NATIONAL Assessment Centre S	services. por	1 Jan'05) ML	141902VSJ		Done b	V.
Date In: 2/4 - 17:53	Jeb description		Date & Time Completed	_	Done	,
Ref No: NA / MELADO BON MY	SAS e-filing	1999	<u>i</u>			
Veh No: JG1614.	E-mail (within Shrs,	AIC 2hrs)				
D.O.A: 19/1/19/07:20	i-Motor Claim I	orm	M1 1037937 - 001	2014	19 16	oğ.
	i-Motor W/O (W	ithin: OD 2hrs,	TP 4hrs)		-	
OD : (TP ! Reporting Only	i-Photo Uploade	d				
	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by E	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: PC 3883	7	. INC()/Non-INC().	3		
Owner / Driver: (Tel:)	
Policy No: () Period	1: ()	Cover Type: ()	
Confirmed by : (IV-company and a second	Date:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Wa	rranty: YES ()	/NO()			
Excess: (\$) Loading: \$1,000	()/\$2,000()	Y	37777	THE WASTER	
General Remarks;-				5,000	84.5	
() Walk-In Customer: Customer's information	ation strictly Confid	lential & St	rictly NO refer of repaire	r		
() Total Loss Case : to e-mail Insurer I	URGENTLY.		44 1 2			
Drive-In ()/ Towed-In (); Invoice: Y	ES () / NO	();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)			Date&Time Completed		Done	oy .
1) Apply for Transport Allowance ()/Cou	rtesy Car ()	******************	**			
2) QC Check / Post Repair Inspection	()		- 2			SV - 1711
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()					
				1.02.20 m		. =0.
Injury:			Since the Year	357122	Sec. 2.60	13 MH 823
Date/Time Actions				Missian	<u>Boars</u>	
				-		
	4			-		
, , , , , , , , , , , , , , , , , , ,			1000	124	Anit (S)	Ami (\$
NA19 0 1739.	1353	A STATE OF A STATE OF THE STATE	paration Checklist		MBiji	Add Bil
laimant's Particulars:-		AR : Acciden	t Reporting (\$30); Assessment (\$100); INC	(\$80)		
1	3	TF : Towing	Fee	\$40/\$45 \$120	research to the second	
river/Owner:	4	FT : Follow-T	Through Survey Through Survey (Resurvey)	530		
ontact No:		For claiming	egoinst INC Only (wef 10 Jan :	(005) \$75		
amaged Portion:	7	TR: Re-inspe N1: Idao DA	+ SMRT Survey	\$160		
1	8	NTUC Additi	ional Services:-	The state of the s		-
C Checked by (Engr-In-Charge):	84,	*NS: Courtes	y Car / Tpt Allowance	\$5		
	75 15 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	*N6: Repair (Co-ordination	\$10 \$25		
nditors! Comments :-	-	*N8: DV / Co	pair Inspection Bleet Excess Coordination	\$5		
1. 1:	-	TP (N11) : T) N12: Idna M	P (N·n INC) against INC	\$20 30		**
1.2/3:		nvoice dated	Per Char		MARCH STREET	是特殊了
Linds of the	1,	nvaice dated	Fee Chan	esd	SECTION !	

Figure 1 1 and

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 <u>truthful</u> and <u>accurate</u> 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.
- 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	20/02/2019 15:53
Date Of Accident	19/02/2019 07:20
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG1681Y
Insured/Policyholder	
Name Of Registered Owner	KANAKARAJAN S/O VEDHAMUTHU
NRIC No	S1637210B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90081076
Alternative Phone No	OFFICE-90081076
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GLS 6-CVT
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	5101611362
Cover Note Number	
Driver	
Name of Driver	KANAKARAJAN S/O VEDHAMUTHU
NRIC No	S1637210B
Date Of Birth	06/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90081076

OFFICE-90081076

NOEMAIL

BLK 973 HOUGANG STREET 91 Address

#11-210 530973

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: KANAGI

GENDER:

: FEMALE

Passenger 2

NAME:

: KEVIN SAMUEL

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 - T20190219/7003,

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

PC3883T

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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

KANAKARAJAN S/O VEDHAMUTHU

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJG1681Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

KANAGI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJG1681Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

HATFORTARD NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as dossible. 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 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's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



S to the special		
	Refer to police report	

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.:

SINGAPORE ACCIDENT 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. 4
- Any false reporting may be referred to the traffic police department for investigation.

