

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------|---------------|
| Date In 22/02/2018 10:47 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC18003348/K4 | SAS e-filing | | |
| Veh No GBD 64 69Y | E-mail (within 8hrs. A/C 2hrs) | | |
| DOA 22/02/2018 08:20 | i-Motor Claim Form | MT/0983326 | 23/2/18 10:10 |
| OD TP Reporting Only | i-Motor W/O (Within: OD 2hrs. TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: JNN3303 | 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 |
|-----------|---------|
| | |
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| | | | | |
|---------------------------------|---|-------------|----------|----------|
| NA1801164 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | 1st Bill | Add Bill |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | | |
| | 5) RT : Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | OD* | | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| Auditors' Comments :- | TP (N11) : TP (Non INC) against INC \$20 | | | |
| Cat. 1: | 9) N12: Idac Mobile \$30 | | | |
| Cat. 2 / 3: | 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 22/02/2018 10:47
 Date Of Accident 22/02/2018 08:20
 Exact Location Of Accident JALAN ANAK BUKIT TWDS CLEMENTI ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD6469Y
Insured/Policyholder
 Name Of Registered Owner ONEBERRY TECHNOLOGIES PTE LTD
 Co Reg No 200312911N
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-81874258
 Alternative Phone No OFFICE-81874258

Vehicle Particulars

Manufacturer TOYOTA
 Model TOYOTA HIACE VAN TURBO 5 DR MANUAL
 Exact Purpose for which vehicle was being used at time of accident WORK
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken REPORTING ONLY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5084886845-01
 Cover Note Number

Driver

Name of Driver BASKARAN VASEEHARAN
 Passport No/FIN G5292344T
 Date Of Birth 04/06/1989
 Occupation INDOOR
 Date Of Driving Pass 03/10/2012
 Driving Experience 5 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-81874258
 Fax Number
 Contact Number OTHERS-81874258
 Email Address NOEMAIL

Address 4 TOH YI DR
#06-217 HDB - BUKIT TIMAH

Postcode 590004

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

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: : THAKSHNAMOORTHY SUTHAHAR
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180222/2023

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JNN3303

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

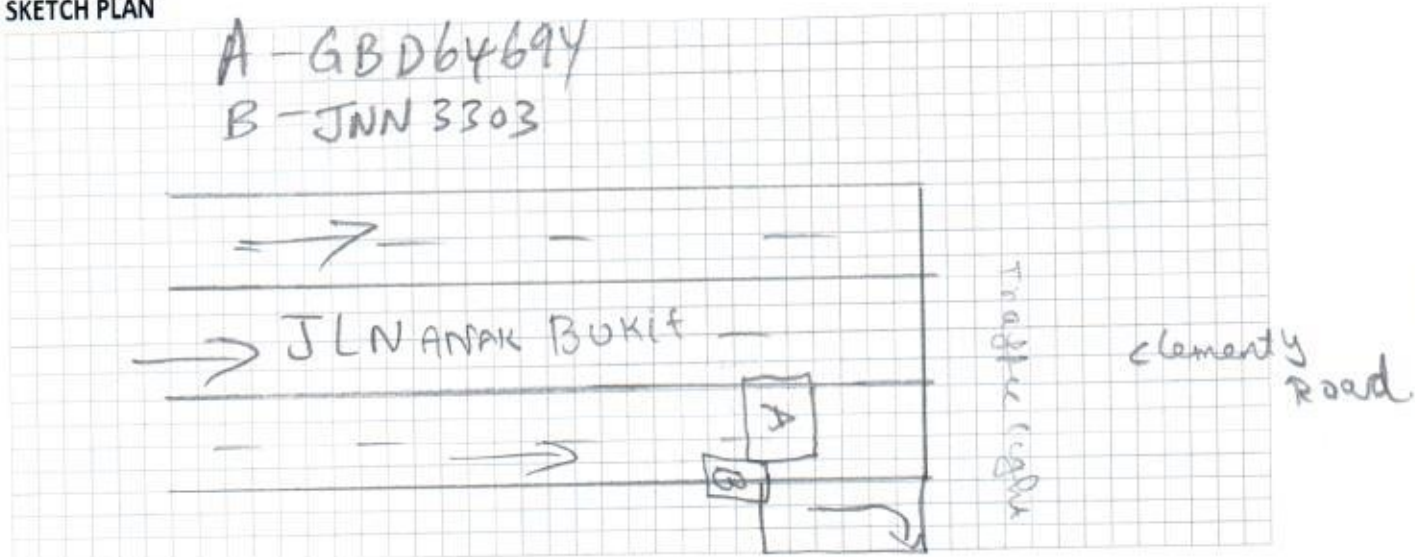
Policyholder's Signature
Date & Time:



