

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MAIA 19032768

Date In: 7/3/19 - 09:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19 00481/24	SAS e-filing		
Veh No: JFN 23310	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/1/19 - 18:15	i-Motor Claim Form	MT/1034964-221	7/3/19 12:00
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: 545454	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

NA 190133	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
	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 / Tpl 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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 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 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. 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	07/03/2019 09:05
Date Of Accident	06/03/2019 18:15
Exact Location Of Accident	TPE (SLE) AFTER TAMPINES AVE 10 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN2733K
Insured/Policyholder	
Name Of Registered Owner	BALASUBRAMANIAM S/O MUTHU NALLAYAN
NRIC No	S1611419G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90057603
Alternative Phone No	OFFICE-90057603

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	5099335248
Cover Note Number	

Driver

Name of Driver	CHANDHIRU BALASUBRAMANIAM
NRIC No	S9245705B
Date Of Birth	09/12/1992
Occupation	INDOOR
Date Of Driving Pass	28/11/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057603
Fax Number	
Contact Number	OFFICE-90057603
EMail Address	NOEMAIL

Address	BLK 689 HOUGANG STREET 61 #08-244
Postcode	530689
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190306/2167.

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	SJG5955G
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 SMA5122P
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 CHANDHIRU BALASUBRAMANIAM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SFN2733K
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:

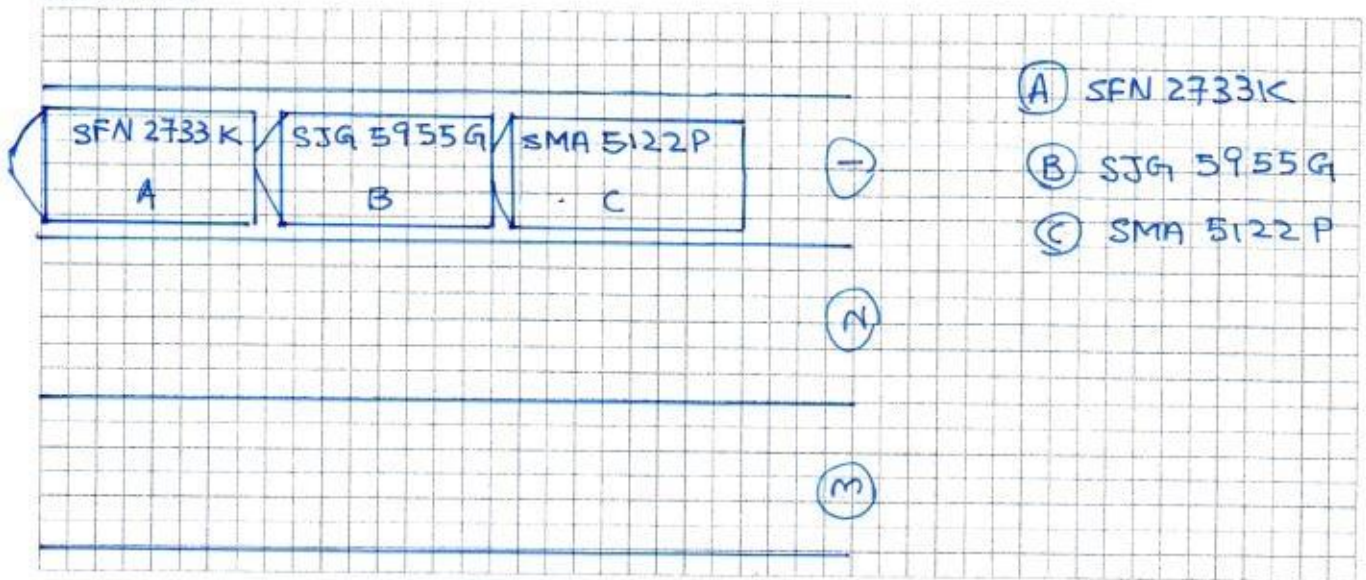
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 6th MARCH (6/3/2019) as I was travelling along TPE towards SLE after Tampines Ave 10 Exd and 06:15 PM, the vehicle in front of me slow down and I follow suit.

Suddenly without warning I heard a very loud bang from the rear of my car.

After inspection there is a chain collision involving 3 cars.

I saw the vehicle behind me (SJG 5955G) had also slow down and follow suit.