医型性性炎性	ACCIDENT	DETAILS	A STATE OF THE STA
Date of accident	19/2/2010	1	(DD/MM/YY)
Time of accident	7-20 AM		(HH:MM)
Exact location of accident	Newton Ci	vcus	

医 运行 经存货 医皮肤	DE	TAILS OF V	EHICLE		
Vehicle registration number	SJG	Annual Management of the Contract of the Contr			
Vehicle make and model	MITSI	abishi lo	aucev		
Type of vehicle	Saloon D	MPV 🗆 Bus 🗆		Van de 🗆	Others:
Vehicle category	Private 🗆	Comm	ercial 🗆 M	lotorcy	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part of	No p	if no, please select: Reporting only \square		

Self and the second live and	INSURANCE IN	FORMATION	TAX TAX TO SELECT
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only [

Name	KANAK	ARAJAN	SIO VE	DHAY	NHTN	Male d	Female
NRIC / Fin / Passport number	S1637	AV A					
Contact	900	81076		7740			
Address	BIK 973	Hougang	street	91	却11-210	S(530	773)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	Kanan Vedhamuthu 6) gmail. com
Date of birth	6/5/1964
Occupation	Indoor Outdoor
Driving date pass	13/8/1996

å	TO A COLUMN TO A C	8				
in a ser year of the ser from G	GENERAL INFORMATION OF THE ACCIDENT					
Was driver an employee of	Yes D No D					
the insured's company?	If no, relationship of the driver and insured:					
Accident captured by camera?	Yes 🗆 No 🗹	-				
Weather condition	Clear Raining Others:	-				
Road surface	Dry Wet a					
No of passenger	3 (Inclusive of drive)				
140 of bassarige.		-				
NAME OF TAXABLE PARTY.	PASSENGER 1					
	KANAKARAJAN S/O VEDHAMUTHU					
Name	Male Female D					
Gender	Wale & Tellions E					
The state of the s	PASSENGER 2					
	CANAG I					
Name		1				
Gender	Male Female of					
	- COTHOLD A	th.				
	PASSENGER 3					
Name	KEVIN SAMUEL	-				
Gender	Male Female					
		10				
	PASSENGER 4					
Name		-				
Gender	Male D Female D					
Gender		-				
District Control of the Control of t	PASSENGER 5					
AND SECTION ASSESSMENT OF THE PROPERTY OF THE	TABLE TO THE PARTY OF THE PARTY	(
Name	Male Female					
Gender	Male Li Femulo Li					
	PASSENGER 6	100				
AND SERVICE OF SERVICE	PASSENGER					
Name	Male D Female D					
Gender	Male Female					
		100				
国际企业企业的国际企业企业	OTHER INFORMATION	lea lui				
Was anybody injured?	Yes Z No 🗆					
Was other vehicle damaged?	Yes P No D					
		- 128				
	DETAILS OF POLICE ACTION	200				
Reported to police?	Yes No I If yes, please state which police station.					
Police station name						
		1				
的是这种种种的,但是是	WITNESS 1	A A SE				
Name						
	WITNESS 2					
《中国》,第一次, 从1970年间	WITNESS Z	1				
Name						

	THIRD PARTY VEHICLE 1
ehicle registration number	PC3883T
ehicle make model	Bus
lame	
IRIC / Fin / Passport number	
Contact	
以外的基本的企业的	THIRD PARTY VEHICLE 2
/ehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ARTO 10 10 10 10 10 10 10 10 10 10 10 10 10	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
11	
表示张少维。 学习10人是想象的	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND A STATE OF THE PARTY OF THE	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	/
AND THE RESERVE OF THE PARTY OF	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	

	INJURED PERSON 1
Name	CIANIAKARATAN S/O I/EDHAMNTHU
Injuries sustained	new of back
Which vehicle person in?	SJG 1681Y
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes D Novo
hospital by ambulance?	
AND DESCRIPTION OF THE PERSON NAMED IN PARTY.	INJURED PERSON 2
Name	CANAGI
injuries sustained	neck & back
Which vehicle person in?	SJ61681Y
Were seat belts wom?	Yes No D
Was injured conveyed to	Yes D No.2
hospital by ambulance?	
A CAPTALLY TO THE	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
AND SELECTION OF THE PERSON OF	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗈
hospital by ambulance?	
	MJURED PERSON 5
福富泰岛集团的1980 00000000000000000000000000000000000	MIURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	Yes 🗆 No 🗅
Were seat belts worn?	
Was injured conveyed to	Yes D No D
hospital by ambulance?	/
The second secon	INJURED PERSON 6
A SECURE OF SECURE ASSESSMENT	INJOHED LEADING
Name	
Injuries sustained	
Which vehicle person in?	Yes 🗆 No 🗆
Were seat belts worn?	
	Voc D No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20190219/7003

1 of 3

Report No. T/20190219/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2019 10:46			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	f Informant: ARAJAN S/	O VEDHAMUTHU	Address: 973 HOUGANG STREE	T 91 #11-210 SINGAPORE 530973	
ID Type / ID No.: NRIC NO / S1637210B			Contact No.: Home/Office: Mobile: 90081076		
National SINGAP	ity: ORE CITIZ	EN	Email: kananvedhamuthu@gma	ail.com	
Sex: Age: Date of Birth: Male 54 06/05/1964			Type of Informant: Driver		
Race: Indian		Language: English	Institution / School Name:		
Occupation: Sports coach			Driving Licence Informat Class: 3	ion: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/02/2019 07:	20	Type of Location Roundabout	
NEWTON CIF	RCUS					
		Road Surface: Dry		Roa	d Speed Limit:	
Weather: Clear Traffic Flow: One Way		THE RESERVE OF THE PROPERTY OF THE PARTY OF	rking	1000000	fic Volume:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
PC3883T	Bus			Blue		0	
SJG1681Y	Car	MITSUBISHI	Lancer	White	Slightly Damaged	2	

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





2 of 3

Report No. T/20190219/7003

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

CONTINUATION OF REPORT

Driver	- de la companya della companya della companya de la companya della companya dell			A DESCRIPTION OF PERSON	-	
Name	KANAKARAJAN S/O	VEDHAN	UTHU	ID No.	N .	S1637210B
Related Vehicle	SJG1681Y (Car)			Conta	ct No.	90081076
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			ischarge	NIL	
				of Injury	NIL	
Passenger		D. Herbert			BRAL A	M. Indiana
Name	Kanagi			ID No		S6906137J
Related Vehicle	SJG1681Y (Car)			Conta	ct No.	94240579
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	Date Discharge NIL		
	ted Medical Leave	NIL	THE RESERVE THE PERSON NAMED IN COLUMN 2 I	e of Injury NIL		
Passenger				A CANADA TO	10.00	. (227 12.200
Name	Kevin Samuel			ID No	•	NIL
Related Vehicle	SJG1681Y (Car)			Conta	ct No.	92709767
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
	ted Medical Leave	NIL		of Injury	NIL	

Brief Details.

i was waiting at the traffic junction it was red light at the moment. this was at newton circus i was heading to Bukit Timah then a private bus from behind going towards scotts road was rushing and horn at all the cars there was very limited space for him to turn left to scotts road but he just squeeze through and hit the side of my car i horned at him to stop bt he continue and speed away.i had change lane and chase him to take his vehicle no. (PC3883T).





3 of 3

Report No. T/20190219/7003

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

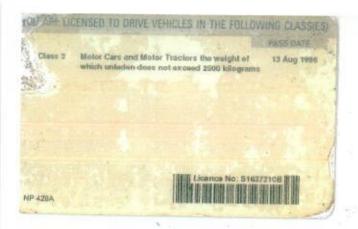
CONTINUATION OF REPORT

100		A I	-	1 -	-
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Informant is not able to provide sketch plan

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: 19/02/2019 10:46
Officer In Charge Of Case: TP / TPIB / ESTHER CHONG Contact No.: 65476368	Classification Of Case:

Authentication Stamp NP168









eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		The State of Bases			• Change	Language	• Chang	e Password	1 Log Out
My Desktop	Policy Qu	ery								
Notice of Loss	Policy No.				Date	of Accident	1	9/02/2019 0	7:20	
	Vehicle No.(Fo	r Motor) SJG1	681Y		Certif	icate Number				
					Search					
	Select Police	y No. Certificate Number	Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 51016	11362	KANAKARAJAN S/O VEDHAMUTHU	S1637210B	GPC	drivo CLASSIC	SJG1681Y	SJG1681Y	22/06/2018	23/06/2019
				1	Continue					

olicy No.	5101611362	Policyholde Name	KANAKARA	JAN S/O VEDHAMUTE	Policyholder NRIC	S1637210B	
ertificate lo.		THO THE			Mac		
ddress	BLK 973 #11-210 HOUGANG	STREET 91 SI	NGAPORE 5309	73			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
folicy ssue Date	21/06/2018	Effective Date	22/06/2018	00:00	Expiry Date	23/06/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent Co- nsurance Flag	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Open Policy Info							
Policy nfo Certificate							
olicy nfo ertificate nfo	nolder Mailing Address						
olicy nfo ertificate nfo Policyh	nolder Mailing Address BLK 973 #11-210	Add	iress 2	HOUGANG STREET	91	Address 3	SINGAPORE 530973
Policy Info Certificate Info Policyh Iddress 1	- EANA SHIP AND AND ACCOUNTS		iress 2 iress Type	HOUGANG STREET Singapore address		Address 3 Post Code	SINGAPORE 530973 530973
Policy Info Certificate Info Policyh Address 1 Address 4	- EANA SHIP AND AND ACCOUNTS	Add Rel					
olicy nfo Certificate nfo Policyh Address 1 Address 4 Init No.	- EANA SHIP AND AND ACCOUNTS	Add Rel	ress Type	Singapore address			
Policy Info Policy Address 1 Address 4 Init No. Insured	BLK 973 #11-210 d Object: SJG1681Y	Add Rel	ress Type	Singapore address			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 973 #11-210 d Object: SJG1681Y	Add Rel Nur	ress Type	Singapore address 5101611362		Post Code	

ident HT/1032932					
cy No	5101611362	Vehicle No.	SIG1681Y	GST Registration No.	
ificate No.					
cyholder Name	KANAKARAJAN S/O VEDHAMUTHU			Policyholder NRIC	516372108
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Mact No.(Motrie)	90061076	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	No.
K.	No ○ Ves	TCA	® No ⊜Yes	eCode Reason	122.8.1
D Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details				SPECIAL PROPERTY.	NO:
port Date	20/02/2019 16:07	Accident Pages William 74 hor	No.	WWW.254	
		Accident Report Within 24 hrs		Acodent Type	Hit and run
e of Accident	19/02/2019	Time of Accident hh:mm	07:20	Country of Accident	Singapore
corting Centre		Orange Force		ICM No.	
ident Location	NEWTON CIRCUS				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits		\$2000 Profession (1970)	7075		
GST Registered Informa	ation :				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Incation History			Company of the Company	103	
Policyholder Hailing Ad	dress				
Iress 1	BUK 973 #11-210	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 530973
iress 4		Address Type	Singapore address	Post Code	
it No.		Related Policy Number	5101611362	- Part Code	530973
OI Driver Info		Related Policy Number	3101611362		
ver Name	VANDALIAN EIG LED				
named driver Name	KANAKARAJAN S/Ö VEDHAMUTHU	Driver Type	Main Driver		
		Driver NRIC	\$16372108	Driver DDS	06/05/1964
aster Date of Driver License	13/08/1996	Oriver Age	54	Driving Experience	22
react No.(Mobile)	90061076	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	BLK 973	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE \$30973
Dress 4		Address Type	Singapore address	Post Code	530973
n.No.	11-210				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
position and search				printed and a suppliery	
denetion					
athalyser or Blood Test string?	0 mg	Any injury?	® Yes ○No		
turing:		2500/050400)			
dification History					
Claim 001 New					
laim 001 New					
m Type *	ОВ-МХ	Insured Name	KANAKARAJAN S/O VEDHAMUTI	Insured NRIC	\$16372108
sact No. (Mobile)	90081076	Contact No.(Home)	63860378	Contact No.(Office)	
III Address		OI Vehicle Number	5)G1681Y		DC28477
	Please Select	Type of Benefit +	Please Select	TP Vehicle Number	PC3863T
mant Name *		Claimant NRIC *	production (V)		
mant Address	22	Account of the Paris		n	
m Description	SJG1681V / PC3883T ON 19 Feb 2019			White the second state of	The 100
erred Workshop Contact	2002/0017 J PL30831 ON 19 P46 2019	15-5 W30-1-0-0-10-10-	-	Name of Preferred Workshop	÷ 5
THE RESERVE AND ADDRESS.		Insured Liability *	Net at Fault		
	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
uire Finalisation	Yes 🔻			Date Received	20/02/2019 00:00
	20/02/2019 16:08	Claim Close Date			
Registered	production of the same of the	Claim Close Date	-		
Registered ort Taken By	20/02/2019 16:08	Claim Close Date			
Registered ort Taken By	20/02/2019 16:08	Claim Close Date			
Registered ort Taken By	20/02/2019 16:08	990000000000000000000000000000000000000	Save Submit		
Registered ort Takon By Print AK letter	20/02/2019 16:08	990000000000000000000000000000000000000	Seve Submit		
e Registered ort Takon By Print AK letter	20/02/2019 16:08	990000000000000000000000000000000000000	Seve Submit		
Registered ort Taken By Print AK letter	20/02/2019 16:08	990000000000000000000000000000000000000	Seve Submit		
Begistered ort Taken By Print AK letter	20/02/2019 16:08				
Registered ort Taken By Print AK letter tachment	20/02/2019 16-08 Jackson MT/1032932	Claim No.	001		
Registered int Taken By Print AK letter tachment	20/02/2019 16-08 Jackson MT/1032932 **Yes \cap No.		001 20/02/2019 16:09		
Registered int Taken By Print AK letter tachment	20/02/2019 16-08 Jackson MT/1032932	Claim No. Upload Date	001 20/02/2019 16:09 Category •	Confidencial Urgani	cy * Description *
Registered int Taken By Print AK letter tachment	20/02/2019 16-08 Jackson MT/1032932 **Yes \cap No.	Claim No.	001 20/02/2019 16:09 Category •	Confidential Urgan	Description •
Registered ort Taken By Print AK letter tachment	20/02/2019 16-08 Jackson MT/1032932 **Yes \cap No.	Claim No. Upload Date	001 20/02/2019 16:09 Category *		
gure Finalisation te Registered port Taken By Print AK letter Attachment p ident No.	20/02/2019 16-08 Jackson MT/1032932 **Yes \cap No.	Claim No. Uploed Date Browse	001 20/02/2019 16:09 Category * Clear Please Select S	≥ No V Normal	▼

