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### 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 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
- 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.
- d to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	28/03/2018 16:14
	28/03/2018 12:35
Exact Location Of Accident	CENTRAL BLVD TWDS MARINA WAY
	SINGAPORE
DI DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ7193D
Insured/Policyholder	
Name Of Registered Owner	KNAGESVARAN S/O THRUNAVAKARASU
NRIC No	S8516484H
Email Address	VARAN786@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93882097
Alternative Phone No	OTHERS-93882097
Vehicle Particulars	
Manufacturer	SUZUKI
Model	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No. Please state action to be taken

Vehicle Category

THIRD PARTY MOTORCYCLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

Cover Note Number

Fleet Policy

Policy Number

NO

5094638584

S8516484H

Name of Driver

KNAGESVARAN S/O THRUNAVAKARASU

NRIC No Date Of Birth

11/05/1985 **INDOOR** Occupation 19/11/2003

Date Of Driving Pass Driving Experience

14 YEARS AND 4 MONTHS

MALE

Mobile Number

(LOCAL) +65-93882097

Fax Number

Contact Number

OTHERS-93882097

**EMail Address** 

VARAN786@HOTMAIL.COM

BLK 64 COMMONWEALTH DRIVE Address

#07-289 140064

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE 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? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**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

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

SLJ5063R

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category CHUA IT SOON Name of Driver S2181841J NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 33

## **DETAILS OF INJURED PERSON 1**

KNAGESVARAN S/O THRUNAVAKARASU Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

FBJ7193D

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)

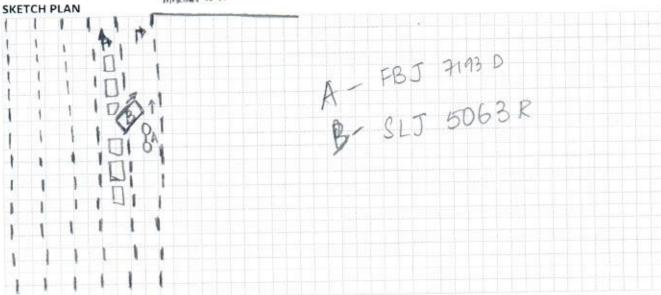
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

MARINA WAY



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 28 March 2018 at about 1235 pm 1, knagesvaran s/o Thrunavakarasu was travelli
along central Bird was about to turn right to Marina way to Marina Financial Tomor 3. Just
about 50 to 100 metrics before turning right vehicle "B" SLJ 5063 R drivers name is
Chua It Soon. SJ181841 J. Grey Honda Gdyssey. Suddenly turn sharp right to my
crowd if soon , Soldieri o , cred rioran soldsolf , seems by the codden have
travelling lane. The drivers lane all the vehicle was stationary. Due to the sudden turn
and it was to close another to react as it is like milliseconds. I was traveling at
40 lumph as I was slawing down to turn right and going belowing 40 lamph. There is
no chance of me to spood as it is too short. The mortroned vahick above how
a camera on his vehicle you are able to view it also. I than hit onto the vehicles
right side before the second thre from the front as I do not have any way to
avoid because he accelerated causing my like FBJ 71930 to push towards the right
and because he accelerated causing my one to pro-
corner of the road. As such I foll of from the bike. My itoms from my bag
foll causing handphone iphone + phis to have cracks and scratches, having
Abrasion on the left arm and left ligo minor screetches on Apple has
80000 Dr. perts form and shows 8/1-ghtly denoged.
alia Report
a la the folice almibil
Pls Refer to the Police Report  (20180328/2161
215 10 000

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.:

Statistic Contribution Forces, U.S.





1 of 4

Report No. T/20180328/2161

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

Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 17:18	Vide Report No.:	Station Diary No.:
Informant's Particulars		
	A diducate:	

Informa	nt's Partici	ulars		or the state of the particular of the state
KNAGE	Informant: SVARAN S AVAKARAS	10	Address: APT BLK 64 COMMON 140064	NWEALTH DRIVE #07-289 SINGAPORE
ID Type	/ ID No.: D / S85164	=-8/301	Contact No.: Home/Office:	Mobile: 93882097
National SINGAP	ity: ORE CITIZ	EN	Email:	10
Sex: Male	Age:	Date of Birth: 11/05/1985	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupat Police o			Driving Licence Information Class: 2,3,4,5	ation: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/03/2018 12:30	Type of Location Straight Road
Location: Along Road 1 CENTRAL BO				
	AND THE PARTY OF T	Road Surface:		Road Speed Limit:
vveather:				Toda opeca zmini
		Dry		
Weather: Clear Traffic Flow:		12 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10		Traffic Volume:

