

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA119120387**

Date In: <b>12/1/18-14:06</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC181650/24</b>	SAS e-filing		
Veh No: <b>JL8172C</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>15/4/18-11:30</b>	i-Motor Claim Form	<b>MT/101828-001</b>	<b>12/1/18 19:23</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **J4B 19021C** 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:- (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

<b>NA1803913</b>	<b>Invoice Preparation Checklist:</b>	Am't (\$)	Am't (\$)
		In Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	Q1*		
	*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 \$0		
	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	17/09/2018 14:06
Date Of Accident	15/09/2018 11:30
Exact Location Of Accident	WOODLANDS AVE 3 TWDS WOODLANDS SQUARE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL8172C

#### Insured/Policyholder

Name Of Registered Owner RAJ KUMAR S/O GUNALAN  
NRIC No S8142296F  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-81111077  
Alternative Phone No OFFICE-81111077

#### Vehicle Particulars

Manufacturer MITSUBISHI  
Model LANCER EVO-GSR 2.0 MT ABS D/AB 4WD TURBO  
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 5103298143  
Cover Note Number

#### Driver

Name of Driver RAJ KUMAR S/O GUNALAN  
NRIC No S8142296F  
Date Of Birth 29/12/1981  
Occupation INDOOR  
Date Of Driving Pass 19/09/2007  
Driving Experience 10 YEARS AND 11 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81111077  
Fax Number  
Contact Number OFFICE-81111077  
EMail Address NOEMAIL

Address	BLK 152 YUNG HO ROAD #02-15
Postcode	610152
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	<b>ROAD:</b> NO. 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7910000 - <b>FAX NO:</b> 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - J/20180915/7024.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1902K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKP6334H  
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 RAJ KUMAR S/O GUNALAN  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SJL8172C  
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)

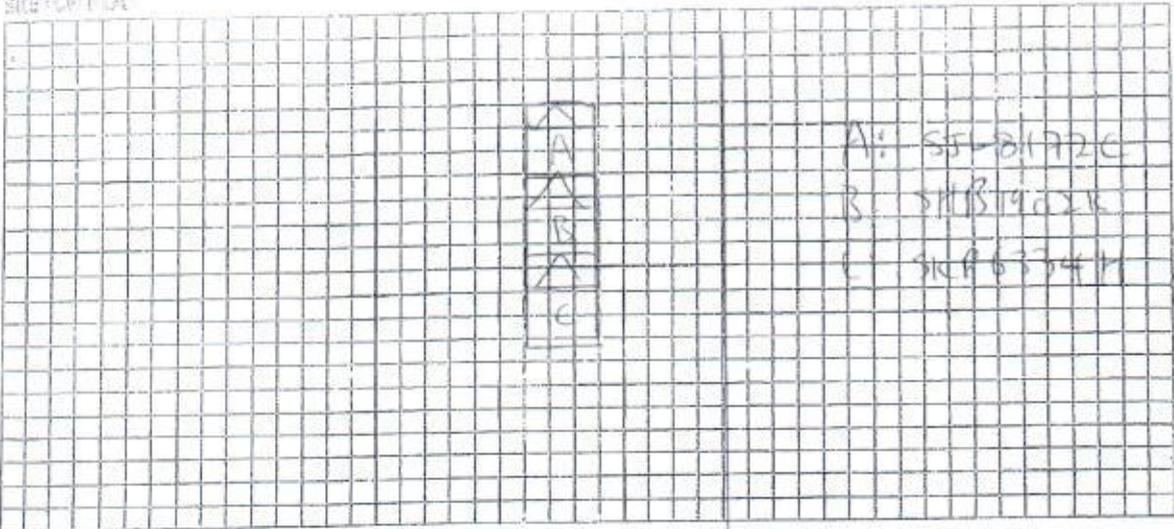
I understand, acknowledge, agree and consent that:

- (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.

  
\_\_\_\_\_  
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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodlands Ave 3 towards Woodland Square on the middle lane. As the traffic light was red my vehicle was completely stationary. After the traffic light turned green, before I move off I felt an huge impact from my vehicle rear portion. Total 3 cars involved.

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.:

CLAIM FOR A POLICY STATEMENT

IMPORTANT NOTICE

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ◆ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	15/09/18 (DD/MM/YY)
Time of accident	1122 (HH:MM)
Exact location of accident	Woodlands Ave 3 towards Woodlands Square

DETAILS OF VEHICLE	
Vehicle registration number	SJL8192C
Vehicle make and model	Mitsubishi Evo 10
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Raj Kumar S/o Gunalan Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8142296F
Contact	81111077
Address	Blk 152 Yung Ho Road #02-15 S(610152)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	
Email address	rajk-st@Yahoo.com
Date of birth	29/12/1981
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	19/09/2007

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

Vehicle registration number	SM1319024
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	SKP6334H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name	Raj Kumar S/o Gnanan	
Injuries sustained	Neck	
Which vehicle person in?	SJT-8172C	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**SINGAPORE  
POLICE FORCE**



J/20180915/7024

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20180915/7024

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 15/09/2018 15:21	Vide Report No.	Station Diary No.
Name Of Informant RAJ KUMAR S/O GUNALAN	Address APT BLK 50 CHOA CHU KANG NORTH 6 #01-01 SINGAPORE 689574	
ID Type / ID No. NRIC NO / S8142296F	Contact No. Home/Office:	Mobile: 81111077
Nationality SINGAPORE CITIZEN	Email Address rajk_rt@yahoo.com	
Occupation OPERATIONS MANAGER	Sex Male	Age 36
Institution/School Name	Date of Birth 29/12/1981	Race Indian
Date/Time Of Incident 15/09/2018 10:25 - 15/09/2018 11:30	Language English	
	Location Of Incident ALONG WOODLANDS AVE 3	

**Brief details.**

I was travelling along woodlands ave 3 towards woodlands square on the middle lane. As the traffic light was red, my vehicle was completely stationary. After the traffic light turn green before i can move off i suddenly felt an impact from my vehicle rear portion. Total 3 vehicles involved.

Subjects Involved	
Victim	
Person Name	RAJ KUMAR S/O GUNALAN

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2018 15:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE



J/20180915/7024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180915/7024

ID Type	NRIC NO	ID No	S8142296F
Gender	Male	Age	36
Race	Indian	Language	English
Occupation	OPERATIONS MANAGER	Address Type	
Address	APT BLK 50 CHOA CHU KANG NORTH 6 #01-01 SINGAPORE 689574	Mobile No	81111077
Is Informant A Victim?	Yes		
Person Name	RAJ KUMAR S/O GUNALAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2018 15:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8142296F



Name  
RAJ KUMAR S/O GUNALAN

ரஜ் குமார்

Race  
INDIAN

Date of birth  
29-12-1981

Sex  
M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8142296F

Name  
RAJ KUMAR S/O GUNALAN

Exp. Date 29 Dec 1981

Issue Date 24 May 2016



002570237D

5632815



ID No. S8142296F



Date of issue  
20-07-2016

Address  
APT BLK 152 YUNG HO ROAD  
#02-15  
SINGAPORE 610152

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	07 Aug 2000
Class 2A Motorcycles between 201 cc and 400 cc	19 Aug 2003
Class 2 Motorcycles > 400 cc	19 Aug 2003
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	01 Feb 2005
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	19 Sep 2007
Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	14 Jan 2008

NP 426A



Licence No: S8142296F

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

My Desktop  
Notice of Loss

**Policy Query**

Policy No.  Date of Accident: 15/09/2018 11:30  
Vehicle No. (For Motor): SJL8172C Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103298143		RAJ KUMAR S/O GUNALAN	S8142296F	GPC	drive CLASSIC	SJL8172C	SJL8172C	31/08/2018	30/08/2019

Policy Information

Policy No.	5103298143	Policyholder Name	RAJ KUMAR S/O GUNALAN	Policyholder NRIC	S8142296F
Certificate No.					
Address	BLK 152 #02-15 YUNG HO ROAD SINGAPORE 610152				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/08/2018	Effective Date	31/08/2018 00:00	Expiry Date	30/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 152 #02-15	Address 2	YUNG HO ROAD	Address 3	SINGAPORE 610152
Address 4		Address Type	Singapore address	Post Code	610152
Unit No.		Related Policy Number	5103298143		

Insured Object: SJL8172C

Endorsements

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

Claim Handling

Exit

Accident MT/1011838

Policy No.	S103298143	Vehicle No.	SJL8172C	GST Registration No.	
Certificate No.					
Policyholder Name	RAJ KUMAR S/O GUNALAN	Policyholder NRIC	S8142296F		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81111077	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	10
KFK	<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	17/09/2018 19:21	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	15/09/2018	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 3 TWDS WOODLANDS SQUARE				

**Excess**

Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	1,500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 152 #02-15	Address 2	YUNG HO ROAD	Address 3	SINGAPORE 610152
Address 4		Address Type	Singapore address	Post Code	610152
Unit No.		Related Policy Number	S103298143		

**Q1 Driver Info**

Driver Name	RAJ KUMAR S/O GUNALAN	Driver Type	Main Driver	Driver DOB	29/12/1981
Unnamed driver Name		Driver NRIC	S8142296F	Driving Experience	10
Register Date of Driver License	19/09/2007	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	81111077	Contact No.(Office)	0	Address 3	SINGAPORE 610152
Address 1	BLK 152	Address 2	YUNG HO ROAD	Post Code	610152
Address 4		Address Type	Singapore address		
Unit No.	02-15				
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 *	GD-MX	Insured Name	RAJ KUMAR S/O GUNALAN	Insured NRIC	S8142296F	
Contact No.(Mobile)	81111077	Contact No.(Home)	64253251	Contact No.(Office)	NIL	
Email Address	raj_k_r@yahoo.com	O1 Vehicle Number	SJL8172C	TP Vehicle Number	SHB1902K	
Claimant Type	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJL8172C / SHB1902K ON 15 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	17/09/2018 19:23	Claim Close Date		Date Received	17/09/2018 00:00	
Report Taken By	Jackson					

Print AK letter

**Save Submit**

Attachment

Accident No.	MT/1011838	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/09/2018 19:24

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Please Select

Please Select

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:24	SAS	Normal	SAS 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Sep 2018 19:23	Photos	Normal	Photos 2018-9-17		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				