NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 18114809

Date In: 4/9/18-18:34	Job description	Date & Time Completed	Done by
Ref No: NA/INC1809171/24	SAS e-filing		
Veh No: PC2944H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 4/9/18-09:00	i-Motor Claim Form	MT101015J-001	4/9/18-18:55
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 Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: JBS 6244A 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%. P: 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:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NAR05638

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/09/2018 18:39
Date Of Accident	04/09/2018 09:00
Exact Location Of Accident	OUTRAM RD TWDS SINGAPORE GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2944H

Insured/Policyholder

Name Of Registered Owner	HEAVENLY TOURS PTE LTD
Co Reg No	201014923R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96369674
Alternative Phone No	OFFICE-96369674

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100236178
Cover Note Number	

Driver

Name of Driver	SUGUMARAN S/O MANICKAM
NRIC No	S7418808G
Date Of Birth	11/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94300993
Fax Number	
Contact Number	OFFICE-94300993
EMail Address	NOEMAIL

Address	BLK 513D YISHUN STREET 51 #03-329
Postcode	764513
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 9 EUNOS CRESCENT #01-2687 , **POSTCODE:** 400009 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7479999 - **FAX NO**: 67453410
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180904/2096.

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	SBS6244A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHD ASRI BIN ZAKARIA
NRIC/Passport Number	G6908861P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SUGUMARAN S/O MANICKAM
Approximate Age	
Injuries Sustain	NECK, CHEST, UPPER & LOWER BACK
Injured person in which vehicle?	PC2944H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	PARVATHY D/O MUTHUSAMY
Approximate Age	
Injuries Sustain	NECK, BACK & RIGHT KNEE
Injured person in which vehicle?	PC2944H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

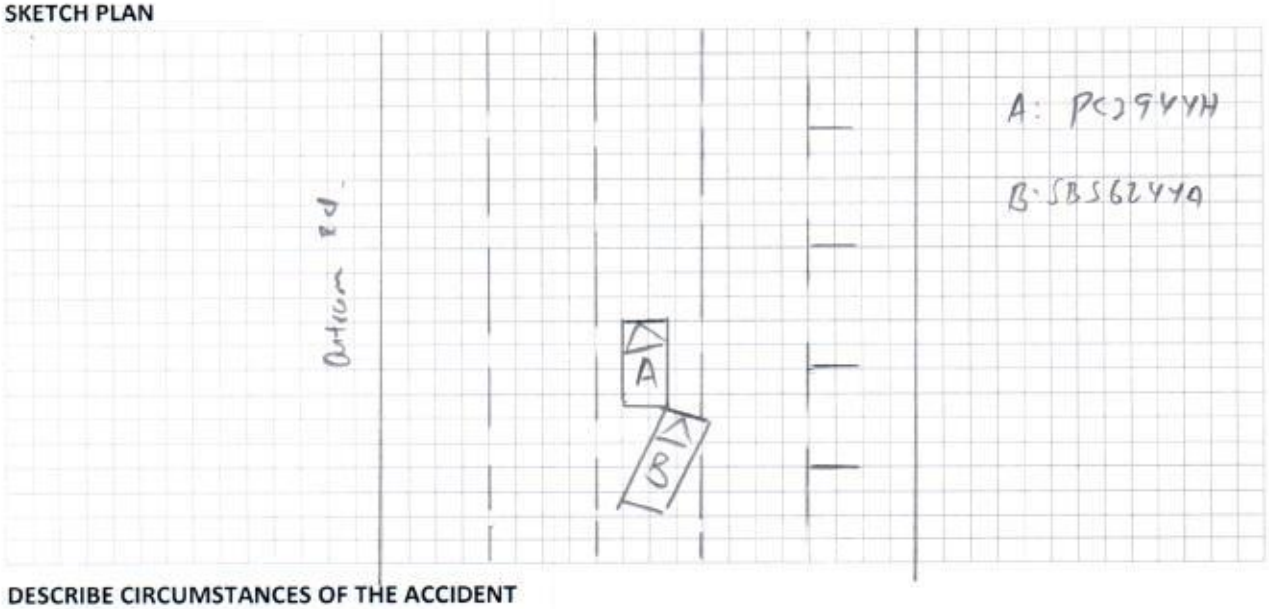
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

HEAVENLY TOURS PTE. LTD. STB LIC. NO. 02833

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

Refer to police report - 1/2018090 4/2096.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE:(4 / 9 / 18)(DD/MM/YYYY), TIME:(09 : 00)(HH:MM)

LOCATION: Outram Rd. fwds Singapore General Hospital

1. **DETAILS OF VEHICLE**
   a)VEHICLE NUMBER: PC2944H
   b)INSURANCE COMPANY: NTUC
   c)POLICY NUMBER: 5100336178
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL:
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: working
   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: Heavenly Toys Pte Ltd (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: 20101492 3R CONTACT: 96369674
   c)ADDRESS:

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (2) 1 female

3. **DRIVER**
   a)NAME: Ingmaran S/o Manickam (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: S7418808G CONTACT: 94302493
   c)ADDRESS: Blk 512D Yishun Street 51 #03-329 (760512)
   *d)DATE OF BIRTH: (11 / 6 / 1974)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)YEARS OF DRIVING EXPRERIENCE: 24/2/2009.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)
   b)ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)- Back, Chest
7. a)REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SBJ 6244A MODEL:
   b) DRIVER'S NAME: Mohd Asri Bin Zakaria

* No of passenger (Including driver) ( )

   c) NRIC/FIN/PASSPORT: G6905611P CONTACT:
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) ( )

email = 6speedautowerkz@~~gmail~~.com

fax =

VIDEO =

SINGAPORE POLICE FORCE

T/20180904/2096

Report No. T/20180904/2096

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE 400009
Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/09/2018 16:19		32

Informant's Particulars

Name of Informant: SUGUMARAN S/O MANICKAM			Address: APT BLK 513D YISHUN STREET 51 #03-329 SINGAPORE 764513	
ID Type / ID No.: NRIC NO / S7418808G			Contact No.: Home/Office: Mobile: 94300993	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 11/06/1974	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2018 09:00	Type of Location: Straight Road

Location:
Along Road 1
OUTRAM ROAD

ALONG OUTRAM ROAD TOWARDS SINGAPORE GENERAL HOSPITAL

Weather: Raining	Road Surface: Wet	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2944H	Bus/Coach/Minibus				Slightly Damaged	1
SBS6244A	Bus/Coach/Minibus				Slightly Damaged	20

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

CONTINUATION OF REPORT

Passenger			
Name	PARVATHY D/O MUTHUSAMY	ID No.	S7101654D
Related Vehicle	PC2944H (Bus/Coach/Minibus)	Contact No.	91094818
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	04/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Driver			
Name	SUGUMARAN S/O MANICKAM	ID No.	S7418808G
Related Vehicle	PC2944H (Bus/Coach/Minibus)	Contact No.	94300993
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	04/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver			
Name	MOHD ASRI BIN ZAKARIA	ID No.	G6908861P
Related Vehicle	SBS6244A (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/09/2018 at about 08:50am, I was travelling along Outram Road heading towards Singapore General Hospital. I was on the second lane from the right and the traffic was slow moving at that point of time with a lot of vehicles heading towards CTE direction. As I was driving, suddenly there was an impact on my vehicle causing a 'whiplash' effect on myself and my passenger. I then stopped my vehicle and realized that my vehicle was hit on the rear by an 'SBS Transit' bus Number "SBS6244A".

The SBS Bus's left side mirror had hit onto the rear right side of the door of my mini-bus. As a result there was a dent and slight scratches on the tail lights on my vehicle while the SBS left side mirror was damaged. As far as I know, none of the SBS Transit passengers complaint of pain or ask for ambulance. I then exchanged particulars with the SBS Bus driver on duty and left for medical treatment at Singapore General Hospital. I was given 3 days of Inpatient MC whereas my passenger was given 4 days outpatient

SINGAPORE
POLICE FORCE

T/20180904/2096

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180904/2096

CONTINUATION OF REPORT

MC.

I suffered pain on my neck area, chest area, upper & lower back. My passenger suffered pain on the neck area, whole back area and on her right knee. I am lodging this report for insurance claim purposes. That is all.

SINGAPORE POLICE FORCE

T/20180904/2096

Report No. T/20180904/2096

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE 400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD KASYIDI BIN KADIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2018 16:19
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7418808G

