Date In: 2/4/19 - 15:19		MAIGO YEIT		
	Jeb description	Date & Time Completed	Don	e pi.
ROTNO: MAJINC 1900 5 PYGJZY	SAS e-filing			
Veh No: (EX6664	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 31/3/19-20:00	i-Motor Claim Form	M7/1038555-001	2/4/19	a.w.
60); TP / Reporting Only	i-Motor W/O (Within: OD 2h			
DD/ 17 / Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Transact.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: Ber	ou: INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Po	eriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	-
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	000()/\$2,000()		2 3330	
General Remarks:-			1975 - 19	1 3
( ) Walk-In Customer: Customer's info	ormation strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insur	er URGENTLY.	N 100 1 12		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	'owing Co: (		)
Remarks:- (INC horline: 6788 6616)	The state of the s	2.24	74:X8324 ***	<del>QZP</del>
	and the second s	Date&Time Completed	Done	by
	Courtesy Car ( )			
21 Of Check / Post O mais Instruction	, ,			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	( )			
	( )			
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## 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.
- 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

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Date Of Report 02/04/2019 15:19 Date Of Accident 31/03/2019 20:00 Exact Location Of Accident CTE TWDS CITY Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKX666Y

### Insured/Policyholder

Name Of Registered Owner JESPHIN SILVA NRIC No S1816686J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-92700282 Alternative Phone No OFFICE-92700282

#### Vehicle Particulars

Manufacturer BMW Model 5231 A

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?

YES

If No, Please state action to be taken

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 5050544212-07

Cover Note Number

# Driver

Name of Driver RAJENDRAN S/O RAJAGOPAL

NRIC No S1557965Z Date Of Birth 27/01/1962 Occupation INDOOR Date Of Driving Pass 02/09/1985

Driving Experience 33 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81800666

Fax Number

Contact Number OFFICE-81800666

EMail Address NOEMAIL Address BLK 287 YISHUN AVENUE 6

#06-66

Postcode 760287

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

\_

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

**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 - T/20190402/7012.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

BARRIER

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 29

Nature Of Damage No. Of Passenger (Including Driver)

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 1 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.
  - 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.
  - 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - (1) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - Investigations the accident and/or my claims; (11)
  - (111) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (IV) Administering my claims (including the mailing of correspondence, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

Date / time:

reporting centre personnel's Signature

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# 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.
- Any false reporting may be referred to the traffic police department for investigation.

IV The second second	ACCIDENT DETAILS	
Date of accident	31/3/2019	(DD/MM/YY)
Time of accident	8:00 pm	(HH:MM)
Exact location of accident	CTE towards CITY	

Charles to the particle state in.	D	ETAILS OF	VEHICLE	4	C. Market Brown	
Vehicle registration number	SKX6k	66 Y				
Vehicle make and model	BMW	523				
Type of vehicle	Saloon Z	MPV 🗆 Bus 🗆	CRV   Motor	Van rcycle □	Others:	
Vehicle category	Private 2	Comme	ercial 🗆	Motorcyc	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes  Third part c	No 🗆	if no, plea Reporting			

Med and the second	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only a

Statement Up a life Single Si	INSURED / POLICY HOLDER		
Name	JESPHIN SILVA	Male □	Female 🗷
NRIC / Fin / Passport number	S1816686J		
Contact	92700 282		
Address	BIK 287 Yishun Avenue 8 #00	6-66 5(=	760287)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)									
Name	RAJENDRAN S/O RAJAGOPAL Malez Female 0									
NRIC / Fin / Passport number	S15579652									
Contact	81800666									
Address	BIK 287 YiShun Avenue 8 #06-66 5(760287)									
Email address										
Date of birth	27/1/1962									
Occupation	Indoor D Outdoor									
Driving date pass	2/9/1985									

	GENERAL	INFORMATION (	OF THE ACCIDENT	Mark Land	
Was driver an employee of	Yes 🗆	No g'		0	
the insured's company?	If no, rela	ationship of the o	driver and insure	d: Wife	
Accident captured by camera?	Yes 🗆	Noz			
Weather condition	Clear 🗆	Raining.2	Others:		
Road surface	Dry 🗆	Wetz			
No of passenger				(Inc	lusive of driver)
DESCRIPTION OF THE STATE OF		PASSENGER	R1		
Name				_/	
Gender	Male 🗆	Female 🗆			
			/		
Market Street Street Street Street		PASSENGER	22		
Name .					
Gender	Male 🗆	Female		40.0	
E SIN LE MANUELLE MAN		PASSENGER	3		
Name		_/			
Gender	Male 🗆	Female 🗆			
		PASSENGER	<b>{4</b>		TO BUILDING
Name	00010 =	Familian			
Gender	Male 🗆	Female			
Name		PASSENGER	(5		
Gender	Male 🗆	Female 🗆			
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		PASSENGER	2.6		THE REAL PROPERTY.
Name		PASSENGE			
Gender	Male 🗆	Female			
	111010	,			
		OTHER INFORM	ATION		
Was anybody injured?	Yes 🗆	No.Ø	AIIIOII		
Was other vehicle damaged?	Yes	No 🗆			
The other remove acting to	1.00/2				
Khana and the Diversion	DETAIL	S OF POLICE STA	ATION ACTION		
Reported to police?	Yes 🗆		s, please state wi	hich police statio	n.
Police station name					
			/		
Marin Maniestra		WITNESS	1		
Name					
100					0.
BIRLEY OF THE STATE OF THE STATE OF	I ST No.	WITNESS	2		
Name	/				
Laurentin Victoria	-				

