NATIONAL Assessment Centre				
This is a contract of the cont	Services her manon	,4%		
Date In: 08(08/2018 13:47	Job description	. Date &Time Completed	Done	py.
ROING NA/INC18014418/K4	SAS e-filing			
Veh No SJY2523R	E-mail (within 8hrs. AIC 2hrs)	T T		
DOA 07/08/2018 .125.20	i-Motor Claim Form	MT/1006×58+00	il-Toler	10
OD TP Reporting Only	i-Motor W/O (Within: OD 2h	rs. TP 4hrs)	100010	0 %
- Teporting Only	i-Photo Uploaded	1 .		
TP Insurer:	Assessment/Survey Report	i		
	Ass't Report by Fax / Hand	to Owner/Wksp		4 6/87
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Yeh No: S	DS 8876P . INC ()/Non-INC()	^-	
Owner / Driver: (101	Tel:		
Policy No: () Perio	od: ()	Cover Type: (/,	
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-10	0%]	
Year of Registration; () W	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:-	The service of the se	TENNESS SERVICE CO.		-
) Walk-In Customer : Customer's inform	nation strictly Confidential & St	rictly NO rafer of repairer		
) Total Loss Case : to e-mail Insurer	URGENTLY.	Total of repairer.		
Drive-In () / Towed-In (); Invoice:	rma /	owing Co: (
		owing Co. (
Remarks:- (INC horline: 6788 6616)	The second of th	Date&Time Completed	Done	by
) Apply for Transport Allowance () / Cou	urtesy Car ()			
			Name of Street, or other Designation of Street, or other Desig	
) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > \$300 Injury: Onte/Time Actions	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming ag 6) TR: Re-inspec 7) N1: Idau DA: 8) NTUC Additio OD! *N5: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$80) 15	5 0 0 0 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	· Amt (3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 5. 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	08/08/2018 13:47
Date Of Accident	07/08/2018 12:20
Exact Location Of Accident	ALONG NORTH BRIDGE RD TWDS CHINATOWN
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU2523R
Insured/Policyholder	
Name Of Registered Owner	SKSG INTERNATIONAL
Co Reg No	53355760K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98432424
Alternative Phone No	OFFICE-98432424
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SX4 SEDAN 1.6 AT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087879164
Cover Note Number	
Driver	

MAYEKAR SHAILESH PRAKASH Name of Driver

S7568861Z NRIC No 16/12/1975 Date Of Birth INDOOR Occupation 01/09/2009 Date Of Driving Pass

8 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98432424 Mobile Number

Fax Number

OTHERS-98432424 Contact Number

NOEMAIL EMail Address

Address

BLK 32 MARINE CRESCENT

#03-123

Postcode

440032

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - CO OWNER

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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

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

SDS8876P

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

MAYEKAR SHAILESH PRAKASH

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SJU2523R

YES

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

(ii) for complying with requirements under any regulations, laws or court orders.

Polievbolder's Signature

Date & Time:

Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

I was orwing aroug this third cans or wester	
BRIDLA R-AD TOWARDS CHINATOWN DIRECTION.	
WHILE TRAVELLING STRANGINT AHREND, ALONG NORTH BRIDGE RUG	
ROAD) WHILE TRAVOUNT STRAIGHT, SHOURNLY A MEHICU	E
CAME OUT PROM BAIN 10000, ICHORRO THE STOP LIN	212
AND THANKS OUT TO THE MAN ROAD (NORTH BRIDGE	NAO
WHICH COMBRS THE COULSION TO MY USHICLE. I I WO	and
WANT TO GOD IN THAT, IT WAS A FLOWING TRAFFIC WITHOUT STOPPACES.)	-,1
SHIPTED HIS VEHICUE IMMEDIATELY TO THE FORTH L	
(BUS LANE) AND STOPPED HIS VEHICLE THERE.	
I HAVE A VIORD FOUTBAR, WITH DROOF OF OPPOSITE	
ADMITTED IT WAS THEIR PAULT OF IGNORED THE STOP LIN	32
AND THEN OTHE MAIN ENAD.	
UBI-11 CUTE A - 5JU 252312	
VEHICUZ B - 505 8876P	

DECLARATION

I/We declare the foregoing particulars are true in every resport NAL
SKSG INTERNATIONAL
C6 Reg No 53336760K

er's Signature

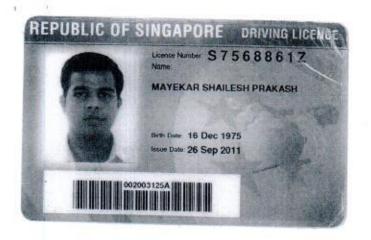
driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Vehicle No.	SJU 2523R Model/Make Suzum SK 4
Date of Accident	07/08/2018
Time of Accident	1220 HRS
Location of Accident	ALOWN NORTH BRIDGE RUBO EN PORIOS
Exact purpose use during acci	dent PRIVACE VOE
Name of Owner	SKSL INTERNATIONAL
Telephone No.	H/P: 9843 2424 Home: Office:
NRIC	53355760K
Address	BUK 32 MARINE CRESCENT # 03-123 5(440032)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTMC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5087879164
Name of Driver	As Above If No. 10 Carries should be 20 areas
Name of Driver	As Above If the MASIERAR SHAILESH PRAKASI-
NRIC Date of histh	SAS 68 9612 Any Passengers:
Date of birth	16/12/1975
Occupation	Outdoor / Indoor
Driving License Pass Date	01 523 20091
Gender	Male / Female
Contact No.	H/P: 9843 2424 Home: Office:
Address	BUK 32 MARINE ERUSCANT #03-123 S(440032)
Driver have any own vehicle	No If yes, Reg No.
Relationship	Employee, If no, state Co. ower
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	MADEKAR SHAILISH PRAKASK,
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SDS 8876P Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers:
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	RICHIT SIDE OF WINICER
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	N-51 AUCOMUTIVE PTIR UTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IPN
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51. com. sa



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7568861Z



MAYEKAR SHAILESH PRAKASH

Race INDIAN Date of birth 16-12-1975 Country of birth

INDIA

575800012

9019640

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

Class 28 Metorcycles =< 200 cc 01 Sep 2009
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 01 Sep 2009
of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S7568861Z

NRC No. S7568861Z INDIAN 07-04-2009 APT BLK 32 MARINE CRESCENT #03 - 123 SINGAPORE 440032 Date: 17/10/2009 NRIC No: \$7568861Z No: 6313476



Certificate of Insurance

: 07 Feb 2017

: 24 Nov 2018

Mi	MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)							
RC								
M	OTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MA	LAYSIA)						
Ce	rtificate Number: 5087879164		Cover : Comprehensive					
1.	Index mark and Registration Number of Vehicle	0.0	SJU2523R					
	Chassis Number	1	JSAGYC21S00310188					
2.	Name of Policyholder	:	SKSG INTERNATIONAL					

enactment or regulation in that behalf from driving the Motor Vehicle.

3. Effective Date of Insurance 4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

- (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
- 6. Limitations as to Use#

(a) The Policyholder.

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)	\$\$2,000
EXCESS (SECTION 2)	S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency

: AON SINGAPORE PTE LTD (00000691150)

Date of Issue

: 08 Feb 2017 09:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601		and the same of the same			· Change I	Language	• Chang	e Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	0	7/08/2018 1	2:20	
	Vehicle No. (For Motor	53U2	523R		Cert	ificate Number				
					Search	l				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5087879164		SKSG INTERNATIONAL	53355760K	GCV	Comprehensive	SJU2523R	SJU2523R	07/02/2017	24/11/2018
			ASSE 2004, 175, 000		Continue					

