/2022 07:00 (SGT)

Exact Location of Accident Singapore

Additional Location Information SLE TWDS BKE B4 TURF CLUB AVE EXIT

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ5221K

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner RK BUILDING SERVICES PTE LTD Company Reg No 2XXXXX902W Email Address pat@shinkhai.com

Mobile Phone No (Phone) +65-87543132

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna

Variant

Exact purpose for which vehicle was being used at time of accident Employment

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

Transmission Auto CC 2982

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd

Policy Number / Cover Note Number DHOM120063682100

DRIVER

Name of Driver MARUDAMUTHU MUTHAMIZH Passport No/FIN GXXXX311X Date Of Birth 15/03/1974

Occupation Outdoor

Date Of Driving Pass 06/07/2021 1 YEAR AND 1 MONTH Driving experience Gender Mobile Number (Phone) +65-85357510 Alt. Phone Number Email Address pat@shinkhai.com Address 27 KAKI BUKIT CRESCENT Address complement 416258 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision Type of Accident Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 4 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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

I WAS DRIVING ALONG SLE(BKE) ON THE CENTER LANE.SOMEWHERE B4 TURF CLUB AVE EXIT, VEH INFRT OF ME SLOWED DOWN AND STOPPED DUE TO HEAVY TRAFFIC AS SUCH I BRAKE AND STOPPED.OUT OF SUDDEN, I FELT AN IMPACT FROM THE REAR.DUE TO THE HUGE IMPACT MY VEH SWERVED FORWARD AND COLLIDED ONTO VEH C, PUSHING VEH C OUT OF LANE AND COLLIDED ONTO VEH D REAR PORTION. I ALIGHTED AND DISCOVERED I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEH.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK6794X

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBD4428D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle 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 3

Vehicle Registration Number SKC450M 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MARUDAMUTHU MUTHAMIZH Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT Injured person in which vehicle? YQ5221K Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? 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 Actual 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>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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:

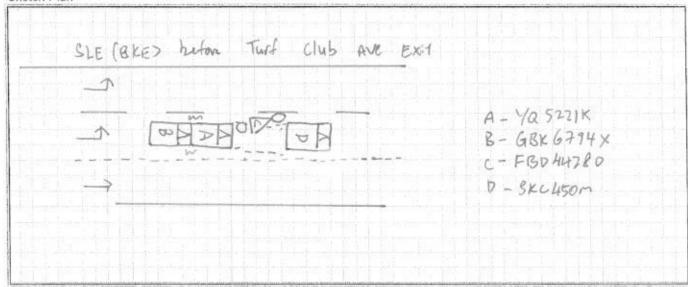
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
- (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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnal (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident
As per about date and time , I was driving Ya5221k
along SLE (BKE) on the center lane. Somewhen hefore
Turf club Ave ext, vehicles in from of me slowed
due to heavy troffic. As such,
I brake and expert my vehicle as well. Out of
Sudden, I fell an impact from the rear. Due
to the huge inpacts my vehicle surged tornard
and collided and Veh (C) FBD 44280 pushing veh(C) and
of land and collided anto Veh (D) Ske 450m rear porting
the to the huge impact from the near. I alighted
and discovered Veh (B) GBK 6794x from partium collided unto
my vehicle year portion while my vehicle was
at statingry Hopped position that causes my velocity
to Surge formand.
V 30, P 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,

Declaration

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

Paticyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

EHICLE NO: Ya 5221k	MAKE & MODEL Toyota Dyna AUTO/MANUAL				
ATE OF ACCIDENT	04/08/2022 CC				
ME OF ACCIDENT:	0700 HRS				
OCATION OF ACCIDENT:	SLE towards BKE before Turk club AVE EXT				
XACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
IAME OF OWNER:	RK Building Services Ple Ltd				
	H/P: 8754 3132 OFFICE: HOME:				
EL NO:					
RIC:	202020902W				
DDRESS.	27 Kak: Bukit crescent (S) 416258				
MAIL:	PAT @ Shinkhai-com				
LAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
LEET POLICY:	YES / NO?				
NSURANCE COMPANY:	United Overstas in Surance				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DHOM120063682100				
NAME OF DRIVER:	AS ABOVE / IFNO: Marudamutha muthanizh				
NRIC:	G7151311 × ANY PASSENGER: N-4.				
DATE OF BIRTH:	15/03/ 1974 LICENCE PASSED DATE: 06/ 07/ 2021				
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MAKE / FEMALE				
CONTACT NO:	H/P: 8535 7510 OFFICE: HOME:				
ADDRESS:	27 Kak: Bukit Crescent (5) 416258				
EMAIL:					
	NOT IF YES, REG NO: INSURER:				
DOES DRIVER OWNED ANY VEHICLE:	Employee				
RELATIONSHIP:	CLEAR / NATIONS / OTHERS:				
WEATHER CONDITION:	DRY / WER / OTHER:				
ROAD SURFACE:	NO / IF YES, WHO?				
ANY INJURIES:					
NAME & CONTACT:	Maruda muthu Muthamizh, 8535 7510				
NAME & CONTACT:					
POLICE REPORT:	NO IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	GBK 6794X ANY PASSENGERS: N.A				
NAME OF DRIVER:	Pennusamy Vijayakung Contact No: 9382 2658				
VEHICLE C REG NO:	FBD 4428 D ANY PASSENGERS: N.A.				
VEHICLE D REG NO:	SKC 450 m ANY PASSENGERS: N.A.				
VEHICLE E REG NO:	ANY PASSENGERS:				
VEHICLE F REG NO:	ANY PASSENGERS:				
VEHICLE G REG NO:	ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES)/ NO				
ACCIDENT PORTION:	Front & Mac portion				
Have you been approach by unknown person solicitin	THE PARTY CONTRACTOR OF THE PA				
WORKSHOP PARTICULAR:	N-51 Automotive He Hd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	57410510 m/g				
FAX NO:	sales@n51.com.sg				



United Overseas Insurance Limited

Tel (65) 6222 7733 Fax (65) 6327 3872 (claims) Email. contactus@uoi.com.sg

Co Reg No 1971001528

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)

ORIGINAL

CERTIFICATE NO.

DH0M120063682100

Excess: \$500/-SECTION 1

Type of Cover

COMPREHENSIVE

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

YQ5221K

Name of Insured

RK BUILDING SERVICES PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 14 December 2021 to 13 December 2022

Engine# 1GD8816625

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis#

JHHAGV4600K001307

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

(1) Use for racing pace-making reliability trial or speed-testing

(2) Use for the carriage of passengers for hire or reward

(3) Use whilst drawing a greater number of trailer in all than is permitted by law

Provided that the person 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.

"Limitation rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

UNITED OVERSEAS INSURANCE LTD

FSGMY

Date: 16/12/2021