

# NATIONAL Assessment Centre Services

Date In: 26/01/2018 17:03	Job description	Date & Time Completed	Done by
Ref No NA/INC18001649/k4	SAS e-filing		
Veh No SJC 7537M	E-mail (within 8hrs, AIC 2hrs)		
DOA 25/01/2018 07:00	i-Motor Claim Form	MT/0979682	27/1/18 09:28
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SFU 2160B	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA1800606		<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP : Towing Fee \$40/\$45			
Damaged Portion:		4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:		6) TR : Re-inspection \$75			
Cat. 2/3:		7) NI : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11) : TP (Non INC) against INC \$20			
		9) N12: Idac Mobile \$0			
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		



## 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 withholding 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.
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 Report	26/01/2018 17:03
Date Of Accident	25/01/2018 07:00
Exact Location Of Accident	BRADDELL RD TWDS CTE AFTER BISHAN STREET 11 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7537M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUSHVINDER SINGH S/O J SINGH
NRIC No	S1431051G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94518445
Alternative Phone No	OTHERS-94518445

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094425701
Cover Note Number	

### Driver

Name of Driver	AMRITDAVE SINGH S/O KUSHVINDER SINGH
NRIC No	S9049691C
Date Of Birth	20/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94518445
Fax Number	
Contact Number	OTHERS-94518445
Email Address	NOEMAIL

Address	BLK 228 BISHAN STREET 23 #04-73
Postcode	570228
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : NUR AISYAH D/O ABDUL LATIFF GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180125/2172

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU2160B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG LEE NGAN
NRIC/Passport Number	S8036185H
Contact Number	98395885

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	AMRITDAVE SINGH S/O KUSHVINDER SINGH
Approximate Age	
Injuries Sustain	LOW BACK PAIN
Injured person in which vehicle?	SJC7537M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	NUR AISYAH D/O ABDUL LATIFF
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SJC7537M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN

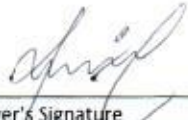
### IMPORTANT NOTICE

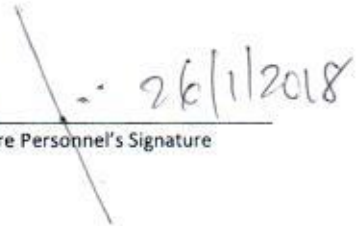
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.
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 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:

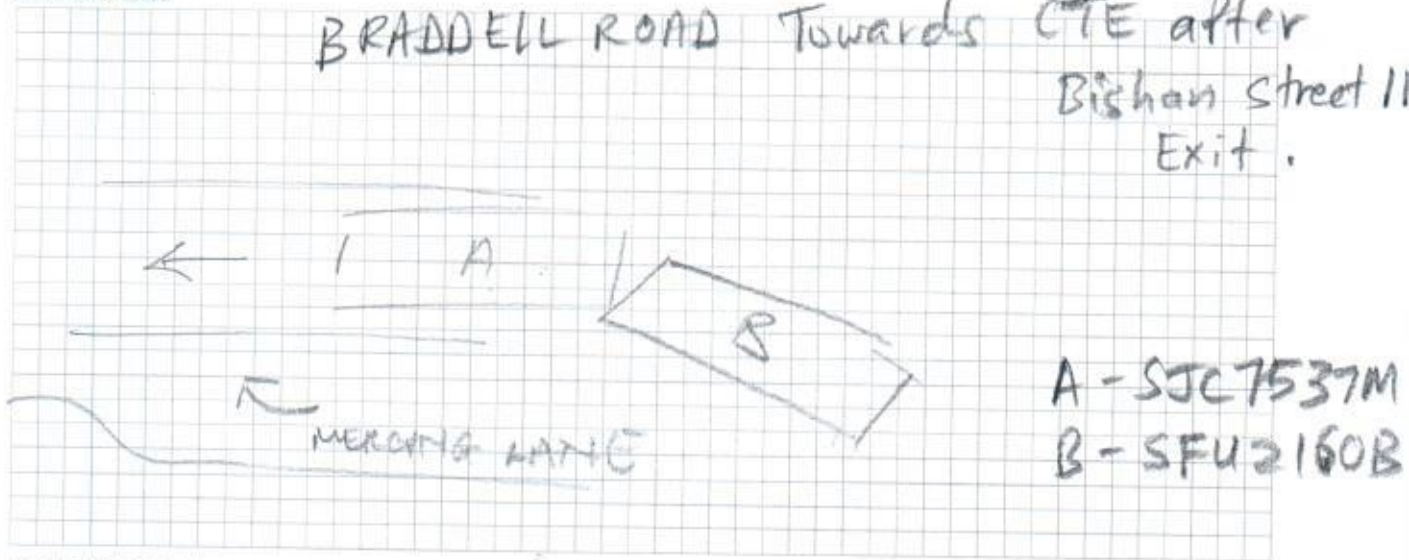
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