Policy No.	5087879164	Policyholder Name	SKSG INTERNATIONAL	Policyholder NRIC	53355760K
Certificate No.		Henric		INKIC	2.5003346103461039
Address	BLK 32 #03-123 MARINE CRES	CENT MARINE	CRESCENT VILLE SINGAPORE	E 440032	
Product Name	COMMERCIAL VEHICLE INSURA			Group Policy Flag	N
Policy ssue Date	08/02/2017	Effective Date	07/02/2017 00:00	Expiry Date	24/11/2018 23:59
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608	GST Flag	Y
Co- nsurance Flag	No				
Open Policy Info Certificate					
Info Policyh	older Mailing Address				
ddress 1	BLK 32 #03-123	Address 2	MARINE CRESCENT	Address 3	MARINE CRESCENT VILLE
ddress 4	SINGAPORE 440032	Address	Singapore address	Post Code	440032
Jnit No.	03-123	Type Related Policy Number	5087879164	rost code	440032
♪ Insured	Object: SJU2523R				
▼ Endorse	ements				
Sequence	Date of Endorsement	Endorse	ment Type Endorse	ement Status	Endorsement Content
1 20/11/2017 00:00		POI Extension	POI Extension/Shorten Endorsement Take Effective		Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Feb 2017 TO 24 May 2018 In view of this amendment, an additional premium of \$340.65 (inclusive of GST) is payable under you policy. This amount will be debited to your credit card account number 4265-88xxxxxx-6094.
2	07/05/2018 00:00	POI Extensio	n/Shorten Endorsement	Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Feb 2017 TO 24 Nov 2018 In view of this amendment, an additional premium of \$585.77 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4265-88xx-xxxx-6094.

Claim Handling

Accident MT/1006558 Policy No. 5087879164 Vehicle No. SJU2523R GST Registration No. Policyholder Name SKSG INTERNATIONAL Policyholder NRIC 5335 Product Code COMMERCIAL VEHICLE INSURAL Cover Type Comprehensive Loading Contact No. (Mobile) Contact No.(Office) Contact No. (Home) Email Address eCode No N KFK ● No □ Yes ● No ○ Yes eCode Reason NCD Protection NCD Entitlement(%) 28 Private Hire Yes Accident Details Report Date 10/08/2018 09:37 Accident Report Within 24 hrs Accident Type Side Date of Accident Time of Accident hh:mm 12:20 Country of Accident Singe Reporting Centre ICM No. Accident Location ALONG NORTH BRIDGE RD TWDS CHINATOWN **▽** Benefits → Excess Own damage Excess 2,000.00 Additional Excess Windscreen Excess 100.0 Unnamed Driver Excess Outside Singapore DD Excess Third Party Excess 2:000:00 Outside Singapore TP Excess GST Registered Information **GST** Registered No **GST Registration Date** GST Registration No. **GST Status Verified** No Modification History □ Policyholder Mailing Address Address 1 BLK 32 #03-123 Address 2 MARINE CRESCENT Address 3 MARI Address 4 SINGAPORE 440032 Address Type Post Code 4400 Unit No. 03-123 Related Policy Number 5087879164 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name MAYEKAR SHAILESH PRAKASH Driver NRIC S7568861Z Driver DOB 16/1 Register Date of Driver License 01/09/2009 Driver Age Driving Experience Contact No.(Mobile): 98432424 Contact No.(Office) Contact No. (Home) D BLK 32 Address 2 MARINE CRESCENT Address 3 Address Type Singapore address Post Code #03-123 Does he own a Singapore Registered car? Yes No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Any injury? Yes No Modification History Claim 001 OD-MX New Claim Type * OD-MX V Insured Name SKSG INTERNATIONAL Insured NRIC 5335 Contact No.(Mobile) 98432424 Contact No.(Home) Contact No.(Office) NIL Email Address Of Vehicle Number SJU2523R TP Vehicle Number Claim Description SJU2523R / SDS8876P ON 7 Aug 2018 Name of Preferred Workshop Preferred Workshop Contact No. Insured Liability . Not at Fault V Require Finalisation Preferered Repair Option Preferred Workshop, Name unknown Rece Date Registered 10/08/2018 09:47 Claim Close Date 10/0 KRISHNASAMY Workshop Repairer Total Loss but Repaired ✓ Print AK letter Save Submit Attachment V Accident No. MT/1006558 Claim No. 001