The last vehicle SMA 5122P did not stop in time and caused the chain collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Pale
Policyholder's Signature
Date & Time:

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

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

Date of Accident : 6/3/2019 Accident Time: 1815 (24-HR-Format)
Accident Place : TPE TOWARDS SLE APT TEMPIWES 10 EXT.
Vehicle. No. (Car Plate No.) : SFN 2733K Make/Model: TERONDA VEZEL
Insurance Company : NTUC Policy No: 5099335248
Owner or Company Name /IC No. : _____
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : _____
DRIVER'S Contact No./ Alt No. : 1) 93057603 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: _____	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



SINGAPORE POLICE FORCE



T/20190306/2167

1 of 4

Report No. T/20190306/2167

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 21:54		Vide Report No.:		Station Diary No.: 127	
Informant's Particulars					
Name of Informant: CHANDHIRU BALASUBRAMANIAM			Address: APT BLK 689 HOUGANG STREET 61 #08-244 SINGAPORE 530689		
ID Type / ID No: NRIC NO / S9245705B			Contact No.: Home/Office: Mobile: 90057603		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 09/12/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: AIRCRAFT TECHNICIAN			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2019 18:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
Along TPE towards SLE, just after Tampines Avenue 10 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SFN2733K	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver		0
SJG5955G	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4AT	Black		1
SMA5122P	Car	HONDA	ODYSSEY HYBRID 2.0 ABSOLUTE CVT	White		3



Police Station Of Origin
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20190306/2167

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANDHIRU BALASUBRAMANIAM	ID No.	S9245705B
Related Vehicle	SFN2733K (Car)	Contact No.	90057603
Hospital/Clinic	MEDLIFE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/03/2019	Date Discharge	06/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	MUHAMMAD SHAFIQ BIN ROSLAN	ID No.	S9026944E
Related Vehicle	SJG5955G (Car)	Contact No.	90665892
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
Driver			
Name	TAN TECK PENG	ID No.	S1675404H
Related Vehicle	SMA5122P (Car)	Contact No.	97905657
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 06/03/2019 at about 1815hrs, I was driving my car(Registration No. SFN2733K) along TPE towards SLE, just after Tampines Avenue 10 exit, where my car was stationary due to the traffic on the 1st lane(Extreme Right Lane) of the 3lanes road. Suddenly, a 3rd vehicle(Registration No. SMA5122P) collided onto the 2nd vehicle(Registration No. SJG5595G) behind me which causes the 2nd vehicle to surge forward to hit my car's rear. I am suffered impact on my back and neck area. We then alighted from our vehicle to take photos, agree on Insurance Claim, exchange particulars, and left the scene. There is dashcamera is my car however it was not on. I later went to Medlife Clinic & Surgery and has got 3days of MC, therefore lodging this Traffic Accident report.



**SINGAPORE
POLICE FORCE**



T/20190306/2167

Police Station Of Origin

Hougang N P C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No 1800-4890999

3 of 4

Report No. T/20190306/2167

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190306/2167

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

4 of 4

Report No: T/20190306/2167

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:

F /

Sgt 2 BOH YONG SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Chen

Date/Time:

06/03/2019 21:54

Classification Of Case:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9245705B



Name
**CHANDHIRU
BALASUBRAMANIAM**

சிந்திரு

Race

INDIAN

Date of birth

09-12-1992

Sex

M

Country of birth

SINGAPORE

S9245705B

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S9245705B**

Name

**CHANDHIRU
BALASUBRAMANIAM**

Birth Date **09 Dec 1992**

Issue Date **28 Nov 2011**



002021654H



4141973



NRIC No. **S9245705B**

Date of issue

07-12-2007

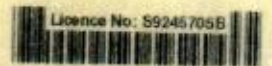
Address

**APT BLK 689 HOUGANG STREET 61
#08-244
SINGAPORE 530689**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 28 Nov 2011



Licence No. S9245705B

NP 428A

Certificate of Insurance

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

Certificate Number: 5099335248

Cover : drive CLASSIC

- | | |
|---|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | To Be Advised |
| Chassis Number | : RU31270248 |
| 2. Name of Policyholder | : BALASUBRAMANIAM S/O MUTHU NALLAYAN |
| 3. Effective Date of Insurance | : 29 Mar 2018 |
| 4. Expiry Date of Insurance | : 28 Mar 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: BALASUBRAMANIAM S/O MUTHU NALLAYAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : VV INSURANCE AGENCY PTE. LTD. (00000614878)
Date of Issue : 28 Mar 2018 16:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/03/2019 18:15"/>
Vehicle No.(For Motor)	<input type="text" value="SFN2733K"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	SD99335248		BALASUBRAMANIAM S/O MUTHU NALLAYAN	51611419G	GPC	drive CLASSIC	SFN2733K	SFN2733K	29/03/2018	28/03/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5099335248	Policyholder Name	BALASUBRAMANIAM S/O MUTHI	Policyholder NRIC	S1611419G
Certificate No.					
Address	BLK 689 #08-244 HOUGANG STREET 61 SINGAPORE 530689				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/03/2018	Effective Date	29/03/2018 00:00	Expiry Date	28/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	VV INSURANCE AGENCY PTE. LT	Agent Tel.	67913808	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 689 #08-244	Address 2	HOUGANG STREET 61	Address 3	SINGAPORE 530689
Address 4		Address Type	Singapore address	Post Code	530689
Unit No.		Related Policy Number	5099335248-01		

Insured Object: SFN2733K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	intl adj to waive NCDP refund \$79.65 Thank you for giving us the opportunity to serve you. We confirm that from 29 Mar 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: CHANDHIRU BALASUBRAMANIAM NAMED DRIVER 2: DHACHAYINI BALASUBRAMANIAM In view of this amendment, an additional premium of \$160.57 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
2	29/03/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 29 Mar 2018, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVERS: 1. CHANDHIRU BALASUBRAMANIAM 2. DHACHAYINI

Claim Handling

Accident MT/1034964

Exit

Policy No.	S099335248	Vehicle No.	SPN2733K	GST Registration No.	
Certificate No.					
Policyholder Name	BALASUBRAMANIAM S/O MUTHU NALLAYAN	Cover Type	drive CLASSIC	Policyholder NRIC	S1611419G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90057603	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	N
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	07/03/2019 11:58	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	06/03/2019	Time of Accident (hh:mm)	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPB (SLE) AFTER TAMPINES AVE 10 EXIT				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 889 #08-244	Address 2	HOUGANG STREET 61	Address 3	SINGAPORE 530689
Address 4		Address Type	Singapore address	Post Code	530689
Unit No.		Related Policy Number	S099335248-01		
01 Driver Info					
Driver Name	CHANDHIRU BALASUBRAMANIAM	Driver Type	Named Driver	Driver DOB	09/12/1992
Unnamed driver Name		Driver NRIC	S9245705B	Driving Experience	7
Register Date of Driver License	26/11/2011	Driver Age	26	Contact No. (Home)	0
Contact No. (Mobile)	90057603	Contact No. (Office)	0	Address 3	HOUGANG SPRING
Address 1	BLK 889	Address 2	HOUGANG STREET 61	Post Code	530689
Address 4	SINGAPORE 530689	Address Type	Singapore address		
Unit No.	08-244				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BALASUBRAMANIAM S/O MUTHU	Insured NRIC	S1611419G
Contact No. (Mobile)	91826010	Contact No. (Home)	63856304	Contact No. (Office)	
Email Address	bala_mn@singnet.com.sg	OT Vehicle Number	SPN2733K	TP Vehicle Number	SJG5955G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SPN2733K / SJG5955G ON 6 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/03/2019 12:00	Claim Close Date		Date Received	07/03/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1034964	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2019 12:02		
Path *		Category *		Confidential	Urgency *
	Browse...		Please Select	<input type="radio"/> No	Normal
	Browse...		Please Select	<input type="radio"/> No	Normal

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>	<input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>	<input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>	<input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>	<input type="button" value="v"/>	<input type="text"/>

Attachment List							Send Message	Upload
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:02	NRJC/ Driving License		Normal	NRJC/ Driving License 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:02	SAS		Normal	SAS 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:01	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:00	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:00	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:00	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:00	Photos		Normal	Photos 2019-3-7		Edit	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:00	Photos		Normal	Photos 2019-3-7		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 07 Mar 2019 12:00	Photos		Normal	Photos 2019-3-7		Edit	