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/20180222/2023

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/20180222/2023

1 of 3

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

Report No. T/20180222/2023

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 22/02/2018 10:22 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: BASKARAN VASEEHARAN | | | Address: 4 TOH YI DR #06-217 HDB-BUKIT TIMAH SINGAPORE 590004 | |
| ID Type / ID No.: FIN NO / G5292344T | | | Contact No.: Home/Office: | Mobile: 81874258 |
| Nationality: INDIAN | | | Email: | |
| Sex: Male | Age: 28 | Date of Birth: 04/06/1989 | Type of Informant: Driver | |
| Race: Indian | | | Language: English | Institution / School Name: |
| Occupation: Electronics engineering technician (general) | | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------------------|--|---|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 22/02/2018 08:20 | Type of Location: Straight Road |
| Location: | | | | |
| JALAN ANAK BUKIT | | | | |
| JALAN ANAK BUKIT > CLEMENTI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|---|--------|---------------------|-----------------|
| GBD6469Y | Van | TOYOTA | TOYOTA HIACE VAN TURBO 5 DR MANUAL | Silver | Slightly Damaged | 1 |
| JNN3303 | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20180222/2023

2 of 3

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

Report No. T/20180222/2023

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was travelling along Jalan Anak Bukit on the 2/3 lanes, I wanted to change my course to lane 1, suddenly a vehicle from behind did not react to me even with my signal on and furthermore the vehicle cross over the double solid white line and collided into my vehicle right portion. After the collision, we step out of our vehicle and talk about it, he seems unhappy and wanted to use force on me, however the other party does not want to give me his particulars and drove off, after which due to heavy vehicle at the moment, I drove off from my current location and call the police afterwards.

That's all



SINGAPORE POLICE FORCE



T/20180222/2023

3 of 3

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

Report No. T/20180222/2023

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:
TP /
TONG HWEE SIONG *h*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

B. van h

Date/Time:
22/02/2018 10:22

Classification Of Case:

SINGAPORE
POLICE FORCE

Signature: *h*



THINK ONE AUTOMOBILE & TRADING PTE. LTD.

DEBIT NOTE

To Insured :

ONEBERRY TECHNOLOGIES PTE. LTD.
1 PEMIMPIN DRIVE
#08-03 ONE PEMIMPIN
SINGAPORE 576151

Date : 04/02/2017

DEBIT NOTE No. : **TI2017-13170/00**
Policy Number : 5084886845-01
Vehicle Number : GBD6469Y TOYOTA HIACE 2.5A
Type of Coverage : COMPREHENSIVE
Covered Period : 26/03/2017 to 25/03/2018
Insurance Company : NTU NTUC INCOME INSURANCE CO-OPERATIVE LTD

| Description | Amount (S\$) |
|--|---------------|
| Renew NTU for Vehicle Insurance - GBD6469Y | 885.60 |
| GST: 7 % | 61.99 |
| Net Premium Due | <u>947.59</u> |

Total Dollars: NINE HUNDRED FORTY-SEVEN DOLLARS AND FIFTY-NINE CENTS ONLY

All payment should be crossed and made payable to THINK ONE AUTOMOBILE & TRADING PTE. LTD.

Thank you.

THINK ONE AUTOMOBILE & TRADING PTE. LTD.
THIS IS COMPUTER GENERATED. NO SIGNATURE REQUIRED.

ROC No.200508965H GST No.20-0508965-H

HEAD OFFICE 20 UBI ROAD 4 # 02-03 THINK ONE BUILDING SINGAPORE 408622
SALES OFFICE 20 UBI ROAD 4 THINK ONE BUILDING SINGAPORE 408622

Tel:6545 3300 Fax:6543 3303
Tel:6545 3300 Fax:6543 3303

WEB SITE

www.thinkone.com.sg

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
ONEBERRY TECHNOLOGIES PTE. LTD.

Sector: **SERVICE**

Name:
THAKSHNAMOORTHY SUTHAHAR

Occupation:
NETWORK TECHNICIAN

S Pass No.
0 35034277

Date of Application
07-12-2016

Date of Issue
21-12-2016

Date of Expiry
16-10-2018



L7496075

passenger

✓

VISIT PASS
Immigration Regulations


Name:
THAKSHNAMOORTHY SUTHAHAR



| | | |
|-------------------|-------------------|-------------------|
| Date of Birth | Sex | Nationality |
| 10-10-1986 | M | INDIAN |
| FIN | Date of Issue | Date of Expiry |
| G6412245U | 21-12-2016 | 16-10-2018 |

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Driver

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ONEBERRY TECHNOLOGIES PTE. LTD.