Market and the second	THIRD DARTY VEHICLE 1
Vehicle registration number	THIRD PARTY VEHICLE 1
Vehicle make model	Government property - Barrier
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
A DALLES AND AND ADDRESS OF THE PARTY OF THE	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Shared Holder, A. Lees V.	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/	
STREET, STREET	THIRD PARTY VEHICLE 6
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Vehicle make model	
Name	
NRIC / Fin / Passport number	
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/	
	THIRD PARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE /
Vehicle make model	
Name Name	
NRIC / Fin / Passport number	
Contact	

Name		INJURED PERSO	N 1	
		The state of the s		
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		1
Was injured conveyed to	Yes 🗆	No 🗆		/-
hospital by ambulance?		0 Hg 1 Hg 11 (7 HH)		
		INJURED PERSO	N 2	
Name		INJONED I ENSO	1,2	
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆	/	
hospital by ambulance?				
Name		INJURED PERSO	N 3	
Injuries sustained	_			
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes	No 🗆		
hospital by ambulance?	,,,,,			
	78			
de la		INJURED PERSO	N 4	V V V V V V V V V V V V V V V V V V V
Name		/	/	
Injuries sustained		/		
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No D		
Was injured conveyed to	Yes 🗆	No 🗆 /		
hospital by ambulance?				
No.		INJURED PERSO	N 5	
Name				
Injuries sustained				
Which vehicle person in?		/		
Were seat belts worn?	Yes 🗆 /	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
그림 15일 10일 12일 20일 10일 12일 12일 12일 12일 12일 12일 12일 12일 12일 12		W/Westerners		
hospital by ambulance?				
hospital by ambulance?				
		INJURED PERSO	N 6	
Name	A	INJURED PERSO	N 6	
Name Injuries sustained	4	INJURED PERSO	N 6	
Name Injuries sustained Which vehicle person in?			N 6	
Name Injuries sustained	Yes 🗆 Yes 🗅	No   No	N 6	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190402/7012

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2019 12:53		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		NAME OF THE PARTY	
Name of Informant: RAJENDRAN S/O RAJAGOPAL			Address: APT BLK 287 YISHUN AVENUE 6 #06-66 SINGAPORE 760287		
ID Type / ID No.: NRIC NO / S1557965Z			Contact No.: Home/Office:	Mobile: 81800666	
National SINGAP	ity: ORE CITIZ	EN	Email: rajpillai1@yahoo.com.sg		
Sex: Age: Date of Birth: 27/01/1962			Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Business consultant			Driving Licence Information: Class: Date of Expiry:		

General Inform	mation of the Acciden	nt	TO VALUE DESCRIPTION		THE PROPERTY OF THE PARTY OF TH	
Type of Accident:	Non-Injury Government Property		Drink Drive: No	Date/Time of Accident: 31/03/2019 20:00	Type of Locatio Highway	
Location: CENTRAL EX Weather: Drizzling	KPRESSWAY	Road	d Surface:		Road Speed Limit:	
Traffic Flow: Tra			ic Control: Controlled		Traffic Volume: Moderate	
Type of Collis Moving Vehic	sion: lle Against - Road Divid	ler/Kerb/	Railings		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKX666Y	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190402/7012

## CONTINUATION OF REPORT

Driver	Later Charles Street	SUPPLEMENT OF THE PARTY OF THE	William Philippin	en broadle	Depte 1		
Name	RAJENDRAN S/O RAJAGOPAL			ID No.		S1557965Z	
Related Vehicle	SKX666Y (Car)		Conta	ct No.	81800666		
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	73473333	Date Disc	charge	NIL		
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL			

#### Brief Details

Was driving from Yishun to City taking the Seletar West Link Route. Exited Seletar West Link to CTE towards City. I was shifting lane to first lane. Then a taxi from the second lane was coming close towards my car. In fear, I moved towards the right and that is when my car hit the centre divider which is on the right and came back to the first lane in about less than 10 seconds. I did not stop the car as the engine did not die off but I managed to control the car and pull it back to the first lane. Slowly I moved to the road shoulder and stopped the car to check the damages. My car was slightly damaged on the bumper and on the right side of the car. The public property was not damaged. I brought the car to the mechanic shop the next day.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190402/7012

# CONTINUATION OF REPORT

Sketch P	la	n
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NP168

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: 02/04/2019 12:53
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp	



\$15579552

RAJENDRAM S/O RAJAGOPAL

trei Davi. 27 Jan 1962 treis Davi. 15 Feb 2005

DENTITY CARO NO. \$1557965Z



Name

RAJENDRAN S/O RAJAGOPAL

ரா ராஜேந்திரன்

nos INDIAN

27-01-1982

684

344

Country/Flace of birth SINGAPORE \$15579532

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 26

Motorcycles =< 200 on Motorcycles =< 7 passampers onclusive of the driver and me for bectors hydrides =< 2000 kg

72 Mer 1965 62 Sep 1965

NP 428A



5927961



S1557965Z



02-05-2018

APT BLK 287 YISHUN AVENUE 6 #05-65 SINGAPORE 760287



# 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: 5050544212-07

cover .

Cover : drivo PREMIUM

 Index mark and Registration Number of Vehicle Chassis Number

: SKX666Y

: WBAFP32090C864089

2. Name of Policyholder

: JESPHIN SILVA

3. Effective Date of Insurance

: 15 Dec 2018

5. Eliective Date of hisdialici

: 15 Dec 2018

4. Expiry Date of Insurance

: 14 Dec 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : JESPHIN SILVA
NAMED DRIVER (1) : N/A

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A
HIRE PURCHASE COMPANY : POSB

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

: INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

: 11 Dec 2018 16:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

Policy Search Page 1 of 1



#### Policy Information Policyholder Policyholder Policy No. 5050544212-07 JESPHIN SILVA S1816686J Name NRIC Certificate No. Address BLK 287 #06-66 YISHUN AVENUE 6 SINGAPORE 760287 Product Group PRIVATE CAR INSURANCE Plan Name Policy Flag Policy Effective 11/12/2018 issue 15/12/2018 00:00 Expiry Date 14/12/2019 23:59 Date Date Excess All Claims Type Excess Third Own Windscreen 0 Party damage 100 Excess Excess Excess Additional os 0 Excess Premium Outside Outside Singapore 600 Singapore TP Excess Young/Inexperience Driver Excess OD. Excess Agent INSMART (INSURANCE) AGENC' Agent Tel. 68420766 insurance No Flag Open Policy Info Certificate Policyholder Mailing Address Address 1 BLK 287 #06-66 Address 2 YISHUN AVENUE 6 Address 3 SINGAPORE 760287 Address 4 Address Type Singapore address Post Code 760287 Related Policy Unit No. 06-66 5050544212-07 Number Insured Object: SKX666Y Sequence Date of Endorsement Endorsement Type **Endorsement Status Endorsement Content** Continue Cancel

March   Mar	Claim Handling					
STREAM STATE OF A DECEMBER 1997   STREA	Accident MT/1038555					
Minimary	Policy No.	5050544212-07	Vehicle No.	SKX656Y	GST Registration No.	
Ministry	Certificate No.					
Control to	Skcyholder Name	JESPHIN SILVA			Policyholder NRIC	518166863
Special Service   Special Se	roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
March   Marc	Contact No.(Mobile)	92700282	Contact No.(Office)	•	Contact No.(Home)	0
March   Marc	mail Address		Special Remark		eCode	N: V
Marches   Marc	tric :	® No ○ Yes	TCA	® No ○Yes	eCode Reason	None
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## Address			Orange Force		ICM No.	
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## ST 499000000 100 100 100 100 100 100 100 100	hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
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Address   BUX 207 #00-60	fodification History					
Address   BUX 207 #00-60						
### Address Type    Marked Prince Name	Policyholder Mailing Ad					
Marie   Mari	doress 1	BLK 287 #08-66	Address 2	YISHUN AVENUE 6	Address 3	SINGAPORE 760287
## STATE OF THE PART   COLUMN   COLUMN	ddress 4		Address Type	Singapore address	Post Code	760287
Part	init No.	06-66	Related Policy Number	5050544212-07		
Marrier Date of Driver Loane	○ OI Driver Info		AMOUND COME COME COME COME COME COME COME COME	Contract Contract		
Driver Loome   Date of Driver Loome   Driver Loome   Driver Date of Driver Loome   Driver Date of Driver Loome   Driver Date of Driver Driver Date of Driv	river Name	Unnamed Driver	Driver Type	Unnamed Driver		
### STATES AND PROVIDED BY STATES AND PROVID	mnamed driver Name	RAJENDRAN S/O RAJAGOPAL	Driver NRIC	\$1557965Z	Driver DOB	27/01/1962
## Address 1 Bux 287	egister Date of Driver License	02/09/1985	Driver Age	57	Driving Experience	33
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