Details of V	ehicle Involve	d	THE PERSON NAMED IN			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBJ7193D	Motorcycle	SUZUKI	GSX1300RA ZL4 (HAYABUSA ABS)		Seriously Damaged	0
SLJ5063R	Car	HONDA	ODYSSEY	Silver	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

Report No. T/20180328/2161

2 of 4

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	The second second		I
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7193D	NTUC Income Insurance Co-Operative Limited	5094638584	28/09/2017	27/09/2018

Details of Perso						
Any Pedestrian Ir					0	in an AIA
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing: NA
Rider				100		
Name	KNAGESVARAN S/C	THRUN	AVAKARASU	ID No.		S8516484H
Related Vehicle	FBJ7193D (Motorcyc	cle)		Conta	ct No.	93882097
Hospital/Clinic	ALEXANDRA HOSP	ITAL		Class Driving Licend Expiry	e &	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	28/03/2018	100	Date Disc	harge	28/03	3/2018
	ted Medical Leave	03	Degree of	Injury	Sligh	
Driver						
Name	CHUA IT SOON	THE PARTY OF THE P		ID No.		S2181841J
Related Vehicle	SLJ5063R (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL	a to estudia		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
	ited Medical Leave	NIL	Degree o		NIL	

#### Brief Details.

On 28/03/18 at about 1230hrs, along Central Boulevard, I was riding FBJ7193D, turning right to Marina Way as I was intending to go to the Financial Center.

It was a 5 Lanes road and I was travelling on the extreme right (right turn only) and my lane was clear from any vehicle.

Suddenly, a vehicle SLJ5063R suddenly turn out from a row of stationery cars and was at close to a 90 degree position very short distance infront of me.

It was too sudden and I was very close to the said vehicle, hence I was unable to stop and collided on the right rear passenger door and I fell.

Traffic Police arrived shortly. I sought for medical at Alexandra Hospital and was given 3 days MC. However, I could not recall the case number.





3 of 4

Report No. T/20180328/2161

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

Tel No: 1800-4719999

CONTINUATION OF REPORT

I wish to state that as a result of the accident, there's a few scratches on my helmet and the screen of my Iphone 7 plus is crack as a result of falling off from the motorcycle.





T/20180328/2161

4 of 4

Report No. T/20180328/2161

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

CONTINUATION OF REPORT

### Sketch Plan

NP168

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: D / Sr Staff Sgt LIM IVAN	Signature Of Informant:
Signature Of Interpreter.  Not applicable	Date/Time: 28/03/2018 17:18
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

### **ADDENDUM**

	PERSON MAKING THE AMENDMENTS:  SERSON MAKING THE AMENDMENTS:  Vehicle Registration No:FB J7193 D
Original Report No	: MNA 418042018 Vehicle Registration No: FB 371931
Name(as shown in NRI	CI: KNAGESVARAN S/O THEUNAV NRIC/FIN/Passport NO: 58516484H
(*Vehicle Driver / \ Address	Vehicle Owner) (*) Please delete as appropriate : BLK 64 COMMONWEALTH DRIVE #07-289 Singapore (14006)
Contact (Tel)	:Mobile No.:93882097
Email Address	· VARANTSE & HOTMAIL, COM
Date of Accident	Z8(03/2018
	CENTRAL BLVD TWOS MARINA WAY.
Insurance Compa	NTUC INCOME INSURANCE CO- OPERATIVE LTD
I have made a rep	DRMATION / AMENDMENTS: ort on the above mentioned accident and would like to include additional information o
I have made a repo	ort on the above mentioned accident and would like to include additional information o
I have made a repo	ort on the above mentioned accident and would like to include additional information of a mendments:
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I have made a repo	ort on the above mentioned accident and would like to include additional information of a mendments:
Thave made a report make the following ADD	ort on the above mentioned accident and would like to include additional information of amendments:  Police Report
I have made a repo	ort on the above mentioned accident and would like to include additional information of amendments:  Police Report

Reported on 28/3/2018.

# ACCIDENT STATEMENT

ACCID	ENT DATE: 28/3/2018 (DD/MM/YYYY), TIME: (2:55)(HH:MM)
LOCAT	ION: CENTRAL BLVD Towards Maxing Way.
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: FBJ 7193D
¥	b)INSURANCE COMPANY: c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e) MAKE & MODEL:  f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE. / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE 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:CONTACT:CONTACT:
	450 Avenue (1990) (1990
. 0 .	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER DRIVER
He of passenger	a)NAME:MALE / FEMALE) 2 0 9 7
Including driver)	b)NRIC/FIN/PASSPORT:CONTACT:CONTACT:
	*d) DATE OF BIRTH: (
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS
6. 7.	WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:
B, of passenger	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SLJS063R MODEL:  b) DRIVER'S NAME: CHUA IT SOON
including driver)	c) NRIC/FIN/PASSPORT: S21818413 CONTACT:
9.	THIRD PARTY VEHICLE  d) VEHICLE NUMBER:MODEL:
his of passenger Induding driver	C) DRIVER'S NAME:
	I) INRIC/III/I Addi Oni

email = Vavan786@hotmail.com fax = Varan 786@hotmail.com

### REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8516484H





#### KNAGESVARAN S/O THRUNAVAKARASU

Race INDIAN Date of birth 11-05-1985

Country of birth SINGAPORE





S8516484H

15-10-2010

APT BLK 64 COMMONWEALTH DRIVE #07-289 SINGAPORE 140064



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

### EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 19 Nov 2003 21 Dec 2004 Class 2A Motorcycles between 201 cc and 400 cc 11 Aug 2006 24 Apr 2005 25 Motorcycles > 400 cc 25 Motorcycles > 400 cc

Ucerice No: \$8516484H

NP 428A

<b>eBao</b> Tech				DI-1500	1000	and the same of		<b>则巴以</b> 第2	Change Password	alClaim
Hello, NAC_BUKIT_MERAH	_800676					3.0	Change Lan	guage	Change Password	- Log Ou
My Desktop	Polic	y Query								
Notice of Loss	Policy N	D,				Date of Accid	ient	28/03	/2018 12:30	
	Vehicle No.(For Motor) FBJ7193D Search									
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	6	5094638584	KNAGESVARAN S/O THRUNAVAKARASU	S8516484H	GMC	Third Party, Fire & Theft	FB37193D	FBJ71930	29/09/2017	27/09/2018

Policy No.	5094638584	Policyholder Name	KNAGESVARAN S/O THRUNAVAI	Policyholder NRIC	S8516484H	
Address	BLK 64 #07-289 COMMONWE	ALTH DRIVE SIN	IGAPORE 140064			
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N	
Policy issue Date	28/09/2017	Effective Date	28/09/2017 00:00	Expiry Date	27/09/2018 23:59	
Third Party Excess	0	Own damage Excess	0	Windscreen Excess		
Additional Excess		OS Premium	0			
Outside Singapore OD Excess		Outside Singapore TP Excess				
Agent	AXIS LINK PTE LTD	Agent Tel.	68419308	GST Flag	Υ	
Co- insurance Flag	No					
Open Policy Info						
Certificate Info						
Policyl	older Mailing Address					
Address 1	BLK 64 #07-289	Address 2	COMMONWEALTH DRIVE	Address 3	SINGAPORE 140064	
Address 4		Address Type	Singapore address	Post Code	140064	
Unit No.		Related Policy Number	5094638584			
1 Insure	d Object: FBJ7193D					
<b>⊕</b> Endors	ements					
			ement Type Endorseme	zet tuenendindes	Endorsement Content	

### Claim Handling

Product Code MOTORC Contact No. (Mobile) 9388209 Email Address  CFK No. NCD Protection No.  Accident Details Report Date 29/03/2 Date of Accident 28/03/2 Reporting Centre Accident Location CENTRA  Benefits  Excess Own damage Excess Unnamed Driver Excess Third Party Excess Third Party Excess Third Party Excess  GST Registered Information GST Registered GST Registered Modification History  Policyholder Mailing Address  Address 1 BLK 64 Address 4 Unit No.  OI Driver Info Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No. (Mobile) 938820 Address 4 Unit No. 938820 Address 4 Unit No. 107-21 Does he own a Singapore Yes	CYCLE INSURANCE 97  Yes  2018 10:13  2018  AL BLVD TWDS MARINA WAY  0.00  No  No	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	Third Party, Fire & Theft  0  No Yes  10  Yes  12:35  GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver S8516484H	Carata Managara	SB5 0 0 No No Coll Sing
Product Code MOTORC Contact No. (Mobile) 9388209 Email Address  CFK No MCD Protection No   → Accident Details Report Date 29/03/2 Date of Accident 28/03/2 Reporting Centre Accident Location CENTRA  → Benefits  → Excess  Down damage Excess Unnamed Driver Excess Third Party Excess Third Party Excess Third Party Excess  Third Party Excess  Who admage Excess Unnamed Driver Excess  Third Party Excess  Who admage Excess Unnamed Driver Excess  Third Party Excess  Who admage Excess  Unnamed Driver Excess  Third Party Excess  Who admage Excess  Unnamed Driver Excess  Third Party Excess  Who admage Excess  Unnamed Driver Excess  Who admage Excess  Unnamed Driver Excess  Third Party Excess  Who admage Excess  Unnamed Driver Excess  Who address Excess  Unnamed Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License 19/11/ Contact No. (Mobile) 938820  Address 4  Unit No. #07-21  Does he own a Singapore  Yes	Yes  2018 10:13 2018  AL BLVD TWDS MARINA WAY  0.00  No  No	Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	O  No Yes  10  Yes  12:35  GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.  Windscreen Excess  Yes:  Address 3 Post Code	No No Sing
Contact No. (Mobile) 9388209  Email Address  CFK No.  ACCI Protection No.  Accident Details  Report Date 29/03/2  Date of Accident 28/03/2  Reporting Centre  Accident Location CENTRA  Benefits  Excess  Down damage Excess  Unnamed Driver Excess  Third Party Excess  Address 4  Unit No.  OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No. (Mobile) 938820  Address 4  Unit No. 938820  Address 4  Unit No. #07-21  Does he own a Singapore Yes	97  Yes  2018 10:13  2018  AL BLVD TWDS MARINA WAY  0.00  0.00  No  No  SVARAN S/O THRUNAVAKARASU	Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	Yes  10  Yes  12:35  GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.  Windscreen Excess  Yes  Address 3 Post Code	No Colli Sind
imail Address  IFK	2018 10:13 2018 AL BLVD TWDS MARINA WAY  0.00  0.00  No  No  SVARAN S/O THRUNAVAKARASU	Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	Yes 12:35  GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	eCode Reason Private Hire  Accident Type Country of Accident ICM No.  Windscreen Excess  Yes  Address 3 Post Code	No Coll Sin
Accident Details  Report Date 29/03/2  Report Date 29/03/2  Reporting Centre  Accident Location CENTRA  Benefits  Excess  Down damage Excess  Unnamed Driver Excess  Third Party Excess  GST Registered Information  GST Registered  GST Registration No.  Modification History  Policyholder Mailing Address  Address 1 BLK 64  Address 4  Unit No.  OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No. (Mobile) 938820  Address 4  Unit No. 938820  Address 4  Unit No. 64  Address 4  Unit No. 938820  Address 4  Unit No. 67-21  Does he own a Singapore Yes	2018 10:13 2018 AL BLVD TWDS MARINA WAY  0.00  0.00  No  No  SVARAN S/O THRUNAVAKARASU	TCA  NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number  Driver Type Driver NRIC	Yes 12:35  GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Accident Type Country of Accident ICM No. Windscreen Excess  Yes  Address 3 Post Code	Coll Sing
Accident Details  Report Date 29/03/2  Date of Accident 28/03/2  Reporting Centre  Accident Location CENTRA  Benefits  Excess  Down damage Excess  Unnamed Driver Excess  Third Party Excess  GST Registered Information  GST Registered  GST Registered  GST Registered  GST Registered  GST Registered  SST Registered  SST Registered  CENTRA  BELK 64  Address 1  BLK 64  Address 4  Unit No.  OI Driver Info  Driver Name  Register Date of Driver License 19/11/  Contact No. (Mobile) 938820  Address 4  Unit No.  Address 4  Unit No.  Modification Alignapore Yes	2018 10:13 2018 AL BLVD TWDS MARINA WAY  0.00  0.00  No  No  SVARAN S/O THRUNAVAKARASU	Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	Yes 12:35  GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Accident Type Country of Accident ICM No. Windscreen Excess  Yes  Address 3 Post Code	Coll Sin
Report Date 29/03/2 Date of Accident 28/03/2 Reporting Centre Accident Location CENTRA  Benefits  Excess Own damage Excess Unnamed Driver Excess Third Party Excess Third Party Excess Third Party Excess  GST Registered Information GST Registered Information GST Registered GST Registered GST Registered GST Registered Modification History  Policyholder Mailing Address Address 1 BLK 64 Address 4 Unit No.  OI Driver Info Driver Name Register Date of Driver License 19/11/ Contact No. (Mobile) 938820 Address 1 BLK 64 Address 4 Unit No.  Address 4 Unit No.  Modification Porter License 19/11/ Does he own a Singapore Yes	2018 AL BLVD TWDS MARINA WAY  0.00  0.00  No  No  SVARAN S/O THRUNAVAKARASU	Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Accident Type Country of Accident ICM No. Windscreen Excess  Yes  Address 3 Post Code	Sing
Report Date 29/03/2 Date of Accident 28/03/2 Reporting Centre Accident Location CENTRA  Benefits  Excess Own damage Excess Unnamed Driver Excess Third Party Excess  GST Registered Information GST Registered GST Registeration No. Modification History  Policyholder Mailing Address Address 1 BLK 64 Address 4 Unit No.  OI Driver Info Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No.(Mobile) 938820 Address 4 Unit No. 938820 Address 4 Unit No. 938820 Address 4 Unit No. 97-21 Does he own a Singapore Yes	2018 AL BLVD TWDS MARINA WAY  0.00  0.00  No  No  SVARAN S/O THRUNAVAKARASU	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Country of Accident ICM No. Windscreen Excess  Yes  Address 3 Post Code	Sing
Date of Accident 28/03/2  Reporting Centre  Accident Location CENTRA  Benefits  Excess  Down damage Excess  Unnamed Driver Excess  Third Party Excess  GST Registered Information  GST Registered  GST Registered  GST Registration No.  Modification History  Policyholder Mailing Address  Address 1 BLK 64  Address 4  Unit No.  OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No. (Mobile) 938820  Address 4  Unit No. 938820  Address 4  Unit No. 407-21  Does he own a Singapore Yes	2018 AL BLVD TWDS MARINA WAY  0.00  0.00  No  No  SVARAN S/O THRUNAVAKARASU	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Country of Accident ICM No. Windscreen Excess  Yes  Address 3 Post Code	Sin
Reporting Centre Accident Location CENTRA  Benefits  Excess Own damage Excess Unnamed Driver Excess Third Party Excess  GST Registered Information  GST Registered GST Registered Mailing Address  Address 1 BLK 64  Address 4 Unit No.  OI Driver Info  Driver Name KNAGE Unnamed driver Name  Register Date of Driver License 19/11/ Contact No. (Mobile) 938826  Address 4 Unit No. 938826  Address 4 Unit No. 407-21  Does he own a Singapore Yes	0.00  0.00  No  SVARAN S/O THRUNAVAKARASU	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Registration Date GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Yes  Address 3  Post Code	SI
Accident Location CENTRA  Benefits  Excess  Down damage Excess  Unnamed Driver Excess  Third Party Excess  Third Party Excess  GST Registered Information  GST Registered  GST Registered  GST Registered  GST Registered  GST Registered  BLK 64  Address 1  Address 4  Unit No.  OI Driver Info  Driver Name  Register Date of Driver License  Register Date of Driver License  19/11/  Contact No. (Mobile)  Address 4  Unit No.  # 07-21  Does he own a Singapore  Yes	0.00  0.00  No  1 #07-289	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Yes  Address 3  Post Code	
Accident Location CENTRA  Benefits  Excess  Down damage Excess  Unnamed Driver Excess  Third Party Excess  Third Party Excess  GST Registered Information  GST Registered  GST Registered  GST Registered  GST Registered  GST Registered  BLK 64  Address 1  Address 4  Unit No.  OI Driver Info  Driver Name  Register Date of Driver License  Register Date of Driver License  19/11/  Contact No. (Mobile)  Address 4  Unit No.  # 07-21  Does he own a Singapore  Yes	0.00  0.00  No  1 #07-289	Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Yes Address 3 Post Code	
■ Benefits  ■ Excess  Dwn damage Excess  Unnamed Driver Excess  Third Party Excess  ■ GST Registered Information  GST Registered  GST Registration No.  Modification History  ■ Policyholder Mailing Address  Address 1 BLK 64  Address 4  Unit No.  ■ OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No.(Mobile) 938820  Address 4  Unit No. #07-21  Address 4  Unit No. #07-21  Does he own a Singapore Yes	0.00  No  #07-269  SVARAN S/O THRUNAVAKARASU	Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Yes Address 3 Post Code	
Own damage Excess Unnamed Driver Excess Third Party Excess  GST Registered Information GST Registered GST Registered GST Registration No. Modification History  Policyholder Mailing Address Address 1 BLK 64 Address 4 Unit No.  OI Driver Info Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No. (Mobile) 938820 Address 1 BLK 64 Address 4 Unit No. #07-21 Does he own a Singapore Yes	0.00  No  #07-269  SVARAN S/O THRUNAVAKARASU	Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Yes Address 3 Post Code	
Unnamed Driver Excess Third Party Excess  GST Registered Information  GST Registered GST Registe	0.00  No  #07-269  SVARAN S/O THRUNAVAKARASU	Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Yes Address 3 Post Code	
Uninamed Driver Excess  Third Party Excess  GST Registered Information  GST Registered  GST Registered  GST Registration No.  Modification History  Policyholder Mailing Address  Address 1 BLK 64  Address 4  Unit No.  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No. (Mobile) 938820  Address 1 BLK 64  Address 4  Unit No. #07-21  Does he own a Singapore Yes	No #07-289 SVARAN S/O THRUNAVAKARASU	Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Address 3 Post Code	
Third Party Excess  GST Registered Information GST Registered GST Registered GST Registration No. Modification History  Policyholder Mailing Address  Address 1 BLK 64  Address 4  Unit No.  OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No. (Mobile) 938826  Address 1 BLK 64  Address 4  Unit No. #07-21  Does he own a Singapore Yes	No #07-289 SVARAN S/O THRUNAVAKARASU	Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Address 3 Post Code	
GST Registered Information GST Registered GST Registration No. Modification History  Policyholder Mailing Address Address 1 BLK 64 Address 4 Unit No. POI Driver Info Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No.(Mobile) 938820 Address 1 BLK 64 Address 4 Unit No. #07-21 Does he own a Singapore Yes	No #07-289 SVARAN S/O THRUNAVAKARASU	Address 2 Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Address 3 Post Code	
SST Registered SST Registration No. Modification History  Policyholder Mailing Address  Address 1 BLK 64  Address 4  Unit No.  OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No.(Mobile) 938820  Address 1 BLK 64  Address 4  Unit No. #07-24  Does he own a Singapore Yes	i #07-289 SVARAN S/O THRUNAVAKARASU	Address Type Related Policy Number  Driver Type Driver NRIC	GST Status Verified  COMMONWEALTH DRIVE Singapore address 5094638584  Main Driver	Address 3 Post Code	
Address 1 BLK 64 Address 4 Unit No.  Policyholder Mailing Address  KNAGE Unnamed driver Name Register Date of Driver License Address 1 Address 4 Unit No.  W OI Driver Info Driver Name Register Date of Driver License Address 1 Address 4 Unit No.  W 07-21 Does he own a Singapore  Yes	i #07-289 SVARAN S/O THRUNAVAKARASU	Address Type Related Policy Number  Driver Type Driver NRIC	COMMONWEALTH DRIVE Singapore address 5094638584 Main Driver	Address 3 Post Code	
Modification History  Policyholder Mailing Address Address 1 BLK 64 Address 4 Unit No.  OI Driver Info Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No. (Mobile) 938820 Address 1 BLK 64 Address 4 Unit No. #07-21 Does he own a Singapore Yes	SVARAN S/O THRUNAVAKARASU	Address Type Related Policy Number  Driver Type Driver NRIC	Singapore address 5094638584  Main Driver	Post Code	
Policyholder Mailing Address  Address 1 BLK 64  Address 4  Unit No.  POI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No. (Mobile) 938820  Address 1 BLK 64  Address 4  Unit No. #07-21  Does he own a Singapore Yes	SVARAN S/O THRUNAVAKARASU	Address Type Related Policy Number  Driver Type Driver NRIC	Singapore address 5094638584  Main Driver	Post Code	
Address 1 BLK 64 Address 4 Unit No.  OI Driver Info Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No., (Mobile) 938820 Address 1 BLK 64 Address 4 Unit No. #07-21 Does he own a Singapore Yes	SVARAN S/O THRUNAVAKARASU	Address Type Related Policy Number  Driver Type Driver NRIC	Singapore address 5094638584  Main Driver	Post Code	
Address 1 BLK 64 Address 4 Unit No.  OI Driver Info Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No.(Mobile) 938820 Address 1 BLK 64 Address 4 Unit No. #07-21	SVARAN S/O THRUNAVAKARASU	Address Type Related Policy Number  Driver Type Driver NRIC	Singapore address 5094638584  Main Driver	Post Code	
Address 4  Unit No.  OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No.(Mobile) 938820  Address 1 BLK 64  Address 4  Unit No. #07-21  Does he own a Singapore Yes	SVARAN S/O THRUNAVAKARASU	Related Policy Number  Driver Type  Driver NRIC	5094638584 Main Driver	Distriction (C	1
Unit No.  OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No.(Mobile) 938820  Address 1 BLK 64  Address 4  Unit No. #07-21  Does he own a Singapore Yes		Driver Type Driver NRIC	Main Driver	Driver DOB	
♥ OI Driver Info  Driver Name KNAGE  Unnamed driver Name  Register Date of Driver License 19/11/  Contact No.(Mobile) 938820  Address 1 BLK 64  Address 4  Unit No. #07-21  Does he own a Singapore Yes		Driver NRIC		Driver DOB	
Driver Name KNAGE Unnamed driver Name Register Date of Driver License 19/11/ Contact No.(Mobile) 938820 Address 1 BLK 64 Address 4 Unit No. #07-20 Does he own a Singapore Yes		Driver NRIC		Driver DOB	
Unnamed driver Name  Register Date of Driver License 19/11/ Contact No.(Mobile) 938820  Address 1 BLK 64  Address 4  Unit No. #07-21  Does he own a Singapore Yes		Driver NRIC		Driver DOB	
Register Date of Driver License         19/11/           Contact No. (Mobile)         938820           Address 1         BLK 64           Address 4         Unit No.         #07-21           Does he own a Singapore         Yes	2003				1
Contact No. (Mobile) 938820 Address 1 BLK 64 Address 4 Unit No. #07-21 Does he own a Singapore Yes	/2003	Driver Age	32	Driving Experience	1
Address 1 BLK 64 Address 4 Unit No. #07-21 Does he own a Singapore Yes			0	Contact No.(Home)	0
Address 4 Unit No. #07-21 Does he own a Singapore Yes	097	Contact No.(Office)	COMMONWEALTH DRIVE	Address 3	
Unit No. #07-21 Does he own a Singapore Yes	45	Address 2	Singapore address	Post Code	1
Does he own a Singapore Yes		Address Type	Singapore sources		
	89			Date of Language Company	
Registered car?	s = No	Driver Vehicle No.		Driver Insurer Company	
Declaration		12.5 25.20.58	a Value Na		
Breathalyser or Blood Test 0 mg Reading?		Any injury?	Yes No		
Modification History					
Claim 001 OD-MX New					
Claim Type * OD-M	4X T	Insured Name	KNAGESVARAN S/O THRUNAVA	Insured NRIC	1
Contact No.(Mobile) 93882		Contact No.(Home)	NIL	Contact No.(Office)	L
	arshad@hotmail.com	OI Vehicle Number	FBJ7193D	TP Vehicle Number	1
	93D / SLJ5063R ON 28 Mar 2018		Water the second	Name of Preferred Workshop	-
Preferred Workshop Contact		Insured Liability *	Partially at Fault		
No.			Preferred Workshop, Name unknown	GIA report	[
Require Finalisation Yes	>,₹	Preferered Repair Option	reserved morkshop, name discionii	Date Received	i
Date Registered 29/03	3/2018 10:21	Claim Close Date		Total Loss but Repaired	10
Report Taken By KRISH	HNASAMY	Workshop Repairer		total Loss out Repaired	
Print AK letter					
			Save Submit		

3/29/2018

Accident No.

MT/0988166

Claim No.

Last Doc. Received

Yes No

Upload Date

29/03/2018 10:20

	Path *		Category *	Confidential	Urgency *
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Descr	Urgency	9	Category	Uploaded By/Date	Attachment
NRIC/ Driving Lic	Normal		NRIC/ Driving License	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:21	
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Photos 2	Normal		Photos	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:18	33
Photos 2	Normal		Photos	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:18	
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