1 1 A 17 1 1 1 1 1	rices (er : Jame)	Date & Time Completed	Done by	- 1
Datciti	escription			
Rel No NEM HICKORDIES	S e-filing	1		
Veh No FRE 9801X E-1	nail (within 8hrs, AIC 2hrs)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23/01/18 0	9.50
DOA [8/01/2018 09:45 1-M	lotor Claim Form	: MT/0978977	23/01/10	1630
i-M	lotor W/O (Within: OD 2hr	s. 7P 4hrs)		
OD TP Pepoiting Only	hoto Uploaded	<u> </u>		
Ass	essment/Survey Report			
TP Insurer: Ass	t't Report by Fax / Hand	to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	1
TP Particulars: Veh No: SLU 4	368X INC			
Owner / Driver: (10 m = 10 m = 20 = 410 c = 20 = 10 c	Tel:		
Policy No: () Period: (.)	Cover Type: (
0 0 11 1	Date:	Timer)	
Insured/Driver Liability: (%) [Note-E	st. Status (WO): N: 0-	20%; P: 21-79%. F: 80	-100%]	
11104104	ty: YES ()/NO ()	-	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		7	
	Company (CA)	STATES COLOR STATES	1 65	
() Walk-In Customer : Customer's information	n strictly Confidential &	Strictly NO rafer of repaire	er. 	
() Total Loss Case : to e-mail Insurer UR	GENTLY.			
VPC		Towing Co. ()
				-
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done b	у
Remarks:- (INC horline: 6788-6616)			Done b	у
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Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	sy Car ()			у
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	sy Car ()	Date&Time Completed		y
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	sy Car ()	Date&Time Completed		y
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	sy Car ()	Date&Time Completed		у
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	sy Car ()	Date&Time Completed		y
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	sy Car () ()	Date&Time Completed		
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	sy Car () () ()	Date&Time Completed		· Ami (3
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Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	() () () () () () () () () ()	Preparation Checklist ident Reporting (\$30); nage Assessment (\$100); It ing Fee low-Through Survey Through Survey (Resurvey)	Anit (5) - 1st Bill - 1C (580) - 540/545 - 5120 - 530	· Ami (3
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner:	Invoice 1) AR: Acc 2) DA: Dar 3) TF: Foll 5) FT: Foll For claim	Preparation Checklist ident Reporting (\$30); inage Assessment (\$100); In ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing sgainst INC Only (wef 10 Je	Anit (5) - 1st Bill - 1C (580) - 540/545 - 5120 - 530	· Ami (3
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:	Invoice 1) AR: Acc 2) DA: Day 3) TF: Toll 5) FT: Foll 6) TR: Re- 7) N1: Iday	Preparation Checklist ident Reporting (\$30); nage Assessment (\$100); In ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Je inspection DA + SMRT Survey	Ant (5) 1st Bill 1C (\$30) \$40/\$45 \$120 \$30 n, 2005)	· Ami (3
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner:	Invoice	Preparation Checklist ident Reporting (\$30); inage Assessment (\$100); In ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing sgainst INC Only (wef 10 Je	Anit (5) 1st Bill IC (\$80) \$40/\$45 \$120 \$30 n, 2005) \$75	· Ami (3
Remarks:- (INC horline: 6788-6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	Invoice	Preparation Checklist ident Reporting (330); inage Assessment (5100); In ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Je inspection to DA + SMRT Survey additional Services:- urlesy Car / Tpt Allowance	Anit (5) 1st Bill (C (\$80) \$40/\$45 \$120 \$30 \$75 \$160	· Ami (3
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:	Sy Car ()	Preparation Checklist ident Reporting (\$30); inage Assessment (\$100); In ing Pee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Je inspection in DA + SMRT Survey idditional Services: urlesy Car / Tpt Allowance pair Co-ordination I Reset Inspection	Anit (5) 1st Bill 1C (580) 540/545 \$120 \$30 7, 2905) \$75 \$160	· Ami (3
Remarks:- (INC) horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Sy Car ()	Preparation Checklist ident Reporting (\$30); inage Assessment (\$100); In ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Je inspection in DA + SMRT Survey idditional Services: urlesy Car/Tpt Allowanic pair Co-ordination st Repair Inspection y/Collect Excess Coordination	Anit (5) 1st Bill 1C (580) 540/545 \$120 530 7, 2905) \$75 \$160	Aint (3 Add Si
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Remarks:- (INC) horline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Sy Car ()	Preparation Checklist dent Reporting (\$30); inge Assessment (\$100); In ing Fee ow-Through Survey (Resurvey) ing against INC Only (wef 10 Ja- inspection DA + SMRT Survey dditional Services:- urlesy Car / Tpt Allowance pair Co-ordination at Repair Inspection Y / Collect Excess Coordination 1): TP (N:20 INC) against INC ince Mobile Fee Co	Anit (5) 1st Bill 1C (580) 540/545 5120 530 575 5160 555 510 525 53 520 30 harged	Ami (3 Add Si

