		VAI18957734	
Date In: 27/6/18 - 10:37	Jeb description	Date &Time Completed	Done by
Ref No: NA MC18 017 69 24	SAS e-filing	i .	
Veh No: 55A12733K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 26/6/18-17:25	i-Motor Claim Form	M7/000630-001	27/6/18 20:13
	i-Motor W/O (Within: OD 2hr	rs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded	1	
TD I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: SLQ	7999R INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () P	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	,000()/\$2,000()		
General Remarks:			September 1
() Walk-In Customer: Customer's inf			
() Total Loss Case : to e-mail Insur		N 4	
		owing Co: (.)
Remarks: (INC hotline: 6788 6616)		Date& Firme Completed	Donehy
	Courtesy Car ()	Dates in its comparison	The second second
		and the second s	
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	()		
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	()	paration Checklist	Ant(S) Amt(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 80 0 66	() () () () () () () () () ()	Reporting (\$30);	fit Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:	[] [] [] [] [] [] [] [] [] []	Reporting (\$30); Assessment (\$100); INC (\$	MBIII Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I	t Reporting (\$30); Assessment (\$100); INC (\$40); Fee S40 Through Survey	60) 0/545 5120
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 80 066	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T	t Reporting (\$30); Assessment (\$100); INC (\$40); Fee S40 Through Survey Through Survey (Resurvey)	M Bill Add Bill 80) 0/545 5120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:- river/Owner: ontact No:	Invoice Pre 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 hrough Survey hrough Survey (Resurvey) seeinst INC Only (wef 10 Jan 200); etion	MEBIII Add Bill 80) 9/545 \$120 \$30 \$) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:- river/Owner: ontact No:	Invoice Pre Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming a 6) TR: Re-inspe 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 hrough Survey hrough Survey (Resurvey) teainst INC Only (wef 10 Jan 200); ction + SMRT Survey	MBIII Add Bill 80) 9/545 \$120 \$30 6)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD.*	t Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Fee \$40 hrough Survey hrough Survey (Resurvey) seeinst INC Only (wef 10 Jan 200); ction + SMRT Survey onal Services.	50) 0/545 5120 530 0) 575 5160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MAISO4066 Inimant's Particulars:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *NS: Courtes)	t Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); Assessment	51 Bill Add Bill 500 507545 5120 530 575 5160 555 510
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep	t Reporting (\$30); Assessment (\$100); INC	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA 80 0 66 Inimant's Particulars: Tiver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments::	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC	51 Bill Add Bill 500 507545 5120 530 575 5160 555 510
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); Assessment (\$100); Assessm	\$60) 57545 \$120 \$30 \$75 \$160 \$53 \$510 \$525 \$53

Figure 4 1 dec

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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

ACTIVATE DELIVERY	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	27/06/2018 10:37
Date Of Accident	26/06/2018 17:25
Exact Location Of Accident	TPE (SLE) AFTER EXIT 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFN2733K
Insured/Policyholder	
Name Of Registered Owner	BALASUBRAMANIAM S/O MUTHU NALLAYAN
NRIC No	S1611419G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91826011
Alternative Phone No	OFFICE-91826011
Vehicle Particulars	

Manufacturer HONDA

VEZEL HYBRID 1.5X AUTO Model

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 5099335248

Cover Note Number

Driver

Name of Driver CHANDHIRU BALASUBRAMANIAM

NRIC No S9245705B Date Of Birth 09/12/1992 Occupation INDOOR Date Of Driving Pass 28/11/2011

Driving Experience 6 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90057603

Fax Number

OFFICE-90057603 Contact Number

EMail Address NOEMAIL

BLK 689 HOUGANG STREET 61 Address

#08-244 530689

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles involved in the accident

YES

Was any body injured in the Accident? 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)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

SLQ7999R

Vehicle Make/Model/Colour

HONDA FREED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEE JUN HAO, ALOYSIUS

NRIC/Passport Number S9017401J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHANDHIRU BALASUBRAMANIAM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SFN2733K

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - (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.

Poljcyholder's Signature

Date & Time:

Driver's Signature

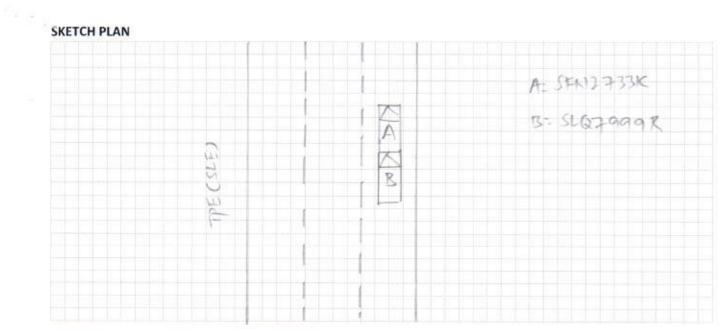
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



IDE	CIRCUMSTANCES OF THE ACCIDENT
	AS I WAS TRAVEUNG ON THE TOWARDS SIE
	AFTER TAMPINES 10 EXIT ON LAWE ONE THE
	YEHICLE IN FRONT OF ME SLOW DOWN AND I FOLL
	SUIT.
	SUDDENLY WITHOUT WARNINGS I HEAR A
	VERY LOUD SOUND FROM BEHIND.
	AFTER GETTING DOWN FROM THE CAR I
	FELT PAUN IN WECK AND BACK.
	THE CAR SLO 7999R (Honda Freed)
	driven by see Jun 400, ALOYSIUS had failed to
	stop in time and damaged and bauged the rea
	guy car.

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)

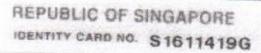
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Date of Accident	: 26-6-2018 Accident Time: 1725 (24-HR-Format)
Accident Place	: TPE TOWARDS SLE AFT TAMPINES 10 EXIT
Vehicle. No. (Car Plate No.)	SFN 2733 K Make/Model: HONDA VEZEL .
Insurace Company	:NTUCPolicy No:
Owner or Company Name /IC No.	:
Owner or Company Contact No.	:Owner's Hp 91826011 Company Tel
DRIVER'S Name / IC No.	: CHANDHIRU BALASUBRAMA NIAM
DRIVER'S Date Of Birth	09-12-1992 DRIVER'S License Pass Date 28 Nov 2011
Relationship of Owner & Driver	: Spouse \ Parents (Children) Sibling \ Employee\ Others:
DRIVER'S Address	: APT BUK 689 HOUGANG STREET 61 S (530689)
DRIVER'S Contact No./ Alt No.	:1) 9005 7603 2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private week Western
Other P	arty Driver's Particular (if any)
Vehicle. No: SLQ 7999	Y CHICLE, IVO.
Vehicle Make\Model: HONDA	FREED Vehicle Make\Model:
Name Driver: LEE JUN HAO,	ALOYSIUS Name Driver
IC No. Driver/Contact:	IC No. Driver/Contact:

^{*} NEW - Passenger's name & gender:







Name

BALASUBRAMANIAM S/O MUTHU NALLAYAN

பாலகப்பிரமணியம்

INDIAN

S M

O5-12-1963 Country of North

SINGAPORE



4649054

MICHE \$1611419G

11-11-2010

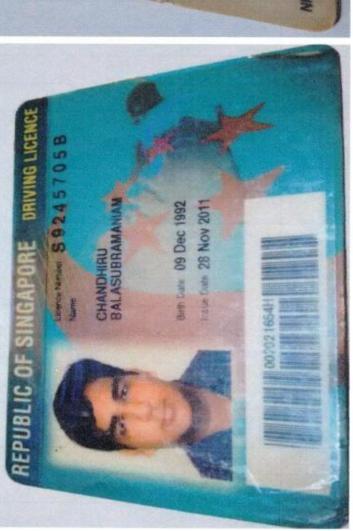
Appropr

APT BLK 689 HOUGANG STREET 61

#08-244 SINGAPORE 530689











Certificate of Insurance

To Be Advised BU31270748

29 Mar 2018

: 28 Mar 2019

BALASUBRAMANIAM 5/C MUTHU NALLAYAN

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS) ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	Court P	APTER 189) 1960
Certificate Number: 5099315248	Cover	those CLASSIC

Certificate Number: 5099335248 1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive!

