

NATIONAL Assessment Centre Services [wef 1 Jan'05] *MDA118/0976*

Date In: <i>23/8/18-15:48</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/INC80/5358/24</i>	SAS e-filing		
Veh No: <i>JKL89027</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>21/8/18-09:50</i>	i-Motor Claim Form	<i>M7/100846-001</i>	<i>23/8/18 18:20</i>
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: *JKL89027* INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Dat. 1:	6) TR: Re-inspection \$75	
Dat. 2/3:	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	23/08/2018 15:48
Date Of Accident	21/08/2018 09:50
Exact Location Of Accident	ECP (CITY) AFTER MARINE PARADE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8902J
Insured/Policyholder	
Name Of Registered Owner	DHIRAJ KHANNA
NRIC No	S7264878A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81832150
Alternative Phone No	OFFICE-81832150

Vehicle Particulars

Manufacturer	HYUNDAI
Model	LM TUCSON 2.0L AUTO ABS D/AB SR
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	5088420941-01
Cover Note Number	

Driver

Name of Driver	DHIRAJ RAMGOPAL KHANNA
NRIC No	S7264878A
Date Of Birth	27/04/1972
Occupation	INDOOR
Date Of Driving Pass	11/07/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81832150
Fax Number	
Contact Number	OFFICE-81832150
EEmail Address	NOEMAIL

Address	213 BEDOK SOUTH AVENUE 1 #02-01 CASATINA
Postcode	469337
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	-
	-
	-
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KHANNA RAMGOPAL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180821/7018.

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	SKX1717C
Vehicle Make/Model/Colour	VOLVO
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) 1

DETAILS OF INJURED PERSON 1

Name DHIRAJ RAMGOPAL KHANNA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKA8902J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KHANNA RAMGOPAL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKA8902J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

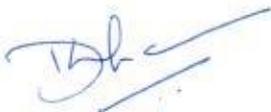
SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

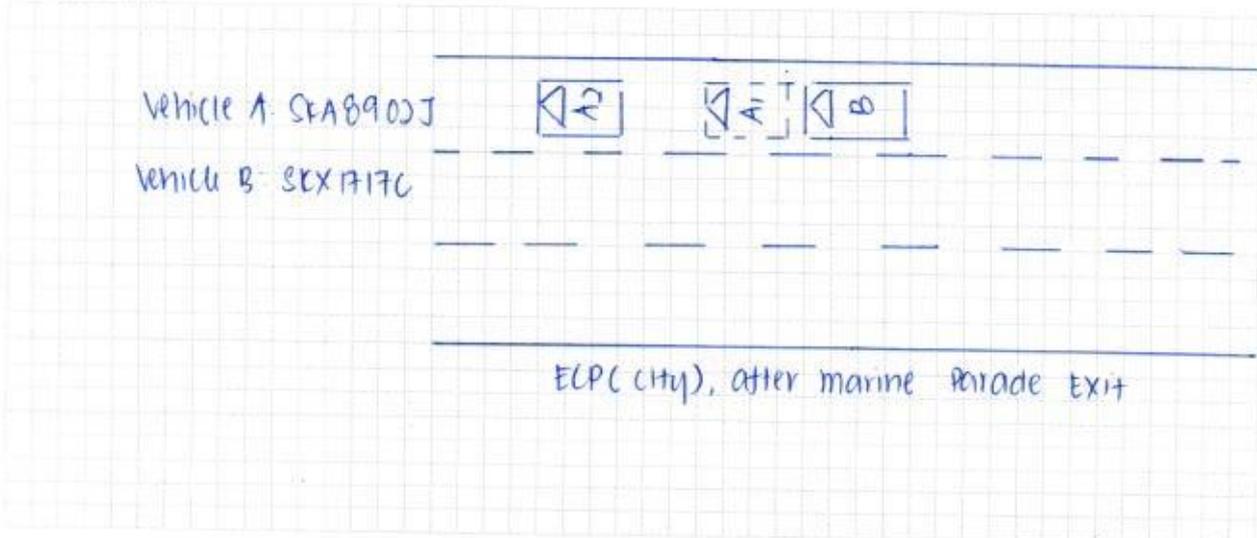


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SEA8902J, was traveling straight along the stated venue. front vehicle made an abrupt brake, I immediately braked as well. Suddenly, vehicle 'B', SEX1717C, hit onto my stationary vehicle's rear portion.

my passenger: Khanna Ramgopal
NRIC: G1760056m

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 Person's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 08 / 2018) (DD/MM/YYYY), TIME: (09 : 52) (HH:MM)

LOCATION: ECP (city), after manna parade exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 8902J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5088420941-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai Tucson
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Dhruj Channa (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7264878A CONTACT: 81832150
c) ADDRESS: 213 Bedok South Avenue 1 #02-01 Casafina
S(469337)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (27 / 04 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PKX1717C MODEL: Volvo

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(02)

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
()

email =

fax =



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA8902J	NTUC Income Insurance Co-Operative Limited	5088420941-01	12/04/2018	11/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DHIRAJ RAMGOPAL KHANNA		ID No.	S7264878A
Related Vehicle	SKA8902J (Car)		Contact No.	81832150
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/08/2018		Date Discharge	21/08/2018
No. of Days granted Medical Leave	03		Degree of Injury	Serious
Passenger				
Name	KHANNA RAMGOPAL		ID No.	G1760056M
Related Vehicle	SKA8902J (Car)		Contact No.	81832150
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/08/2018		Date Discharge	21/08/2018
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious

Brief Details

ON 21/08/2018, AT ABOUT 09:52HR, I WAS DRIVING MY VEHICLE - SKA8902J, ALONG ECP(CITY). JUST AFTER THE EXIT TO MARINE PARADE, THE CAR IN FRONT OF MINE MADE AN ABRUPT BRAKE. I IMMEDIATELY BRAKED AS WELL. SUDDENLY, VEHICLE NUMBER - SKX1717C, HIT ONTO MY VEHICLE'S REAR PORTION. THE GREAT IMPACT PROPEL MY VEHICLE FORWARD FOR A COUPLE OF METRES.

SUBSEQUENTLY, MY FATHER & I WERE CONVEYED TO RAFFLES HOSPITAL. I WAS THEN GIVEN 3 DAYS OF MEDICAL LEAVES.



**SINGAPORE
POLICE FORCE**



T/20180821/7018

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

3 of 3

Report No. T/20180821/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF
Contact No.: 65476358

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/08/2018 22:21

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7264878A**
 Name: **DHIRAJ RAMGOPAL KHANNA**

Birth Date: **27 Apr 1972**
 Issue Date: **11 Jul 2013**

00220 1018A




Scanned by CamScanner

REPUBLIC OF SINGAPORE
 LICENCE CARD NO: **S7264878A**

DHIRAJ RAMGOPAL KHANNA

MR
 27 APR 1972
 11 JUL 2013




Scanned by CamScanner

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 11 Jul 2013

Licence No: **S7264878A**



NP 428A

Scanned by CamScanner

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5088420941-01

Cover : drivo CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKA8902J |
| Chassis Number | : KMHJU81BMBU054257 |
| 2. Name of Policyholder | : DHIRAJ KHANNA |
| 3. Effective Date of Insurance | : 12 Apr 2018 |
| 4. Expiry Date of Insurance | : 11 Apr 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DHIRAJ RAMGOPAL KHANNA
NAMED DRIVER (1)	: PRATIBHA KHANNA
NAMED DRIVER (2)	: N/A
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)

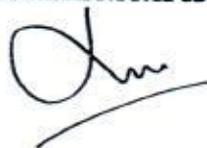
Agency : META AGENCY PTE. LTD. (00000573430)
Date of Issue : 16 Mar 2018 09:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident: 21/08/2018 09:50

Vehicle No. (For Motor) SKA8902J Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088420941-01		DHIRAJ KHANNA	S7264878A	GPC	drivo CLASSIC	SKA8902J	SKA8902J	12/04/2018	11/04/2019

Continue

▼ Policy Information

Policy No.	5088420941-01	Policyholder Name	DHIRAJ KHANNA	Policyholder NRIC	S7264878A	
Certificate No.						
Address	213 BEDOK SOUTH AVENUE 1 #02-01 CASAFINA SINGAPORE 469337					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy issue Date	16/03/2018	Effective Date	12/04/2018 00:00	Expiry Date	11/04/2019 23:59	
Excess Type	All Claims Excess					
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess	
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

▼ Policyholder Mailing Address

Address 1	213 BEDOK SOUTH AVENUE 1	Address 2	#02-01 CASAFINA	Address 3	SINGAPORE 469337
Address 4		Address Type	Singapore address	Post Code	469337
Unit No.		Related Policy Number	5088420941-01		

▶ Insured Object: SKAB902J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1008486

Policy No.	508420941-01	Vehicle No.	SKA89021	GST Registration No.	
Certificate No.					
Policyholder Name	DHIRAJ KHANNA			Policyholder NRIC	57264878A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81832150	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
XPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	23/08/2018 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/08/2018	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SCP (CITY) AFTER MAKING PARADE RD EXIT				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	213 BEDOK SOUTH AVENUE 1	Address 2	#02-01 CASAPINA	Address 3	SINGAPORE 469337
Address 4		Address Type	Singapore address	Post Code	469337
Unit No.		Related Policy Number	5088420941-01		

DI Driver Info

Driver Name	DHIRAJ RAMGOPAL KHANNA	Driver Type	Main Driver	Driver DOB	27/04/1972
Unnamed driver Name		Driver NRIC	57264878A	Driving Experience	5
Register Date of Driver License	11/07/2013	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	81832150	Contact No.(Office)	0	Address 1	SINGAPORE 469337
Address 1	213 BEDOK SOUTH AVENUE 1	Address 2	CASAPINA	Post Code	469337
Address 4		Address Type	Singapore address		
Unit No.	02-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	DHIRAJ KHANNA	Insured NRIC	57264878A	
Contact No.(Mobile)	81832150	Contact No.(Home)	N/L	Contact No.(Office)		
Email Address	dhiraj.khanne@eastspringinvest	OI Vehicle Number	SKA89021	TP Vehicle Number	SKX1717C	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claim Description	SKA89021 / SKX1717C ON 21 Aug 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/08/2018 00:00	
Date Registered	23/08/2018 18:20	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1008486	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/08/2018 18:22

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	