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 ability.
- 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

Service of the servic	ACCIDENT STATEMENT
Date Of Report	22/01/2018 13:10
Date Of Accident	18/01/2018 09:45
Exact Location Of Accident	TAMPINESSTREET83 NEAR JUNC OFCTLPARKTAMPINESVISTA
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE9801X
Insured/Policyholder	
Name Of Registered Owner	MURUGESAN SOUNDIRARAJAN
NRIC No	S7762574G
Email Address	SOUNDIR_RAJAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91807130
Alternative Phone No	OTHERS-91807130
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 DTS-I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5063477088-04
Cover Note Number	
Driver	

MURUGESAN SOUNDIRARAJAN Name of Driver

S7762574G NRIC No 09/05/1977 Date Of Birth INDOOR Occupation 26/08/2009 Date Of Driving Pass

8 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91807130 Mobile Number

Fax Number

OTHERS-91807130 Contact Number

SOUNDIR_RAJAN@YAHOO.COM.SG EMail Address

BLK 978 JURONG WEST STREET 93 Address

#05-309

640978 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident? 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) YES

soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

QUEENSTOWN N.P.C Police Station Name

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4719999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes,against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :T/20180119/2034

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU4368K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

AISHAH BINTE ABDUL KARIM Name of Driver

S8326879D NRIC/Passport Number 96314360 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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:
 - 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)

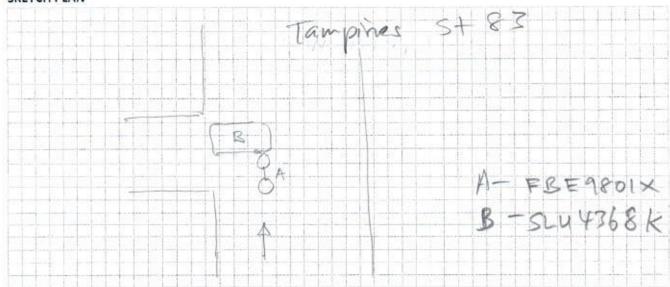
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

took +	Bike A Riding along street 83 car B come out from a ight turn. The con driver tails to see on coming vehicle very close distance moto Bike A Braking distance hot enough	51
Stop his	t with ear B Front side.	
	Xx 60/10 13034	
	0/5/20/80	

DECLARATION

I/We 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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





1 of 3 Report No. T/20180119/2034

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

DEDORT	OF A	TRAFFIC	ACCIDENT
REPURI	UFF	IKAFFIC	ACCIDENT

Date/Time Report Made: 19/01/2018 11:38			Vide Report No.:	Station Diary No.: 36	
Informa	nt's Partic	ulars			
	f Informant: ESAN SOU	JNDIRARAJAN	Address: APT BLK 978 JURONO SINGAPORE 640978	G WEST STREET 93 #05-309	
	/ ID No.: O / \$77625	74G	Contact No.: Home/Office:	Mobile: 91807130	
National INDIAN	ity:	(L)	Email:		
Sex: Male	Age:	Date of Birth: 09/05/1977	Type of Informant: Driver		
Race: Indian			Language: Institution / School Nam		
Occupat		· · · · · · · · · · · · · · · · · · ·	Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 18/01/2018 08:4	5	Type of Location T-Junction
Location: Along Road 1 TAMPINES S Near junction Weather: Clear			i) Surface:	/4	Roa	d Speed Limit:
Traffic Flow: Dual Carriage	. Way	Traffic Control: Not Controlled		Traffic Volume: Moderate		
Type of Collis	ion: ing Vehicles - Head	d To Side				one conveyed by ulance:

Details of V	ehicle Involve	a				and the second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE9801X	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Slightly Damaged	0
SLU4368K	Car				Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBE9801X	NTUC Income Insurance Co-Operative Limited	5063477088-04	08/12/2017	07/12/2018		



Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

2 of 3 Report No. T/20180119/2034

Tel No: 1800-4719999

CONTINUATION OF REPORT

Any Pedestrian	nvolved: No			e abolities		or successful the said of the	
No. of Pedestria	ns Injured: NIL		Use of P	edestria	n Cross	sing: NA	
Driver			2000	cuestria	II CIOS	sing. NA	
Name	MURUGESAN SOU	NDIRARA.	JAN	AN ID No.		S7762574G	
Related Vehicle	FBE9801X (Motorcy	FBE9801X (Motorcycle)			act No.	91807130	
Hospital/Clinic	KARRI FAMILY CLINIC			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment		Date Discharge 18/01/2018		/2010			
No. of Days gran	ted Medical Leave	01	Degree o				
Name	MURUGESAN SOU	UDIDADA	A 1 .				
	WORUGESAN SOU	NDIRARAJ	AN	ID No.		S7762574G	
Related Vehicle	FBE9801X (Motorcyc	cle)		Contact No.		91807130	
Hospital/Clinic	SHALOM CLINIC & SURGERY			Class Driving Licent Expiry	g ce &	Class: 2B,3 . Date of Expiry: NIL	
Date Treatment	19/01/2018		Date Disc			/2018	
No. of Days grant	ed Medical Leave	03	Degree of		Slight		

Brief Details.

On the 18/01/2018 at about 0845hrs, while I was travelling on my motorbike (FBE9801X) along Tampines Street 83, and was going towards Tampines Avenue 5, whereby a car, SLU4368K, had came out from the carpark on my left and had not stopped, and caused me to have collided with the driver.

There were no traffic lights nearby at the scene. No Police or ambulance had attended to my accident. I had exchanged particulars with the driver. I was advised to lodge this accident report for insurance claims.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No: T/20180119/2034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 MOHAMAD FARHAN BIN MOHAMED	or that
Signature Of Interpreter:	
Not applicable	Date/Time: 19/01/2018 11:38
Officer In Charge Of Case:	Classificati
TP / AEIT /	Classification Of Case:
Sgt 2 YEO KIA HUAT	
Contact No.: 65476325	
Authentication Stamp	

Parket Meral) & Reported on 18/01/2018
(Butter hours) 2018
(C. 1.730 HRS
ACCIDENT STATEMENT
1.1
ACCIDENT DATE: (8, 11, 2018)(DD/MM/YYYY), TIME: 09.45 (HH:MM)
Tampines Street 83.
DETAILS OF VEHICLE
a) VEHICLE NUMBER: FRE 9801X
b)INSURANCE COMPANY:
d)POLICY NUMBER:
AMAKE & MODEL!
()TYPE: (SALOON / COUPE / MPY /VAN / LORRY / MOTORCYCLE. / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
hipurpose of using at accident time:
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT:CONTACT:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(Indicate of NAME: MALE / FEMALE) 7130
(Including driver.) b NRIC/FIN/PASSPORT!CONTACT:CONTACT:
*d)DATE OF BIRTH: (
OR ACT OF DOLVING ARMS C
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (10)) OWNER
5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO HIS ARIN
. 7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
A US OF THOSE NUMBER!
(Including driver) b) DRIVER'S NAME: ALSHAH BINTE ABOUL RAPING O NRIC/FIN/PASSPORT: S832687 9D CONTACT: 96314360
() 9. THIRD PARTY VEHICLE
d) VEHICLE NUMBER:MODEL!
(Induding driver) () MRIC/FIN/PASSPORT! CONTACTIVE
Taking Color of Statish Massacrast of
(_) workshop. Saigek @ umpl. com. sg. 1
. Oughon Com Sq
email = soundir-rajana yahoo com sg
fax = · soundir_rajan@yahoo:com.sqv
, VIOEO
Waiting for Motorcycle Photos.
and the state of t
photo photo 3 Car ?

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7762574G





Name

MURUGESAN SOUNDIRARAJAN

மு சௌந்திரராஜன்

INDIAN Date of birth

5ex

09-05-1977 M

INDIA





NHIC No. \$7762574G

Nationality

INDIAN

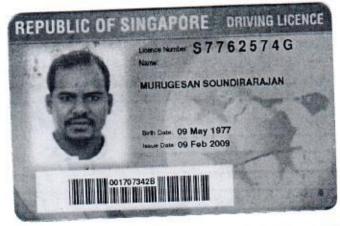
17-04-2007

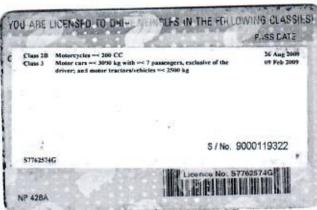
APT BLK 978 JURONG WEST STREET 93 #05-309

SINGAPORE 640978

NRIC No: S7762574G

Date: 04/08/2015





eBao Tech						GeneralClaim				
Hello, NAC_BUKIT_MERAH	800676			The Control of the Co	THE OWNER WHEN	,	Change Lan	guage	Change Password	· Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy I	No.				Date of Acc	ident	18/01	/2018 09:45	
	Vehicle	No.(For Motor)	FBE9801X							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5063477088-04	MURUGESAN SOUNDIRARAJAN	57762574G	GMC	Third Party	FBE9801X	FBE9801X	08/12/2017	07/12/2018
						Continue				

Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	ent Status	Endorsement Content
♥ Endors	ements				
♪ Insure	d Object: FBE9801X				
Unit No.	10-306	Related Policy Number	5063477088-04		
Address 4		Address Type	Singapore address	Post Code	640978
Address 1	BLK 978 #05-309	Address 2	JURONG WEST STREET 93	Address 3	SINGAPORE 640978
41100	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No				
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Υ
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	
Policy ssue Date	01/12/2017	Effective Date	08/12/2017 00:00	Expiry Date	07/12/2018 23:59
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Address	BLK 978 #05-309 JURONG WES	T STREET 93 S	SINGAPORE 640978		
Policy No.	5063477088-04	Policyholder Name	MURUGESAN SOUNDIRARAJAN	Policyholder NRIC	S7762574G

Claim Handling

ccident MT/0978977		1000 100/1000	100000000	GST Registration No.	
olicy No.	5063477088-04	Vehicle No.	FBE9801X	Policyholder NRIC	S771
olicyholder Name	MURUGESAN SOUNDIRARAJAN			Loading	0
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	20 TO 10 TO	0
Contact No.(Mobile)	91807130	Contact No.(Office)	0	Contact No.(Home)	No
mail Address		Special Remark		eCode	NO
KFK	■ No Syes	TCA	No Yes	eCode Reason Private Hire	No
CD Protection	No	NCD Entitlement(%)	20	Private rife	2220
▽ Accident Details				1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Report Date	23/01/2018 09:47	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	18/01/2018	Time of Accident hh:mm	09:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINESSTREET83 NEAR JUNC OFCTLPA	ARKTAMPINESVISTA			
▽ Benefits					
etc. I will encour					
▼ Excess	0,00	Additional Excess		Windscreen Excess	
Own damage Excess	0.00	Outside Singapore OD Excess			
Unnamed Driver Excess	2.00	Outside Singapore TP Excess			
Third Party Excess	0.00	Outside Singapore IT Excess			
			GST Registration Date		
GST Registered	No		GST Status Verified	Yes	
GST Registration No.					
Modification History					
	dress				
20 20 20 20 20 20 20 20 20 20 20 20 20 2	BLK 978 #05-309	Address 2	JURONG WEST STREET 93	Address 3	SIN
Address 1	PEK 370 #03-303	Address Type	Singapore address	Post Code	640
Address 4	+0.306	Related Policy Number	5063477088-04		
Unit No.	10-306	TOTAL CONTRACTOR CONTRACTOR			
₩ OI Driver Info	MURUGESAN SOUNDIRARAJAN	Driver Type	Main Driver		
Driver Name	MURUGESAN SOUNDIRARADAN	Driver NRIC	\$7762574G	Driver DOB	09/0
Unnamed driver Name	0.000,0000	Driver Age	40	Driving Experience	8
Register Date of Driver License		Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	91807130	Address 2	JURONG WEST STREET 93	Address 3	
Address 1	BLK 978	Address Type	Singapore address	Post Code	640
Address 4	11921242	rious case rijpe	0.5100 - 1.500		
Unit No. Does he own a Singapore	#05-309	Driver Vehicle No.		Driver Insurer Company	
Registered car?	Yes No	Driver Venicus No.			
Declaration	bereit and the second	Secomposition	a was n		- 17,-21
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 OD-MX Ne	w				
				Toward MINIC	677
Claim Type *	OD-MX *	Insured Name	MURUGESAN SOUNDIRARAJAN	Insured NRIC	9//
Contact No.(Mobile)	91807130	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	soundir_rajan@yahoo.com.sg	OI Vehicle Number	FBE9801X	TP Vehicle Number	ST7
Claim Description	FBE9801X / SLU4368X ON 18 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact		Insured Liability *	Partially at Fault		9-60-
No.	W	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Re
The state of the s	Yes Y	Claim Close Date		Date Received	23/
Require Finalisation	23/01/2018 09:55	Sent the sent of the		Total Loss but Repaired	1
Require Finalisation Date Registered		Marketon Dennirer		intel coss per respense	
	KRISHNASAMY	Workshop Repairer		Total coss but respense	

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0978977

Claim No.

Last Doc. Received

• Yes 🗎 No

Upload Date

23/01/2018 09:50

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