Name

SUGUMARAN S/O MANICKAM

சுகுமாறன்

Race

INDIAN

Date of birth

11-06-1974

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

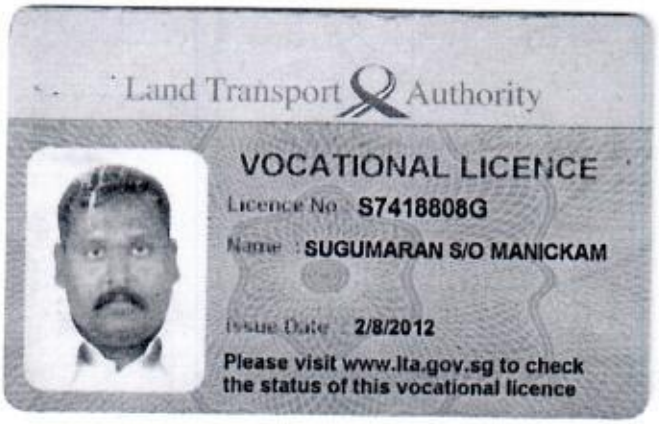
S7418808G

SUGUMARAN S/O MANICKAM

Birth Date 11 Jun 1974

Issue Date 29 May 2003

000524778G



Land Transport Authority

VOCATIONAL LICENCE

Licence No S7418808G

Name SUGUMARAN S/O MANICKAM

Issue Date 2/8/2012

Please visit www.lta.gov.sg to check the status of this vocational licence

3559379

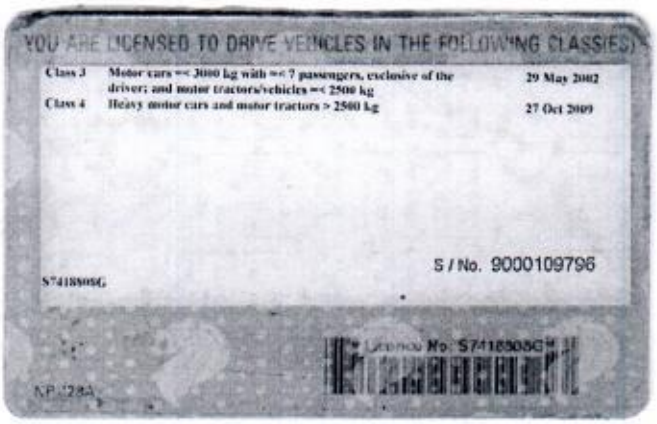
NRIC No. S7418808G

Date of issue

11-06-2004

APT BLK 513D YISHUN STREET 51 #03-329
SINGAPORE 764513

NRIC No:S7418808G Date:25/06/2018



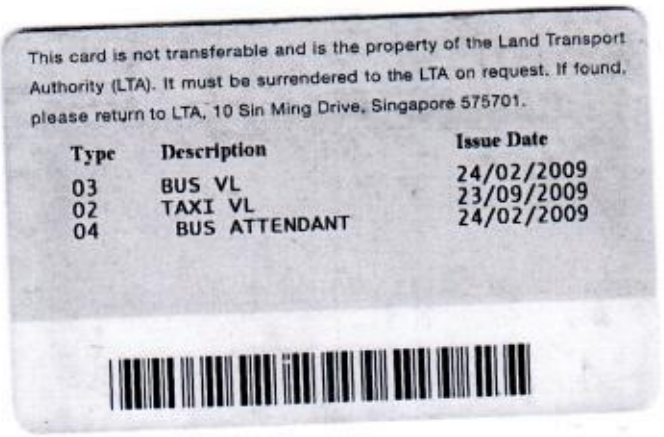
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	29 May 2002
Class 4	Heavy motor cars and motor tractors > 2500 kg	27 Oct 2009

S / No. 9000109796

S7418808G

Licence No: S7418808G



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	24/02/2009
02	TAXI VL	23/09/2009
04	BUS ATTENDANT	24/02/2009

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) PC2944H
Date of Accident 04/09/2018 09:00
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5100236178		HEAVENLY TOURS PTE LTD	201014923R	GBS	Comprehensive	PC2944H	PC2944H	26/04/2018	25/04/2019

Continue

Policy Information

Policy No.	5100236178	Policyholder Name	HEAVENLY TOURS PTE LTD	Policyholder NRIC	201014923R
Certificate No.					
Address	64 RANGOON ROAD #01-02 R66 APARTMENTS SINGAPORE 218354				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	3000	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	64 RANGOON ROAD	Address 2	#01-02 R66 APARTMENTS	Address 3	SINGAPORE 218354
Address 4		Address Type	Singapore address	Post Code	218354
Unit No.		Related Policy Number	5100236178		

Insured Object: PC2944H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling · Exit

Accident MT/1010153

Policy No.	5100236178	Vehicle No.	PC2944H	GST Registration No.	
Certificate No.					
Policyholder Name	HEAVENLY TOURS PTE LTD			Policyholder NRIC	201014923R
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96369674	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	04/09/2018 18:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/09/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTRAM RD TWDS SINGAPORE GENERAL HOSPITAL				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No

Modification History

Policyholder Mailing Address

Address 1	64 RANGOON ROAD	Address 2	#01-02 R66 APARTMENTS	Address 3	SINGAPORE 218354
Address 4		Address Type	Singapore address	Post Code	218354
Unit No.		Related Policy Number	5100236178		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SUGUMARAN S/O MANIOKAM	Driver NRIC	S7418808G	Driver DOB	11/06/1974
Register Date of Driver License	24/02/2009	Driver Age	44	Driving Experience	9
Contact No.(Mobile)	94300993	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 513D	Address 2	YISHUN STREET 51	Address 3	SARACA BREEZE @ YISHUN
Address 4	SINGAPORE 764513	Address Type	Singapore address	Post Code	764513
Unit No.	03-329				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HEAVENLY TOURS PTE LTD	Insured NRIC	201014923R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63334172
Email Address	info@heavenlytours.sg	OI Vehicle Number	PC2944H	TP Vehicle Number	SBS6244A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	PC2944H / SBS6244A ON 4 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/09/2018 18:55	Claim Close Date		Date Received	04/09/2018 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1010153	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	04/09/2018 18:56

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	

Browse...
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Browse...
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NO
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CD)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2018 18:56
NRIC/ Driving License
Normal
NRIC/ Driving License 2018-9-4
Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2018 18:55
SAS
Normal
SAS 2018-9-4
Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2018 18:55
Photos
Normal
Photos 2018-9-4
Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2018 18:55
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Photos 2018-9-4
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2018 18:55
Photos
Normal
Photos 2018-9-4
Edit
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading