NATIONAL Assessment Centr			11 1		-	
Date in: 711 - 1111	Jeb description		Date & Time Compl	eted	Done by	
Date In: 1/1/19 - 15:33	SAS e-filing			-		7.1
Ref No: Na INC 19000169 / 24	E-mail (within Shrs	s, AIC 2hrs)				*
Veh No: 514 2848 t.	i-Motor Claim		MT/1026275-	001 2/1	19 18:04	
D.O.A: 71/9-17:00	i-Motor W/O (V	Vithin: OD 2hrs,				
OD / (P) Reporting Only	i-Photo Upload		1			
	Assessment/Surv					
TP Insurer:	Ass't Report by I		Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Jum	14114.	. INC ()/Non-INC()		
Owner / Driver: (Tel:	*		- 10 C
	eriod: ()	Cover Type: (-
Caufinual bus (Date:	Time:	2 22 1000/1	,	
Insured/Driver Liability: (%)	[Note-Est. Status (Wo	O): N: 0-20	%; P: 21-79%.	P: 80-100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()		ALONE STORE		
County Damarke				1. 100000	<u> </u>	
() Walk-In Customer : Customer's int	formation strictly Conf	idential & Str	ictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	3.00	* · · d			
	ce: YES () / NO	O();T	owing Co: (s ²)
David III ()			Date&Time Comp	derad	Done by	
Remarks: (INC hotline: 6788 6616)		K. Helber	- 1		A	36.53
Apply for Transport Allowance ()/	Courtesy Car ()				O'S HARRY SELECTION	000
2) QC Check / Post Repair Inspection	()		-			
a) II 1 - 1 D Dhata (Dir Cost)	f200057				4	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	-				
	\$3000] ()					
Injury:	\$3000]	A. S. P. S.		230 27	ger a second	
Injury:	\$3000] ()		The state of the s	22-11	Service -	
Injury:	status (with the second		69	7967 974	per year	
Injury:	\$3000]				Taches Yas	
Injury:	\$3000j ()	,			Province of the second	
Injury:	\$3000]				ipc. Act. 13 f	
Injury: Date/Time Actions:	\$3000j				Anit (S)	Amt (3
Injury: Date/Time Actions:	1	100 N 2 S R 100 N	eparation Checkli		Ant (S)	43 11-30
Injury: Date/Time: Actions Halpoolog-	\$3000j ()	1) AR : Accider	eparation Checkli	St.	Anit (S)	43 Table 3
Injury: Date/Time: Actions Ha 1900 108-	\$3000j	1) AR : Accider 2) DA : Dameg 3) TF : Towing	eparation Checkli	INC (\$80) \$40/\$45	Amet (\$) fir Bill	43 Table 3
Injury: Date/Time: Actions Halpo 128 Lumant's Particulars:-	\$3000j	1) AR : Accider 2) DA : Damag 3) TF : Towing 4) FT : Follow-	paration Checkli at Reporting (\$30); c Assessment (\$100); Fee Through Survey	INC (\$80) \$40/\$45 \$120 \$7) \$30	Amet (\$) fir Bill	43 Table 3
Injury: Date/Time Actions Hh 1900 108 Claimant's Particulars:	**************************************	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming	eparation Checklint Reporting (\$30); c Assessment (\$100); Fee Through Survey Through Survey (Resurves)	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jon 2005)	Amet (S) fir Bill	43 Table 3
Injury: Date/Time: Actions Halpo 108 Elaimant's Particulars:- Driver/Owner: Contact No:	\$3000j	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	eparation Checkli at Reporting (\$30); c Assessment (\$100); Fee Through Survey Through Survey (Resurve) against INC Only (wef-	INC (\$80) \$40/\$45 \$120 \$7) \$30	Amet (S) fir Bill	43 11-30
Injury: Date/Time Actions Halpo 108- Claimant's Particulars:- Oriver/Owner: Contact No:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	eparation Checklint Reporting (\$30); c Assessment (\$100); Fee Through Survey Through Survey (Resurves)	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jan 2905) \$75	Amet (S) fir Bill	43 11-30
Injury: Date/Time Actions Hh 1900 108 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	\$3000j	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D/ 8) NTUC Addi	cparation Checklint Reporting (\$30); c Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wefeetion A + SMRT Survey thonal Services:-	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jan 2905) \$75	Ant (S)	4 11 17
Injury: Date/Time Actions Halpo 108- Inimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	1	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte	cparation Checklint Reporting (\$30); c Assessment (\$100); Fee Through Survey (Resurve gainst INC Only (weffection a + SMRT Survey tional Services	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jan 2005) \$75 \$160	Ant (S)	43 Table 3
Injury: Date/Time Actions: Hh 1900 108- Claimant's Particulars:- Contact No: Camaged Portion: C Checked by (Engr-In-Charge):	Sauce Court of the	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N1: Fost R	cparation Checklint Reporting (\$30); c Assessment (\$100); Fee Through Survey (Resurve against INC Only (wefeetion A + SMRT Survey tional Services. sy Car / Tpt Allowance Co-ordination epair Inspection	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jan 2005) \$75 \$160	Ant (S)	4 11 17
Injury: Date/Time Actions: Hh 1900 108- Claimant's Particulars: Oniver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	3	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	cparation Checklint Reporting (\$30); c Assessment (\$100); Fee Through Survey (Resurve against INC Only (wefeetion A + SMRT Survey tional Services. sy Car / Tpt Allowance Co-ordination epair Inspection older Excess Coordination older Excess Coordination older Excess Coordination of the control of the cont	St. INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jan 2005) \$75 \$160 \$55 \$510 \$525 on \$53 C \$20	Ant (S)	43 Table 3
Injury: Date/Time Actions:		1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	cparation Checklint Reporting (\$30); c Assessment (\$100); Fee Through Survey (Resurve against INC Only (wefeetion A + SMRT Survey tional Services. sy Car / Tpt Allowance Co-ordination epair Inspection collect Excess Coordination of the Coordinat	St. INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jan 2005) \$75 \$160 \$55 \$100 \$525 on \$33	Ant (S)	Amt (3)

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 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.
- 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	03/01/2019 15:33
Date Of Accident	02/01/2019 17:20
Exact Location Of Accident	PIE (CHANGI) BESIDE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH2848K
Insured/Policyholder	
Name Of Registered Owner	RAMESH S/O ARIVALAN
NRIC No	S8537244J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91857061
Alternative Phone No	OFFICE-91857061
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at	PRIVATE USE

time of accident

Are you claiming under your own insurance policy

NO

for repair to your vehicle?

THIRD PARTY

If No. Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5097799986

Cover Note Number

Driver

Name of Driver RAMESH S/O ARIVALAN

NRIC No S8537244J Date Of Birth 07/11/1985 Occupation **INDOOR** Date Of Driving Pass 21/09/2005

Driving Experience 13 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91857061

Fax Number

Contact Number OFFICE-91857061

EMail Address NOEMAIL Address BLK 520C TAMPINES CENTRAL 8

#04-55

Postcode 523520

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 (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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 CHANGI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5872999 - FAX NO: 65872900

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190102/2170,

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

SLM6411Y

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLM1280R

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 RAMESH S/O ARIVALAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKH2848K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

GIARINE SkotchPlanForm_V3

2

Date of Accident	= 2112014 Accident Time: 17:30 (24-HR-Format)
Accident Place	: Pif > changi beside funct exit
Vehicle, No. (Car Plate No.)	SKH 2842K Make/Model: AVD 1
Insurace Company	Policy No:
Owner or Company Name /IC No.	RAMESH S/O AKNALAN S(8537244)
Owner or Company Contact No.	. 9185 706 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: As Above .
DRIVER'S Date Of Birth	: 07 11/1925 DRIVER'S License Pass Date 18 09 2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK SJOC Tarappes central & #04-55 s(523520)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: LEAR & DRY \RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	hiver): 01
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Wehide B: SUMCHITY Other 1	Party Driver's Particular (if any)
Vehicle C: SLM1230R Vehicle. No:	Vehicle, No:
Vehicle Make\Model:	Vehicle Make/Model:
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact:

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



T/20190102/2170

1 of 4

Report No. T/20190102/2170

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

REPOR	T OF A TRAFF	FIC ACCIDENT	Vide Report No.:	Station Diary No.:			
Date/ 02/01/	Time Report 2019 22:36	Made:					
Name	of Informant SH S/O ARI		523520	ENTRAL 8 #04-55 SINGAPORE			
			Contact No.: Home/Office: Mobile: 91857061				
Nationa			Type of Informant: Driver				
Sex: Male							
Race:			Language:	Institution / School Name:			
	Occupation: Business development manager		Driving Licence Information: Class: 3	Date of Expiry:			
		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED					

Section 1	Indiama	dent	Date/Time of	Town of Landing	
Type of Accident: Injury Others		Drive:	Accident: 02/01/2019 17:20	Type of Location Straight Road	
	EXPRESSWAY	Eunos Exit (Lane 1)			
Weather: Clear		Road Surface:	F	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume:	
ype of Collision hain Collision	1:		1	Anyone conveyed by ambulance:	

etails of V	ehicle Invo	olved				
ehicle No.	Туре	Make	Model	10-1		No. of the last of
KH2848K	Car	AUDI	The second secon	Color	Condition	No of Passenger
14000D			A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR	White	Seriously Damaged	0
M1280R		NISSAN	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD	Blue	Seriously Damaged	



T/20190102/2170

Report No. T/20190102/2170

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved		-	Condition N	lo of Passenger
Vehicle No. SLM6411Y	Туре	Make	Model	Color	Seriously	
OCIVIO411Y	Car	HONDA	GRACE HYBRID		Damaged	

Details of V Vehicle No.	ehicle Insurance		Fifective	Expiry Date
CKHOC NO.	Insurance Company	Insurance No	23/02/2018	22/02/2019
	NTUC Income Insurance Co-Operative	5097799986		

	strians Injured: NIL	Use of	Pedestrian Cros	sing. IVA
Name	RAMESH S/O ARIVALAN		ID No.	S8537244J
Related Vehi	cle SKH2848K (Car)		Contact No.	91857061
Hospital/Clinic		(Toa Payoh)	Class of	Class: 3
Data Troot			Driving Licence & Expiry Date	Date of Expiry: NIL
Date Treatmen	t 02/01/2019	Date Di	scharge NIL	
Driver	anted Medical Leave NIL		of Injury Sligh	ıt
ame	PEH KUN HUI		CA A PORT	DESCRIPTION OF
			ID No.	S7107080H
elated Vehicle	SLM1280R			
			Contact No.	NIL
spital/Clinic	NIL		01	DO THE REAL PROPERTY.
			Class of Driving Licence &	Class: NIL Date of Expiry: NIL
Treatment	NIL	Data Di	Expiry Date	
of Days grante	ed Medical Leave NIL	Date Dis	scharge NIL	
		Degree	of Injury NIL	



3 of 4

Report No. T/20190102/2170

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

		TID No.	S8236851E
UBIN, JUSTIN		ID No.	
		Contact N	No. 98574438
SLM6411Y (Car)			
NIL			Class: NIL Date of Expiry: NIL
		The same of the sa	
	UBIN, JUSTIN 1Y (Car)	IY (Car)	Contact N Class of Driving Licence & Expiry Da

Brief Details.

On the above mentioned date and time. I driving along lane 1 of PIE toward Changi Airport. Out of sudden, the vehicle in front of my brake. As such I slow down my vehicle which eventually come to a stop. Seconds later, I felt a impact on the rear of my vehicle. I then saw back mirror and realized that another car had collided into the rear of my vehicle. Before I could get down the vehicle, I felt another impact on the rear of my vehicle. That was when I realized that it was a chain collision.

During that time, there was LTA officer which was at the scene to took photo of the whole incident. I had suffered some back injuries from the accident. I had seek medical treatment at Unihealth clinic, and was given 3 days of MC by the doctor.

Report No. T/20190102/2170

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

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:

Sgt 2 CHOO WEI CHONG

Signature Of Interpreter: Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING

Contact No.: 90020518

par

FORE

Signature Of Informant:

Date/Time:

02/01/2019 22:36

Classification Of Case

Authentication Stamp

SIGNATURE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8537244J





Name

RAMESH S/O ARIVALAN

அ ரமேஷ்

Race

INDIAN

Date of birth

07-11-1985

Country/Place of birth SINGAPORE

Sex

M



5809643



NRIC No. S8537244J



Date of issue

18-09-2017

Address

APT BLK 520C TAMPINES CENTRAL 8 #04-55 SINGAPORE 523520

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 8 5 3 7 2 4 4 J

Name:

RAMESH S/O ARIVALAN

Birth Date: 07 Nov 1985 Issue Date: 18 Sep 2017



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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

21 Sep 2005

NP 428A



eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	e + Chan	ge Password	→ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		02/01/2019	17:20	
	Vehicle	No.(For Motor)	SKH28	348K		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097799986		RAMESH S/O ARIVALAN	\$85372443	GPC	drivo CLASSIC	SKH2848	SKH2848K	23/02/2018	22/02/2019
						Continue					

		Participated 4			Barbara and Annual Annual		
Policy No.	5097799986	Policyholder Name	RAMESH S	O ARIVALAN	Policyholder NRIC	585372443	
Certificate No.							
Address	BLK 520C #04-55 TAMPINES	CENTRAL 8 CENT	TRALE 8 AT	TAMPINES SINGAPOR	RE 523520		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/01/2018	Effective Date	23/02/2018	3 00:00	Expiry Date	22/02/2019 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	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						<u> </u>
Address 1	BLK 520C #04-55	Addre	ss 2	TAMPINES CENTRA	AL 8	Address 3	CENTRALE 8 AT TAMPINES
Address 4	SINGAPORE 523520	Addre	ss Type	Singapore address		Post Code	523520
Unit No.		Relate Numb	ed Policy er	5097799986			
D Insure	d Object: SKH2848K						
♥ Endors	sements						

licy No.					
ci an	5097799996	Vehicle No.	SKH2846K	GST Registration Na.	
oficate No.					
cyholder Name	RAMESH S/O ARIVALAN			Policyholder NRIC	\$85372441
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No.(Mobile)	91857061	Contact No. (Office)	0	Contact No.(Home)	0
il Address		Special Remark		eCode	IN Y
	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No.	NCD Enottement(%)	20	Private Hire	No
Accident Details					
ort Date	03/01/2019 18:03	Academt Report Within 34 hrs.	Yes	Acodem Type	Chain Collision
of Accident	02/01/2019	Time of Accident hh:mm	17:20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	PIE (OHANGI) BESIDE EUNOS LINK EXIT				
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
wined Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
rape ssory			Sum Insured 2000		
GST Registered Informa	ition		2000		
Registered	No.		GST Registration Date		
Registration No.	57.0		GST Status Verified	Yes	
fication History					
Policyholder Mailing Ad	dress				
ress I	BLK 520C #04-55	Address 2	TAMPINES CENTRAL 8	Address 3	CENTRALE 8 AT TAMPINES
ress 4	SINGAPORE 523520	Address Type	Singapore address	Post Code	523520
No.		Related Policy Number	5097799986		
OI Driver Info					
er Name amed driver Name	RAMESH S/O ARIVALAN	Driver Type Driver NRIC	Main Driver 58537244)	Driver DOB	07/11/1985
amen driver warns ster Date of Driver License	21/09/2005	Driver Age	33	Driving Experience	13
tact No.(Mobile)	91857061	Contact No.(Office)	0	Contact No.(Home)	0
ress I	BLK 520C	Address 2	TAMPINES CENTRAL B	Address 3	CENTRALE & AT TAMPINES
ress 4	SINGAPORE 523520	Address Type	Singapore address	Post Code	523520
		Housess Type.	angelor and the	Post code	323320
t No.	04-55	Driver Vehicle No.		Driver Insurer Company	
s he own a Singapore		Paradet Administration?		Driver Install Company	
is he own a Singapore listered car?	○ Yes ® No				
istered car?	○ Yes ® No				
istered car?			Ø Vac ○ No.		
istered car? aration athelyser or Blood Test	○ Yes ® No O mg	Any injuny?	® Yes ○ No		
istered car? aration athelyser or Blood Test			® Yes ○ No		
istered car? aration athalyser or Blood Test ding?			® Yes ○ No		
istered car? aration schelyser or Blood Test ding? fication History			● Yes ○ No		
stered car? aration othelyser or Blood Test dright			● Yes ○ No		
stared car? sration this year or Blood Test sing? fication History laim 001 Nexe	© mg	Any injuny?		24.65/ GSM2	
station this year or Blood Test sing? fication History aim 001 New	O mg	Any injury? Insured Name	RAMESH S/O ARIVALAN	Insured NRIC	\$85372443
stered car? aration aration athicyter or Blood Test sing? fication History aim 001 New m Type *	O mg	Any injury? Insured Name Contact No.(Home)	RAMESH S/O ARĮVALAN 67837009	Contact No.(Office)	
stered car? aration thislyser or Blood Test sing? fication History laim 001 New m Type * tact No (Mobile) iii Address	Ong OD-MX 91857061 ramesh_711@hobmail.com	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	RAMESH 5/O AR[VALAN 67837009 SKH2848K		\$85372443 SLM6411Y
stered car? aration athinityser or Blood Test sing? fication History laim 001 New m Type * tact No (Mobile) iii Address mant Type Claimant Type *	Ong OD-MX 91857061 ramesh_711@hotmail.com Please Select	Any injuny? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	RAMESH S/O ARĮVALAN 67837009	Contact No.(Office)	
stared car? aration this year or Blood Test sing? fication History aim 001 New In Type * tact No (Mobile) il Address mant Type Claimant Type * riant Name *	Ong OD-MX 91857061 ramesh_711@hobmail.com	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	RAMESH 5/O AR[VALAN 67837009 SKH2848K	Contact No.(Office)	
ration thelyser or Blood Test ling? fication History aim 001 Nex In Type * act No (Mobile) il Address nant Type Claimant Type * nant Name * nant Address	Omg OD-MX 91857061 ramesh_711@hotmai.com Please Select >>>	Any injuny? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	RAMESH 5/O AR[VALAN 67837009 SKH2848K	Contact No.(Office) TP Vehicle Number	
aration thalyser or Blood Test dright fication History aim 001 Mexic n Type * lact to (Mobile) iil Address nant Type Claimant Type * nant Address n bescription	Ong OD-MX 91857061 ramesh_711@hotmail.com Please Select	Any injuny? Insured Name Contact No.[Home) Of Vericle Number Type of Benefit + Claiment NRIC +	RAMESH 5/O ARIVALAN 67837009 SKH2848K Please Select	Contact No.(Office)	
aration athicker or Blood Test ching? fication History laim 001 New In Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Address m bescription erred Workshop Contact	Omg OD-MX 91857061 Please Select Please Select >>> SKH2848K / SLM5411Y ON 2 Jan 2019	Any injuny? Insured Name Contact No.(Home) OI Venicle Number Type of Benefit * Claiment NRIC *	RAMESH 5/O ARTVALAN 67837009 SKH2848K Please Select Woot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SLM6411V
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stanton sthelyser or Blood Test dright fication History laim 001 Mexi m Type * tact No.(Mobile) iii Address ment Type Claimant Tyge * mant Address m Description errice Workshop Contact uine Finalisation e Registered	Omg OD-MX 91857061 Please Select Please Select >> SKH2848K / SLM5411Y ON 2 Jan 2019 Yes 93/01/2019 18/04	Any injuny? Insured Name Contact No.(Home) OI Venicle Number Type of Benefit * Claiment NRIC *	RAMESH 5/O ARTVALAN 67837009 SKH2848K Please Select Woot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SLM6411V
aration thalyser or Blood Test drig T fication History aim 001 Nexe in Type * tact No.(Mobile) iil Address nant Type Claimant Type * nant Address in bescription erried Workshop Contact dire Ploatisation Registered	Omg OD-MX 91857061 Please Select Please Select >>> SKH2848K / SLM5411Y ON 2 Jan 2019 Yes	Any injury? Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option	RAMESH 5/O ARTVALAN 67837009 SKH2848K Please Select Woot at Fault	Contact No.(Office) TP Vehicle Number Number	SLM6411V Received
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istered car? aration athelyser or Blood Test dright fication History featin 001 New In Type * tact No.(Mobile) all Address ment Type Claimant Type * mant Address in Description erred Workshop Contact usine Finalisation e Registered out Taken By	Omg OD-MX 91857061 Please Select Please Select >> SKH2848K / SLM5411Y ON 2 Jan 2019 Yes 93/01/2019 18/04	Any injury? Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option	RAMESH 5/O ARTVALAN 67837009 SKH2848K Please Select Woot at Fault	Contact No.(Office) TP Vehicle Number Number	SLM6411V Received
aration this/year or Blood Test dright fixation History aim 001 New In Type * tact No. (Mobile) if Address nant Type Claimant Type * nant Name * nant Address n Description erred Workshop Contact uine Finalisation Registered out Taken By Pont AK letter	Omg OD-MX 91857061 Please Select Please Select >> SKH2848K / SLM5411Y ON 2 Jan 2019 Yes 93/01/2019 18/04	Any injury? Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option	RAMESH S/O ARIVALAN 67837009 SKH2848K Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Number	SLM6411V Received
aration athickner or Blood Test ding? fication History fication History filliam 001 New m Type * tact No. (Mobile) in Address mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact curre Finalisation e Registered out Taken By Print AK lietter	Omg OD-MX 91857061 Please Select Please Select >> SKH2848K / SLM5411Y ON 2 Jan 2019 Yes 93/01/2019 18/04	Any injury? Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option	RAMESH S/O ARIVALAN 67837009 SKH2848K Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Number	SLM6411V Received
istered car? Isration Athalyser or Blood Test cling? Incution History Inim 001 New In Type * Itact No (Mobile) Isil Address Imant Type Claimant Type * Imant Address Imant Address Im Description Incred Workshop Contact Ipoine Finalisation In Registered In Taken By In Proper AK letter Isration	Omg OD-MX 91857061 Please Select Please Select >> SKH2848K / SLM5411Y ON 2 Jan 2019 Yes 93/01/2019 18/04	Any injury? Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option	RAMESH S/O ARIVALAN 67837009 SKH2848K Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Number	SLM6411V Received
	Omg OD-MX 91857061 Please Select Please Select >> SKH2848K / SLM5411Y ON 2 Jan 2019 Yes 93/01/2019 18/04	Any injury? Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option	RAMESH S/O ARIVALAN 67837009 SKH2848K Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Number	SLM6411V Received
streed car? stration stration Blood Test drig? fication History aim 001 Mess in Type * tact No.(Mobile) ii Address mant Type Claimant Type * mant Address in Description erred Workshop Contact cirle Pleatisation it Registered put Taken By Pont AK letter	Omg OD-MX 91857061 ramesh_711@hobmail.com Please Select >≥ SKH2848K / SLM5411Y ON 2 Jen 2019 Yes 03/01/2019 18/04 Jackson	Any injury? Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	RAMESH S/O ARTVALAN 67837009 SKH2848K Please Select V Not at Fault Preferred Workshop, Name unknown V Save Suoms	Contact No.(Office) TP Vehicle Number Number	SLM6411V Received