(a) The Policyholder

 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's Order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION - YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : VFS

PRIMARY DRIVER BALASUBRAMANIAM 5/O MUTHU NALLAYAN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue : 28 Mar 2018 16:29 hrs

Countersigned By:

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601					· C	ange Lang	uage ,	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	io.				Date of Accid	ent	26/06/2	2018 17:25	
	Vehicle	No.(For Motor)	SFN2733K							
					S	earch				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099335248	BALASUBRAMANIAM S/O MUTHU NALLAYAN	S1611419G	GPC	drivo CLASSIC	SFN2733K	SFN2733K	29/03/2018	28/03/2019
					Co	entinue				

Policy No.	5099335248	Policyholder Name	BALASUBRA	AMANIAM S/O MUTHI	Policyholder NRIC	S1611419G	
ddress	BLK 689 #08-244 HOUGANG	S STREET 61 SING	SAPORE 5306	89			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Oate	28/03/2018	Effective Date	29/03/2018	00:00	Expiry Date	28/03/2019	23:59
xcess ype		All Claim Excess					
hird arty xcess	0	Own damage Excess	0		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
outside ingapore D xcess	0	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
gent	VV INSURANCE AGENCY PT	E. L1 Agent Tel.	67913808		GST Flag	Υ	
Co- nsurance Tag Open	No						
olicy nfo							
Certificate nfo	holder Mailing Address						
ddress 1	BLK 689 #08-244	Addre	955 2	HOUGANG STREET	61	Address 3	SINGAPORE 530689
ddress 4	DER 000 # 00 244		ess Type	Singapore address		Post Code	530689
nit No.		Relati	ed Policy	5099335248			
) Insure	ed Object: SFN2733K	Numt	ber				
♥ Endor							
Seque	nce Date of Endorse	ment	Endorsemen	t Type	Endorsement	Status	Endorsement Content
	29/03/2018 00:00	100 A	Information sement	Endorse	ment Take Ef	fective	intl adj to waive NCDP refund \$79.65
2	29/03/2018 00:00		Information sement	Entry R	ejected		Thank you for giving us the opportunity to serve you. We confirm that from 29 Mar 2018, the following amendment(s) is/ar made to this policy: NAMED DRIVER 1: CHANDHIRU BALASUBRAMANIAM IN view of this amendment, an additional premium of \$160.57 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc 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 mak payment at any of our branches by cash, credit card or NETS.
							Thank you for giving us the opportunity to serve you. We confirm that from 29 Mar 2018, the following amendment(s) is/a

Claim Handling					• Ext
Accident MT/1000630					
Policy No.	5099335246	Vehicle No.	SPN2733K	GST Registration No.	
Policyholder Name	BALASUBRAMANIAM S/O MUTHU NALLAYAN			Policyholder NRIC	51611419G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	o .
Contact No (Mobile)	91826011	Contact No.(Office)	0	Contact No (Home)	0
Email Address		Special Remark		eCode	No. 🗸
KPK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCO Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	27/06/2018 20:11	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
Date of Accident	26/06/2018	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Escation	TPE (SLE) AFTER EXIT 10				
T Benefits					
Coverage			Sum Insured		
Excess Warver			99999999.99		
♥ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Trind Party Excess	0.00	Outside Singapore TP Excess	0.00		
S GST Registered Inform		Chi.			
GST Registered	No		GST Registration Date		
GST Registration No.	5372		GST Status Verified	Yes	
Modification History					
♥ Policyhelder Hailing A	ddress				
Address 1	BLK 689 #08-244	Address 2	HOUGANG STREET 61	Address 3	SINGAPORE 530689
Address 4		Address Type	Singapore address	Post Code	530689
Link No.		Related Policy Number	5099335248		
OI Driver Info					
Driver Name	CHANDHIRU BALASUBRAMANIAM	Driver Type	Named Driver		
Unnamed driver Name		Driver NR3C	592457058	Driver DOB	09/12/1992
Register Date of Driver Licens	e 28/I1/2011	Driver Age	25	Driving Experience	6
Contact No.(Mobile)	90057603	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 689	Address 2	HOUGANG STREET 61	Address 3	HOUGANG SPRING
Address 4	SINGAPORE 530689	Address Type	Singapore address	Post Code	530689
Une No.	08-244				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?				507.31003755579736703044	
Declaration .					
Breatharyser or Blood Test Reading?	0 mg	Any ingury?	Yes ○ No		
Keaurig		104104040			
Modification History					
Claim 001 New					
A STATE OF THE STA					
	(2000)				32000000000000000000000000000000000000
Claim Type *	OD-MX	Insured Name	BALASUBRAMANIAM S/O MUTH	Insured NRIC	S1611419G
Contact No. (Mobile)	91826010	Contact No.(Home)	63856304	Contact No.(Office)	(Carana - 195)
Email Address	bala_mn@singnet.com.sg	OI Vehicle Number	SFN2733K	TP Vehicle Number	SLQ7999R
Claim Description	SFN2713K / SLQ7999R ON 26 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/06/2018 20:13	Claim Close Date		Date Received	27/06/2018 00:00
Meport Taken By	Zeckson				
Print AK letter	KIMMA Service				
1910-2000			Save Submit		
Attachment					
9					
Accident No.	MT/1000630	Claim No.	001		
Last Doc. Received	® Yes. ○ No	Upload Date			
		uproad Date	27/06/2016 20:16	52323920 - 1000	
	Path *		Category *	Confidential Urgen	
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Attachment	List	(\$500,1740	A SECOND	Villeonico	Msg
Attachment	Uploaded By/Date	Category	P urgency	Description	Sent? A (CO)
	NAC_PAYA_UBJ_800601(NATJONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27	
***	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju $\approx 2018\ 20:15$	SAS	Normali	SAS 2018-6-27	
	NAC_MAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:15	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:15	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Julia 2018 2015	Photos	Normal	Photos 2018-6-27	
Sept.	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:15	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBI_BOOK01(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:15	Photos	Normal	Photos 2018-6-27	
19	NAC_PAYA_LIBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:15	Photos	Normal	Photos 2018-6-27	
65	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:15	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:15	Protos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 0.2018 2014	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20184	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July n 2018 20:14	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:14	Photos	Normal	Photos 2018-6-27	
1518	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July n 2018 20:14	Photos	Normal	Photos 2018-6-27	
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:14	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UB3_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:14	Photos	Normal	Photos 2018-6-27	
	NAC_PAVA_URI_BD0603(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:14	Photos	Normal	Protos 2018-6-27	
30	NAC_PAYA_UBI_800602(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 0.2018 20:14	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBJ_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:14	Photos	Normal	Photos 2018-6-27	
2	NAC_PAYA_UB3_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July 0 2018 2014	Photos	Normal	Proces 2018-6-27	
	NAC_PAYA_UB1_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July n 2018 20:14	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:13	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:13	Photos	Normal	Photos 2018-6-27	
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju rt 2018 20:13	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju n 2018 20:13	Photos	Normal	Photos 2018-6-27	
	NAC_PAYA_UBI_BOSGOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ju A 2018 20:13	Photos	Normal	Photos 2018-6-27	
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 July n 2018 20:13	Photos	Normal	Photos 2018-6-27	
Video List	Uproaded By/Date Folder Date	File Name	Ŷ	Source	Action