Sector: **SERVICE**

Name
BASKARAN VASEEHARAN

Occupation
ELECTRONICS ENGINEERING TECHNICIAN (GENERAL)

S Pass No.
0 3563195-

Date of Application
25-09-2017

Date of Issue
04-10-2017

Date of Expiry
14-11-2019

L8358498



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G5292344T**

Name:
BASKARAN VASEEHARAN

Birth Date: **04 Jun 1989**

Issue Date: **25 Sep 2017**

Valid Till **02/10/2022**

002727091B



VISIT PASS
Immigration Regulations

Name
BASKARAN VASEEHARAN

Date of Birth: **04-06-1989** Sex: **M** Nationality: **INDIAN**

Pass No: **G5292344T** Date of Issue: **04-10-2017** Date of Expiry: **14-11-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

| | | |
|-----------------|--|--------------------|
| Class 2B | Motorcycles <= 200 cc | 03 Oct 2012 |
| Class 3 | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 03 Oct 2012 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 24 Feb 2017 |

NP 428A



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5084886845-01 | ONEBERRY TECHNOLOGIES PTE LTD | 200312911N | GFT | Comprehensive | GBD6469Y | GBD6469Y | 26/03/2017 | |

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|---------------------------|-------------------|------------------|
| Policy No. | 5084886845-01 | Policyholder Name | ONEBERRY TECHNOLOGIES PTE | Policyholder NRIC | 200312911N |
| Address | 1 PEMIMPIN DRIVE #08-03 ONE PEMIMPIN SINGAPORE 576151 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 25/01/2017 | Effective Date | 26/03/2017 00:00 | Expiry Date | 25/03/2018 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | THINK ONE AUTOMOBILE & TRA | Agent Tel. | 65433303 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | 1 PEMIMPIN DRIVE | Address 2 | #08-03 ONE PEMIMPIN | Address 3 | SINGAPORE 576151 |
| Address 4 | | Address Type | Singapore address | Post Code | 576151 |
| Unit No. | | Related Policy Number | 5078082528-02 | | |

► Insured Object: GBD6469Y

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1 | 27/04/2017 00:00 | Basic Information Endorsement | 000001286547929 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBF990L 21-06-2017 \$721.73 In view of this amendment, an additional premium of \$721.73 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. |
| 2 | 11/08/2017 00:00 | Basic Information Endorsement | 000001286617564 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 11 Aug 2017, |

Claim Handling

Accident MT/0983326

| | | | | | |
|---|--|-------------------------------|--|------------------------|------|
| Policy No. | 5084886845-01 | Vehicle No. | GBD6469Y | GST Registration No. | 200: |
| Policyholder Name | ONEBERRY TECHNOLOGIES PTE LTD | | | Policyholder NRIC | 200: |
| Product Code | FLEET INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 81874258 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 23/02/2018 10:05 | Accident Report Within 24 hrs | Yes | Accident Type | Side |
| Date of Accident | 22/02/2018 | Time of Accident hh:mm | 08:20 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JALAN ANAK BUKIT TWDS CLEMENTI ROAD | | | | |
| ▼ Benefits | | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | Yes | GST Registration Date | 16/02/2004 | | |
| GST Registration No. | 200312911N | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 1 PEMIMPIN DRIVE | Address 2 | #08-03 ONE PEMIMPIN | Address 3 | SIN |
| Address 4 | | Address Type | Singapore address | Post Code | 576 |
| Unit No. | | Related Policy Number | 5078082528-02 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 04/0 |
| Unnamed driver Name | BASKARAN VASEEHARAN | Driver NRIC | G5292344T | Driving Experience | 5 |
| Register Date of Driver License | 03/10/2012 | Driver Age | 28 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 81874258 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | 4 TPH YI DR | Address 2 | | Post Code | 5901 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | #06-217 HDB - BUKIT TIMAH | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input type="radio"/> No | | |
| Modification History | | | | | |

Claim 001 OD-MX

New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type * | OD-MX | Insured Name | ONEBERRY TECHNOLOGIES PTE | Insured NRIC | 200: |
| Contact No.(Mobile) | NIL | Contact No.(Home) | NIL | Contact No.(Office) | 651: |
| Email Address | kuihwa@oneberry.com | OI Vehicle Number | GBD6469Y | TP Vehicle Number | JNN |
| Claim Description | GBD6469Y / JNN3303 ON 22 Feb 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | GIA report | Rec |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 23/0 |
| Date Registered | 23/02/2018 10:17 | Claim Close Date | | Total Loss but Repaired | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <div>Save</div> <div>Submit</div> | | | | | |

Attachment

2/23/2018

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

Accident No.
Last Doc. ReceivedMT/0983326
☒ Yes ☐ NoClaim No.
Upload Date001
23/02/2018 10:10

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 |
| Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descrip |
|---|--|-----------------------|---------|-------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:17 | NRIC/ Driving License | Normal | NRIC/ Driving Lic |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:16 | SAS | Normal | SAS 2018 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:15 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:15 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:15 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:15 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:15 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:15 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:15 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:14 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:14 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:14 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:14 | Photos | Normal | Photos 20: |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:14 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:11 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:11 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:11 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:11 | Photos | Normal | Photos 20: |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:11 | Photos | Normal | Photos 20: |

Video List