Date In: 26/1/18-14:44	Jeb description	011	Date & Time Completed	Done	by.
Re(No: NA/INC18009589/24	SAS e-filing				
Vch No: SOH 8989 U		in Shrs, AIC 2hrs)	 		
D.O.A: 24/5/18-08:30	i-Motor Cla		tople=0(=11, 0.3)	26/5/18	17:0
7/1/8-08:30		O (Within: OD 2hr	m1099604-001	20/3/18	13.0
OD : TP Reporting Only	i-Photo Upl		2, // 40/3)		
TP Insurer:	-	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report	of Pax/ Hand		Fax:	
TP Particulars: Veh No: 5	102385R	INC()/Non-INC()		-
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	-
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$1.	,000 ()/\$2,000				
General Remarks;				NAS COM	
() Walk-In Customer : Customer's inf	1 1111			3 ACC 15: 1, 5 3	15000
() Total Loss Case : to e-mail Insu			neuy NO Isler of repailer.		
		NO();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)	Selection of the		Date&Time Completed	Done	by -
	Courtesy Car ()			
			*		
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > 5)	(((((((((((((((((((()		7.	
3) Upload Resurvey Photo [Repair Cost > \$	((()			
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 18033 20 alimant's Particulars:-		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	aration Checklist; Reporting (530); Assessment (5100); INC (58	Ant (S)	ACCUMANTED IN
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 18033 20 alimant's Particulars:- iver/Owner:		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	Aration Checklist; Reporting (530); Assessment (5100); INC (58 6 540 rough Survey	Anit (5) fit Bill 0) /545 5120	ACCUMANTED IN
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 18033 20 alimant's Particulars:- iver/Owner:		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag	Aration Checklist: Reporting (530); Assessment (5100); INC (58 to 540 rough Survey rough Survey (Resurvey) ajust INC Only (wef 10 Jan 2005)	Anit (5) fit Bill 0) /545 5120 530	ACCUSATE OF THE
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA /8033 20 alimant's Particulars:- iver/Owner: ntact No:		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect	Aration Checklist. Reporting (530); Assessment (5100); INC (58 to 540 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion	Anit (5) fit Bill 0) /545 5120 530) 575	ACCUMANTED IN
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA /8033 20 alimant's Particulars:- iver/Owner: ntact No:		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag	Aration Checklist. Reporting (530); Assessment (5100); INC (58 6 \$40 rough Survey (Resurvey) einst JNC Only (wef 10 Jan 2005) tion SMRT Survey (5	Anit (5) fit Bill 0) /545 5120 530	ACCUMANTED IN
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions N4 /8033 20 aimant's Particulars: iver/Owner: ntact No: maged Portion:		Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD*	Aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 6 \$40 rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey (\$300) all Services.	Anit (5) fit Bill 0) /545 5120 530) \$75	ACCUMANTED IN
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions N4 /8033 20 aimant's Particulars: iver/Owner: ntact No: maged Portion:		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy	Reporting (\$30); Reporting (\$30); Assessment (\$100); INC (\$8 FOUR SURVEY (\$40) FOUR SURVEY (RESURVEY) FOUR SURVEY (\$60)	Anit (5) Fit Bill 0) /545 5120 530) 575 5160	POSSESSION CONTRACTOR
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions N4 /8033 20 almant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):		Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair	Aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 6 \$40 rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey 5 hal Services:- Car / Tpt Allowance -ordination ir Inspection	Anit (5) Fit Bill 0) /545 5120 530) 575 5160 \$5 510 525	Amt (3
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA /803320 nimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Reporting (\$30); Assessment (\$100); INC (\$8 or \$40. Frough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005) SMRT Survey 5 All Services:- Car / Tpt Allowance -ordination ir Inspection set Excess Coordination	Anit (5) Fit Bill 0) /545 5120 530) 575 5160 \$5 510 525 55	POSTAL PROPERTY.
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA /8033 20 aimant's Particulars:- iver/Owner: intact No: maged Portion:		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Aration Checklist: Reporting (530); Assessment (5100); INC (58 to 540); Frough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005); fion SMRT Survey 5 Tallowance ordination ir Inspection set Excess Coordination Non INC) against INC	Anit (\$) fit Bill 0) /\$45 \$120 \$30) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$	ACCUMANTED A

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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 repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
 Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by Interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

The state of the same sale of the last	ACCIDENT STATEMENT	
Date Of Report	26/05/2018 14:44	
Date Of Accident	25/05/2018 08:30	
Exact Location Of Accident	CTE TWDS SLE BEFORE AMK AVE 1 EXIT	
Country/State of Loss	SINGAPORE	
appeal and the part of the C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH8989U	
Insured/Policyholder		
Name Of Registered Owner	SANTHOSH S/O PRAKAS	
NRIC No	S8800623B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91845098	
Alternative Phone No	OFFICE-91845098	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A5 SPORTBACK 2.0 TFSI QU	
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	5083133327-01	
Cover Note Number		
Driver		
Name of Driver	SANTHOSH S/O PRAKAS	
NRIC No	S8800623B	
Date Of Birth	08/01/1988	
Occupation	INDOOR	
Date Of Driving Pass	19/04/2007	
Driving Experience	11 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-91845098	
Fax Number		
Contact Number	OFFICE-91845098	
EMail Address	NOEMAIL	

Address BLK 165 YISHUN RING ROAD

#06-719

Postcode 760165

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

chicle

Insurance Company of Driver's Own Vehicle

CWITE

Control Contro

2

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

YES

NO

4

E: : CHITRA PRAKAS

: MALE

GENDER: : FEMALE

Passenger 2

Passenger 3

NAME:

: VINOTH PRAKAS

GENDER:

NAME:

: V.VIJAYA PRAKAS

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

SJU2785R

PRIVATE CAR

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKS1276J

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLS9556L

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)

DETAILS OF INJURED PERSON 1

Name

SANTHOSH S/O PRAKAS

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGH8989U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

Approximate Age

CHITRA PRAKAS

ripproximate rig

Injuries Sustain

BODY

Injured person in which vehicle?

SGH8989U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Page 3 of 15

Postcode

DETAILS OF INJURED PERSON 3

Name VINOTH PRAKAS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

BODY

SGH8989U

YES

NO

Postcode

DETAILS OF INJURED PERSON 4

Name V.VIJAYA PRAKAS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SGH8989U

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

A SGH SASAV

C SKS 1271 5

CD SCS ASSAVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Sec.

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DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

B. 1.

- Complete and submit this form to the Individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date and time of accident	Date:	25/5/18	9	(DD/M	M/YY) Tim	e: 08130	(HH:MM)
Exact location of accident	CTE	twds	STE	befor e		AVII	(minerior)

Details of vehicle

Vehicle registration number	SEH 8989V
Vehicle make and model	Aut; As
Type of vehicle	Saloon MPV CRV Van Cry Dury Dury Dury Dury Dury Dury Dury Du
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	The state of the s
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	NTU C.		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft	TP only [

Insured / Policy holder

Name	san	thosh so	Wroke	.5		Male D	Female D
NRIC / Fin / Passport number	5886	60 6 23 B	-			IVIAIC D	I ciliale D
Contact	THE RESERVE THE PERSON NAMED IN	15098					
Address	165	Yishun	Ring	RZ	#06-719	5(7601	(65)
			27770710		A SOL	501001	0,1

Driver

Same as insured above (skip to D.O.B)

Name			Male D	Female
NRIC / Fin / Passport number			Iviale	remale D
Contact				
Address				
Email address				
Date of birth	816/1968			
Occupation	Indoor	Outdoor		
Driving date pass	(9/4/107			

General information of the accident

Was driver an employee of the insured's company?	Yes D No Z If no, relationship of the driver and insured:
Accident captured by camera?	Yes a No a
Weather condition	Clear Raining Others:
Road surface	Drye Wet a
No of passenger	(Inclusive of driver)

Passenger 1

Name	San those	s b prakai	
Gender	Male	Female 🗆	

Passenger 2

Name	V. Vizaya Psakas	
Gender	Male - Female D	

Passenger 3

Name	Ch	itra Prarae	
Gender	Male 🗆	Female p	

Passenger 4

Name	Vinoth Fraxas	
Gender	Male, Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male 🗆	Female 🗆	

Other information

Was anybody injured?	Yes 🗆	No 🗆	The second secon
Was other vehicle damaged?	Yes 🗆	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name		- It is like	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	STV 2185R
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SKS (276)
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLS ASSUL
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

processor and the second secon	
NI	
Name	
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	

Witness 2

Name

Injured person 1

Name	Santhosh Slb prakas
Injuries sustained	Buly
Which vehicle person in?	SGH 8989 V
Were seat belts worn?	Yes & No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗗

Injured person 2

Name	Vivisaya Prakas
Injuries sustained	Both
Which vehicle person in?	SCH 89840
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No d

Injured person 3

Name	Chitra Prakas
Injuries sustained	8247
Which vehicle person in?	SCH SASAO
Were seat belts worn?	Yes 🗹 No 🗅
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷

Injured person 4

Name	Unoth Prakas
Injuries sustained	BAT
Which vehicle person in?	SCU 8484 U
Were seat belts worn?	Yes O No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8800623B



SANTHOSH S/O PRAKAS

சந்தோஷ் இரக்காஷ் 🖟

SINGAPORE

08-01-1988

DRIVING LICEN



Licence Number: S8800623B

SANTHOSH S/O PRAKAS

Birth Date: 08 Jan 1988 Issue Date: 19 Apr 2007



16-01-2003

APT BLK 165 YISHUN RING ROAD #06-719 SINGAPORE 760165

DU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

eBao Tech							Gene	eralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.		100		Date of Acc	ident	25/05	/2018 08:30	3
	Vehicle	No.(For Mator)	SGH8989U	(i						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083133327- 01	SANTHOSH S/O PRAKAS	S8800623B	GPC	drivo CLASSIC	SGH8989U	SGH8989U	18/08/2017	17/08/2018
					- 1	Continue				

Address BLK 165 #06-719 YISHUN RING ROAD SINGAPORE 760165 Product Name Policy	Sequer	nce Date of Endorsem	nent E	ndorsement	Туре	Endorsement	Status	Endorsement Content
Address BLK 165 #06-719 YISHUN RING ROAD SINGAPORE 760165 Product Plan	□ Endors	sements						
Address BLK 165 #06-719 YISHUN RING ROAD SINGAPORE 760165 Product Plane Policy Flag Polic	Insure	d Object: SGH8989U						
Name SANTHOSH S/O PRAKAS NRIC S88006238	nit No.				5083133327-01			
Address BLK 165 #06-719 YISHUN RING ROAD SINGAPORE 760165 Product Jame PRIVATE CAR INSURANCE Plan Group Policy Flag N Policy Policy Plag N Policy Plag N All Claim Excess Vpe Excess Cadditional Care Six Singapore Dustide Singapore Dustide Singapore Dustide Singapore TP Excess PT P Excess PT P Excess Singapore No Singapore Product No Singapore Product Pr	ddress 4		Addres	ss Type	Singapore address		Post Code	760165
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Name SANTHOSH S/O PRAKAS NRIC S8800623B	Name	PRIVATE CAR INSURANCE	Plan				N	
OUCY NO. SUBSTITUTE COOMESSE	Address	BLK 165 #06-719 YISHUN RI	NG ROAD SINGA	PORE 760165	3			
	Policy No.	5083133327-01		SANTHOSH	S/O PRAKAS		S8800623B	

Continue Cancel

cident MT/0996014					
Hoy No.	5083133327-01	Vehicle No.	3GH8989U	GST Registration No.	
licyholder Name	SANTHOSH S/O PRAKAS			Patcyholder NRIC	588006238
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
entact No.(Mobile)	91845098	Contact No. (Office)	D	Contact No.(Home)	0
nail Address		Special Remark		eCode	The W
K:	® No ○ Yes	TCA	0.0		100
			® No ○Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	69	Private Hire	No
Accident Details					
port Date	26/05/2018 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Chein Collision
te of Accident	25/05/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
porting Centre		Orange Force			-
		Grange Perse		TOM No.	
cident Location	CTE TWOS SLE BEFORE AMK AVE 1 EXIT				
Benefits					
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Escess	0.00	Outside Singapore TP Excess			
		Outside Singapore 19 Excess	0.00		
GST Registered Inform					
Registered	190		GGT Registration Cate		
Registration No.			GST Status Venfied	Yes	
fication History					
Policyholder Mailing Ar					
ess 1	BLK 165 #06-719	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760165
ess 4		Address Type	Singapore address	Post Cope	760165
No.		Related Policy Number	5083133327-01		
OI Driver Info					
er Name	SANTHOSH SYD PRAKAS	Driver Type	Main Driver		
med driver Name	See Tradit of Change			12/17/17/2017	
		Driver MRIC	\$88006238	Driver DOB	06/01/1988
Rev Date of Driver License		Driver Age	30.	Driving Experience	11
act No.(Mobile)	91845098	Contact No.(Office)	0	Contact No.(Home)	0
ess 1	BLK 165	Address 2	VISHUN RING ROAD	Address 3	504GAPORE 760165
		Address Trees			
455 ¢			Singapore address	Post Code	760165
	06-719	Address Type	Singapore address	Post Code	760165
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No. s he own a Singapore	06-719 ○ Yes ② Wo	Driver Vehicle No.	Singapore address	Post Code Driver Insurer Compar	
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About a Singapore rered car? Interest care of Blood Test mg? Interest of Blood Test mg? Type * Ct No. (Mobile) Address Description red Workshop, Contact	© Yes ② No 0 mg 00-MX 91845098	Any injury? Any injury? Insured Name Contact No. (Home) Of Vehicle Number	® Yes ○No SANTHOSH 5/Q PRAKAS SGH5969U Not at Fault	Oniver Insurer Compar Insured NRTC Costact No.(Office) TP Vehicle Number Name of Preferred Wor	\$88506238 \$302785R
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Attachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Sent? (CO)	Action
蜡	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:08	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-26		Edit
199	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 36 Ma y 2018 15:07	SAS		Normal	SAS 2018-5-26		Edit
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:07	Photos		Normal	Photos 2018-5-26		Edit
E	NAC_PAYA_UBI_800601(NA	F(ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:07	Photos		Normal	Photos 2018-5-26		Edit
-	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:07	Photos		Normal	Photos 2018-5-26		Edit
NAME OF TAXABLE PARTY.	NAC_PAYA_UB1_800603(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:07	Photos		Normal	Photos 2018-5-26		Edit
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3	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:07	Photos		Normal	Photos 2018-5-26		Edit
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5	NAC_PAYA_UBI_B00601 NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y J018 15:07	Photos		Normal	Photos 2018-5-25		Edit
	Uploaded By/Date	Folder Date	File Name		8	Source	Action	