pls refer to the Police Report -  
T/20180125/2172

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.:





**SINGAPORE  
POLICE FORCE**



T/20180125/2172

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20180125/2172

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/01/2018 20:33		Vide Report No.: E/20180125/0037		Station Diary No.: 105	
<b>Informant's Particulars</b>					
Name of Informant: AMRITDAVE SINGH S/O KUSHVINDER SINGH			Address: APT BLK 228 BISHAN STREET 23 #04-73 SINGAPORE 570228		
ID Type / ID No.: NRIC NO / S9049691C			Contact No.: Home/Office: Mobile: 94518445		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 20/12/1990	Type of Informant: Driver		
Race: Sikh		Language: English		Institution / School Name:	
Occupation: SAF personnel			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2018 07:00	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD  Towards CTE after Bishan Street 11 Exit				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFU2160B	Car					0
SJC7537M	Car				Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE



T/20180125/2172

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20180125/2172

## CONTINUATION OF REPORT

Name	ANG LEE NGAN		ID No.	S8036185H
Related Vehicle	SFU2160B (Car)		Contact No.	98395885
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	AMRITDAVE SINGH S/O KUSHVINDER SINGH		ID No.	S9049691C
Related Vehicle	SJC7537M (Car)		Contact No.	94518445
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/01/2018		Date Discharge	25/01/2018
No. of Days granted Medical Leave	06		Degree of Injury	NIL
Passenger				
Name	NUR AISYAH D/O ABDUL LATIFF		ID No.	S9004938J
Related Vehicle	SJC7537M (Car)		Contact No.	96472506
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2018		Date Discharge	25/01/2018
No. of Days granted Medical Leave	06		Degree of Injury	NIL

### Brief Details.

On 25/01/2018 at about 7.00am, I was driving my vehicle, SJC7537M along Braddell Road after turning left from Bishan Street 11. I was on the right lane and was moving into a merging lane towards CTE when suddenly the car in front brake and came to a stop. I also applied my brake and stop. Out of a sudden, I felt an impact from the rear and later discovered that a vehicle, SFU2160B had knocked onto the rear side of my vehicle.

Due to the collision, my vehicle was badly damaged on the rear side. My wife who was pregnant was in the vehicle with me during the accident. She complaint of abdominal and back pain after the accident whilst I suffered injuries on the lower back.

Traffic police and Ambulance were later at scene. My wife was conveyed to Tan Tock Seng Hospital and





**SINGAPORE  
POLICE FORCE**



T/20180125/2172

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20180125/2172

**CONTINUATION OF REPORT**

subsequently discharged. I then brought my wife to Mount Elizabeth at Novena for medical treatment and she was given 6 days of MC.

After sending my wife to the hospital, I took her home and subsequently went to Mount Alvernia hospital for my medical treatment. I was then issued with 6 days of MC by the hospital.

Traffic police issued a report number vide E/20180125/0037 and I was also advised to lodge a police report regards to the accident.

180 N2	
SINGAPORE	



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20180125/2172

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Report No. T/20180125/2172

**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:

E /  
Staff Sgt MUHAMMAD HAFIZ BIN ZUHURI

Signature Of Informant:

Date/Time:  
25/01/2018 20:33

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt  GUANG HUI  
Contact No.: 65476138

SN 061

Classification Of Case:

Authentication Stamp  
NP168

**SIGNATURE**





# SINGAPORE ARMED FORCES IDENTITY CARD

Name

AMRITDAVE SINGH  
S/O KUSHVINDER  
SINGH



NRIC No

S9049691C

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GEMALTO5G/PJ/0545160813

0000000240881

NRIC No/Colour

S9049691C/ PINK

Race

SIKH

Date Of Birth

20/12/1990

Service Status

REGULAR

Address

Blk 228 BISHAN STREET 23

#04-73 SINGAPORE 570228

Blood Group

A (+)

Sex

M

Country Of Birth

SINGAPORE

Military Rank/Status

SPECIALIST



# REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9049691C

Name

AMRITDAVE SINGH S/O  
KUSHVINDER SINGH

Birth Date: 20 Dec 1990

Issue Date: 30 Apr 2009



0017373568

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles  $\leq$  200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 2 Motorcycles  $>$  400 CC  
Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg

30 Apr 2009  
15 Jan 2010  
04 May 2012  
02 Aug 2016

S9049691C

S/No. 9000167252

NP 428A

License No: S9049691C



**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)

**Certificate Number:** 5094425701

**Cover :** drive CLASSIC

- |  |                                |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>SJC7537M</b>              |
| Chassis Number                                   | : JMYSNCS3A8U003679            |
| 2. Name of Policyholder                          | : KUSHVINDER SINGH S/O J SINGH |
| 3. Effective Date of Insurance                   | : 22 Sep 2017                  |
| 4. Expiry Date of Insurance                      | : 27 Feb 2019                  |

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.

**This Policy does not cover**

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KUSHVINDER SINGH S/O J SINGH
NAMED DRIVER (1)	: AMRITDAVE SINGH S/O KUSHVINDER SINGH
NAMED DRIVER (2)	: N/A
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 : CHEN YANBING (00000602506)  
Date of Issue : 20 Sep 2017 12:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/01/2018 07:00"/>						
Vehicle No.(For Motor)	<input type="text" value="SJC7537M"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094425701	KUSHVINDER SINGH S/O J SINGH	S1431051G	GPC	drivo CLASSIC	SJC7537M	SJC7537M	22/09/2017	27/02/2019
<input type="button" value="Continue"/>									

## ▼ Policy Information

Policy No.	5094425701	Policyholder Name	KUSHVINDER SINGH S/O J SINC	Policyholder NRIC	S1431051G
Address	BLK 228 #04-73 BISHAN STREET 23 SINGAPORE 570228				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/09/2017	Effective Date	22/09/2017 00:00	Expiry Date	27/02/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	CHEN YANBING	Agent Tel.	88160856	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 228 #04-73	Address 2	BISHAN STREET 23	Address 3	SINGAPORE 570228
Address 4		Address Type	Singapore address	Post Code	570228
Unit No.		Related Policy Number	5094425701		

▶ Insured Object: SJC7537M

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



## Claim Handling

Accident MT/0979682

Policy No.	5094425701	Vehicle No.	SJC7537M	GST Registration No.	
Policyholder Name	KUSHVINDER SINGH S/O J SINGH			Policyholder NRIC	S14
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94518445	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	27/01/2018 09:21	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	25/01/2018	Time of Accident hh:mm	07:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRADDELL RD TWDS CTE AFTER BISHAN STREET 11 EXIT				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 22B #04-73	Address 2	BISHAN STREET 23	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	5701
Unit No.		Related Policy Number	5094425701		

## ▼ OI Driver Info

Driver Name	AMRITDAVE SINGH S/O KUSHVINDER SINGH	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9049691C	Driver DOB	20/1
Register Date of Driver License	02/08/2010	Driver Age	27	Driving Experience	7
Contact No.(Mobile)	94518445	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 22B	Address 2	BISHAN STREET 23	Address 3	
Address 4		Address Type	Singapore address	Post Code	5701
Unit No.	#04-73				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KUSHVINDER SINGH S/O J SINGH	Insured NRIC	S14
Contact No.(Mobile)		Contact No.(Home)	64556690	Contact No.(Office)	
Email Address		OI Vehicle Number	SJC7537M	TP Vehicle Number	SFU
Claim Description	SJC7537M / SFU2160B ON 25 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	27/01/2018 09:29	Claim Close Date		Date Received	27/1
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

1/27/2018

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

Accident No.

MT/0979682

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

27/01/2018 09:25

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *		Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:28	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:27	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:26	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading