| NATIONAL Assessment Centre   | Services. put 1 Janus  |  | and the second s  |
|--|--|--|---|
| Dute In: 30/04/2019 :13:40   | Job description  | Dute &Time Complete  | d · Done by   |
| ROTNO: NBA/INC19007595/84  | SAS c-filling  | •  |   |
| Veh No. SEN 1878K  | E-mail'(bjoha shrs, AlC 2h   | (3)  |   |
| 0.01: 30/04/2019 07:50   | I-Motor Claim Form   | MT/104258  | 38-001 215 19/14  |
| -1-  | I-Motor W/O (Within 0  | D Thes, TP 4hrs)   |   |
| OD / TP-/ Reporting Only   | I-Photo Uploaded   |  |   |
|  | Assessment/Survey Rep  | ort  |   |
| TP Insurer:  | Ass't Report by Pax/H  | The state of the s |   |
| Proforred Wksp / INC Assign Wksp / QW: (   | Language of the state of the st | Teli   | Fax:  |
|  | UNKNOWN . IN   | IC( , )/Non-INC( )   | <u> </u>  |
| Owner / Driver: (  | •  | Tel:   |   |
| Policy No: ( ) Perio   | od: (  | ) Cover Type: (  |   |
| Confirmed by : (   | · Datet  | Timer  | )   |
|  | ote-Est Status (WO): N   |  | 80-100%]  |
|  | arranty: YES ( )/NO  | ( )  |   |
| Excess: (\$ · ) Londing: \$1,00  | 0 ( ) / \$2,000 ( )  | Z. 12. 72. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18  | 52.17.22  |
| Temportulation of the second states of the second s | CHREATHACH AND THE STATE OF THE | Chan Low Mouse of tebs   | ltor.   |
| ( ) Walk-In Customer : Customer's Inform   | mation strictly Confidentia  | A Strictly 140 Total of Tape   |   |
| ( ) Total Loss Case : to e-mail Insure   |  | ); Towing Co: (  | . )   |
| Drive-In ( )/ Towed-In ( ); Invoice:   | YES( )/NO(   | TO THE WAY TO THE  | MARSIN Done by  |
| nearling was the child the crass action is   | Because and the first of the second  | RENEW BUTERSTALLOWS STIFFE   |   |
| 77.17  | ourtasy Car ( )  | ×  | •   |
| 2) QC Check / Post Repair Inspection   | ( ')   |  |   |
|  |  |  |   |
| 3) Upload Resurvey Photo [Repuir Cost> \$3   | 000]   | · · · · · · · · · · · · · · · · · · ·  |   |
| 3) Upload Resurvey Photo [Repair Cost> \$3   | 000]   |  |   |
|  | ( )  |  |   |
|  | 000)   |  |   |
|  | 000)<br>   |  |   |
|  |  |  |   |
|  | 000)<br>   |  |   |
| Injury :   | 000)<br>   |  |   |
| Injury:  | 74.  | Apoldent Reporting (330);  |   |
| Injurý :   | 74 . I) AR.  | Accident Reporting (330); During & Anstarrabt (3100); Towing Pre   | 240242<br>240242<br>240242<br>240242<br>240242<br>240242<br>240242  |
| 11/11/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2  | 1) AR 1<br>1) AR 1<br>2) DA 1<br>3) TV 1<br>4) PT 1  | Academi Reporting (330); Darrege Ameternant (5100); Towing Pite Follow-Through Survey  | 210<br>210<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024 |
| Injury:  NA19030 Churinott markening   | 1) AR: 1) AR: 2) DA: 1) Ti': 1) () FT: 1) Fo:  | Accident Reporting (330); Derrege Ameterment (5100); Towing Fee Pollow-Through Survey Pollow-Through Survey [Indiox-Through Survey (Resurvey)] [Indiox-Through Survey (Resurvey)]  | 1120<br>1120<br>1120<br>1120<br>1120<br>1120<br>1120  |
| Injury:  NA 19030  California distinguish  Driver/Owner:   | 1) AR; 2) DA; 3) TF; 4) FT; 5) FT; 6) TR; 6) TR; 7) NI   | Accident Reporting (330); Darrete Ameriment (5100); Towing Fee Fellow-Through Survey Pollow-Through Survey Pollow-Through Survey Reliambre stalast INC Only (wef 10) Re-lamps stalast Idae DA + SMRT Survey  | 210<br>210<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>210242<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024<br>21024 |
| Injury:  NA 19030  Contact No:   | 1) AR: 1) AR: 2) DA: 3) TV: 4) VT: 5) VT: 6) TR: 7) NI: 4 (1) NT:  | Accident Reporting (330); Derries Assessment (5100); Towing Fire Follow-Through Survey (Resurvey); Islimite stellast INC Only (wef 10); Re-inspection Idau DA + SMRT Survey JC Additional Services;  | 100 (330)<br>110 (330)<br>110 (330)<br>110 (330)<br>1120<br>1120<br>1120<br>1120<br>1130  |
| Driver/Owner: Contact No: Damaged Portion:   | 1) AR; 1) AR; 1) DA; 1) PT; 1, | Accident Reporting (330); Darmere Assessment (5100); Towing Fee Pollow-Through Survey Pollow-Through Survey Reliamesetton Idau DA + SMRT Survey JC Additional Services:  | 100 (530)<br>5100 (5  |
| Driver/Owner: Contact No: Damaged Portion:   | 1) AR:  1) AR:  2) DA:  2) DA:  3) PT:  4) PT:  5) PT:  6) TR:  7) NI  6) NI  6) NI  6) NI  6) NI  6) NI   | Accident Reporting (330); Derrege Ameterment (5100); Towing Priority Burvey Pollow-Through Survey (Resurvey) leiming estalast INC Only (wef 10). Re-largestion Idau DA + SMRT Survey IC Additional Services:  Courfely Contribution (FIF CIB) Post Report Inspection   | 100 (100 )   |
| Injury:  NA 19030  Cithing the Legister  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Churge):   | 1) AR: 1) AR: 2) DA 2) TV: 4) PT: 5) PT: 6) TR: 7) N1 2  | Accident Reporting (330); Derroge Assessment (5100); Towing Fig. Pollow-Through Survey (Resurvey); Islimite stellast INC Only (wef 10). Re-laspestion Idao DA + SMRT Survey JC Additional Services: Courtely Caff Tel Alternation Repair Countdination (2008); Peact Repair Integration  | 1 100 (130)<br>1 100 (130)<br>1 100 (130)<br>1 120  |
| Driver/Owner: Contact No: Damaged Portion:   | 1) AR:  1) AR:  2) DA:  2) DA:  3) PT:  4) PT:  5) PT:  6) TR:  7) NI  6) NT:  7) NI  6) NT:  7) NI  7) NI  7) NI  8) NT:  9) NT:  10 NT:  11 NT:  12 NT:  13 NT:  14 NT:  15 NT:  16 NT:  17 NT:  18  | Accident Reporting (330); Derreje Amerisment (5100); Towing Pro Pollow-Through Survey (Resurvey); Islaming stainst INC Only (yello); Re-lampsellon Idae DA + SMRT Survey JC Additional Services:  Courlety Cell Translation (2018); PeactRength Reportion; Dev / Cellset Excess Consideration (NII): TP (Nam INC) earlighted   | 1 100 (130)<br>1 100 (130)<br>1 100 (130)<br>1 120  |

#### 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.

| aloresaid.   |  |
|--|--|
|  | ACCIDENT STATEMENT                     |
| Date Of Report   | 30/04/2019 13:40                       |
| Date Of Accident   | 30/04/2019 07:50                       |
| Exact Location Of Accident   | BUKIT TIMAH ROAD TWDS FARRER ROAD      |
| Country/State of Loss  | SINGAPORE                              |
|  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SFD1878K                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | M KUNASEAKANAN                         |
| NRIC No  | S1674050J                              |
| Email Address  | MKUNA1730@YAHOO.COM.SG                 |
| Mobile Phone No  | (LOCAL) +65-98514320                   |
| Alternative Phone No   | OTHERS-98514320                        |
| Vehicle Particulars  |  |
| Manufacturer   | MAZDA                                  |
| Model  | ·                                      |
| Exact Purpose for which vehicle was being used at<br>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                                       | REPORTING ONLY                         |
| Vehicle Category   | PRIVATE CAR                            |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5078608675-02                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | M KUNASEAKANAN                         |
| NRIC No  | \$16740501                             |

 NRIC No
 \$1674050J

 Date Of Birth
 05/05/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 29/06/1990

Driving Experience 28 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98514320

Fax Number

Contact Number OTHERS-98514320

EMail Address MKUNA1730@YAHOO.COM.SG

BLK 751 PASIR RIS STREET 71 Address

#02-82

Postcode 510751

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 COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? NO

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.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

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)

#### 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.
- 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.
- 5. 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Physical A was driving along Rule? Timely though of Force Pd. Upon Jung & a Slip Nd of Force Pd. Website B put a Sudder Brake

| yehide A was drain woon Rukit Timet               |
|---|
| tunerds Ferrer Pd. upon tunn & a stip nd          |
| of Force pd, Vehicle B put a Sudden Brase         |
| and the same beautiful to                         |
| which made me a put my proder but hil the         |
| Vehicle Br my cor was danaged frost today, one    |
| vor injury. The for vehill is did not thep        |
| put fore on to to men ad. Try seeing his con      |
| place number, but unfortractly 2 could not do Sus |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

## 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:

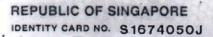
NRIC/FIN No .:

\*. . . Reportelon 30/4/2019 C 1325HRP

# ACCIDENT STATEMENT

| ĄCO                                      | IDENT DATE: 50 4 70  |                                       |   | ٠ (١٧          |
|--|--|---------------------------------------|---|----------------|
| LOC                                      | ATION: Bukit -   | linah Rd ton                          | and Farrer R  | 1.             |
| 82                                       | . DETAILS OF VEHICLE   |                                       |   |                |
|  | a) VEHICLE NUMBER:   | SFD 1878                              | k   |                |
| ¥:                                       |  |                                       |   |                |
| (2)                                      | b)INSURANCE COMPANY:   |                                       | State Control of the |                |
|  | CIPOLICY NUMBER:   |                                       |   | 120            |
|  | d)POLICY TYPE: (COMPREH  | ENSIVE / THIRD PARTY                  | / THIRD PARTY FIRE &THEFT   | 1)             |
|  | e)MAKE & MODEL:  |                                       |   |                |
|  | f)TYPE:(SALOON / COUPE /   | MPV /VAN / LORRY /                    | MOTORCYCLE, OTHERS)   |                |
| 4.                                       | g) VEHICLE CATEGORY: (PRI  | VATE / COMMERCIAL                     | / MOTORCYCLE) .   |                |
|  | h) PURPOSE OF USING AT A   | CCIDENT TIME:                         |   |                |
|  | i) ARE YOU CLAIMING UNDE   | R YOUR OWN INSURAL                    | NCE (YES/NO)  |                |
|  | IF NO, PLEASE STATE (THIRD   | PARTY CLAIM / REPO                    | RTING ONLY)   | 040            |
| 2.                                       | INSURED / POLICY HOLDER  | . (                                   |   | 25             |
|  | A)NAME:  |                                       | (MALE / FEMALE)   |                |
|  | b) NRIC/FIN/PASSPORT:  |                                       | CONTACT:  | _              |
|  | c)ADDRESS:   |                                       |   | _              |
| 40 41                                    | •  |                                       |   | ======<br>-    |
| 1  | * CONTINUE TO 3.d IF DRIVE   | R ALSO POLICY HOLDS                   | ER .  | 22             |
| No of passanger                          | DRIVER   |                                       |   |                |
| Including driver)                        | a)NAME:  |                                       | (MALE / FEMALE)   |                |
| (1)                                      | b) NRIC/FIN/PASSPORT:  |                                       | CONTACT: 98510  | £320           |
| CT                                       | c) ADDRESS:  |                                       |   | <del>-</del> 1 |
|  | *d)DATE OF BIRTH: (/_  | / 1/00/11/1                           | 00000   | -              |
| *  | e)OCCUPATION: (INDOOR /  | CUITOOOPI                             | 71111)  |                |
|  | 1) DATE OF DRIVING PASO  | COIDOON                               | £:  | 154            |
| 4.                                       | WAS DRIVER AN EMPLOYE  | F OF THE INCLIDED                     | COMBANIAS (AES A KIO)   | -1 - 087       |
|  | IF NO, RELATIONSHIP OF   | THE DRIVER WITH IN                    | ASTIBED:  | OWNE           |
| 5.                                       | a) WEATHER CONDITION: (Q   | FAR / RAINING / OTH                   | EDS   | _              |
|  | b)ROAD SURFACE: (DRY / W   | ET / OTHERS                           |   |                |
| 6.                                       | WAS ANYBODY INJURED (YE  | SUNO                                  |   |                |
|  | a) REPORTED TO POLICE (YES   |                                       | *** ***   | ***            |
|  | IF YES, PLEASE STATE WHICH   |                                       |   | 8              |
| . 8.                                     | THIRD PARTY VEHICLE  | SAN I - SA SA BAN WATER ALCOHOL       |   | -              |
| of passenger                             | a) VEHICLE NUMBER:   | Unknown "                             | ODEL:   |                |
| edudina deliver                          | b) DRIVER'S NAME:  | V V                                   | ODEL:   | <u>-</u>       |
| / )                                      | c) NRIC/FIN/PASSPORT:  | (                                     | CONTACT:  | -              |
| 1 712                                    | THIRD PARTY VEHICLE  |                                       | JOHNO!  |                |
| 9.                                       | The second secon |                                       |   |                |
|  | d) VEHICLE NUMBER:   | · · · · · · · · · · · · · · · · · · · | ODEI :  |                |
| to of passunger                          | d) VEHICLE NUMBER:<br>e) DRIVER'S NAME:  | М                                     | ODEL:   | <u>.</u>       |
| 9.<br>10 of passenger<br>induding driver | e) DRIVER'S NAME:  |                                       | 4 .   | -              |
| to of passunger                          | al DRIVERIC MANE   |                                       | CONTACT:  | <u>.</u>       |

email = mkung 1730 @ yeha. Com. 55.
VIDEO Mkung 1730 @ yahio. com. 59.
Waiting for DL?







M KUNASEAKANAN

மு குண்சேகரன் INDIAN

Date of birth 05-05-1964

Country of birth SINGAPORE





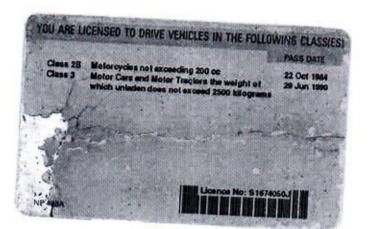


08-01-2009

APT BLK 751 PASIR RIS STREET 71 #02-82 SINGAPORE 510751 S1674050J 11/09/2

11/09/2013 (R)





| Hello, NAC_BUKIT_MERA        | _800676                     |                   |                       | THE RESERVE AND PARTY OF THE PA |                      |                    | • Change                     | Language                                | • Chanc           | e Password       | · Log Ou    |
|------------------------------|-----------------------------|-------------------|-----------------------|--|----------------------|--------------------|------------------------------|---|-------------------|------------------|-------------|
| My Desktop<br>Notice of Loss | Poli                        | Policy Query      |                       |  |                      |                    |                              | , | Log Ou            |                  |             |
|                              | Policy 1                    | No.               |                       |  |                      | Date of            | Accident                     | 3                                       | 0/04/2019 0       | 7:50             |             |
|                              | Vehicle No. (For Motor) SFD |                   | SFD18                 | 1878K  |                      | Certificate Number |                              |   |                   |                  |             |
|                              |                             |                   |                       |  | 5                    | earch              |                              |   |                   |                  |             |
|                              | Select                      | Policy No.        | Certificate<br>Number | Policyholder<br>Name   | Policyholder<br>NRIC | Product            | Cover Type                   | Vehicle<br>No.                          | Insured<br>Object | Commence<br>Date | Expiry Date |
|                              | 0                           | 5078608675-<br>02 |                       | M<br>KUNASEAKANAN  | \$16740503           | GPC                | Third Party,<br>Fire & Theft | SFD1878                                 | SFD1878K          | 30/06/2018       | 29/06/2019  |

| Sequen                        | Date of Endorsemen          | nt E                              | ndorsemer | t Type            | Endorsement          | Status       | Endorsement Content          |
|-------------------------------|-----------------------------|-----------------------------------|-----------|-------------------|----------------------|--------------|------------------------------|
| ♥ Endors                      | ements                      |                                   |           |                   |                      |              |                              |
| D Insured                     | Object: SFD1878K            | ACCOUNTING TO                     |           |                   |                      |              |                              |
| Jnit No.                      |                             | Related<br>Number                 | f Policy  | 5078608675-02     |                      |              |                              |
| Address 4                     |                             | Addres                            |           | Singapore address |                      | Post Code    | 510751                       |
| Address 1                     | BLK 751 #02-82              | Addres                            | s 2       | PASIR RIS STREET  | 71                   | Address 3    | SINGAPORE 510751             |
| Policyh                       | older Mailing Address       |                                   |           |                   |                      |              |                              |
| Certificate<br>Info           |                             |                                   |           |                   |                      |              |                              |
| Open<br>Policy Info           |                             |                                   |           |                   |                      |              |                              |
| nsurance<br>Flag              | No                          |                                   |           |                   |                      |              |                              |
| Agent<br>Co-                  | SININS AGENCY PTE, LTD.     | Agent Tel.                        | 69503050  |                   | GST Flag             | Y            |                              |
| Singapore<br>OD Excess        | 0                           | Outside<br>Singapore<br>TP Excess | 0         |                   |                      | Young        | g/Inexperience Driver Excess |
| Excess<br>Outside             |                             | Premium                           | 0         |                   |                      |              |                              |
| Excess Additional             | 0                           | damage<br>Excess                  | 0         |                   | Windscreen<br>Excess | 0            |                              |
| Excess<br>Type<br>Third Party |                             | All Claims<br>Excess<br>Own       |           |                   |                      |              |                              |
| Policy<br>issue Date          | 07/06/2018                  | Effective<br>Date                 | 30/06/20: | 18 00:00          | Expiry Date          | 29/06/2019 2 | 23:59                        |
| Product<br>Name               | PRIVATE CAR INSURANCE       | Plan                              |           |                   | Group<br>Policy Flag | N            |                              |
| Address                       | BLK 751 #02-82 PASIR RIS ST | REET 71 SINGA                     | PORE 510  | 751               |                      |              |                              |
| Certificate<br>No.            |                             | Home                              |           |                   | NRIC                 | 010/10203    |                              |
| Policy No.                    | 5078608675-02               | Policyholder<br>Name              | M KUNAS   | EAKANAN           | Policyholder         | S1674050J    |                              |

### Claim Handling

| Accident MT/1042588                        |                                    |                               |                                |                             |
|--|------------------------------------|-------------------------------|--------------------------------|-----------------------------|
| Policy No.                                 | 5078608675-02                      | Vehicle No.                   | SFD1878K                       | FRE BURE DOWN TO            |
| Certificate No.                            |                                    |                               | 3,010/51                       | GST Registration N          |
| Policyholder Name                          | M KUNASEAKANAN                     |                               |                                |                             |
| Product Code                               | PRIVATE CAR INSURANCE              | Cover Type                    | Third Board St. A st. A        | Policyholder NRIC           |
| Contact No.(Mobile)                        | 98514320                           | Contact No.(Office)           | Third Party, Fire & Theft<br>0 | Loading                     |
| Email Address                              |                                    | Special Remark                |                                | Contact No.(Home            |
| KFK  | No Yes                             | TCA                           | No Yes                         | eCode                       |
| NCD Protection                             | Yes                                | NCD Entitlement(%)            | 50                             | eCode Reason                |
| Accident Details                           |                                    |                               | 44                             | Private Hire                |
| Report Date                                | 02/05/2019 14:04                   | Accident Report Within 24 hrs | Yes                            | 9000 (475)(4000)            |
| Date of Accident                           | 30/04/2019                         | Time of Accident hh:mm        |                                | Accident Type               |
| Reporting Centre                           |                                    | Orange Force                  | 07:50                          | Country of Acciden          |
| Accident Location                          | BUKIT TIMAH ROAD TWDS FARRER ROAD  | and the second                |                                | ICM No.                     |
| ₩ Excess                                   |                                    |                               |                                |                             |
| Own damage Excess                          | 0.00                               | Additional Excess             |                                |                             |
| Unnamed Driver Excess                      | 0.00                               |                               |                                | Windscreen Excess           |
| Third Party Excess                         | 0.00                               | Outside Singapore OD Excess   | 0.00                           |                             |
| → Benefits                                 | 33333                              | Outside Singapore TP Excess   | 0.00                           |                             |
| GST Registered Informa                     | tion                               |                               |                                |                             |
| GST Registered                             | No                                 |                               | CLASSIEN WE WITH THE           |                             |
| GST Registration No.                       | 113                                |                               | GST Registration Date          |                             |
| Modification History                       |                                    |                               | GST Status Verified            | Yes                         |
|  |                                    |                               |                                |                             |
| Policyholder Mailing Add                   | dress                              |                               |                                |                             |
| Address 1                                  | BLK 751 #02-82                     | Address 2                     | PASIR RIS STREET 71            | ******                      |
| Address 4                                  |                                    | Address Type                  | Singapore address              | Address 3                   |
| Unit No.                                   |                                    | Related Policy Number         | 5078608675-02                  | Post Code                   |
| ♥ OI Driver Info                           |                                    | E 0.000000 TV ABOUT TOOK / A  | 3074000073-02                  |                             |
| Driver Name                                | M KUNASEAKANAN                     | Driver Type                   | Main Driver                    |                             |
| Unnamed driver Name                        |                                    | Driver NRIC                   | \$1674050)                     | Driver DOB                  |
| Register Date of Driver License            | 29/06/1990                         | Driver Age                    | 54                             |                             |
| Contact No.(Mobile)                        | 98514320                           | Contact No.(Office)           | 0                              | Driving Experience          |
| Address 1                                  | BLK 751                            | Address 2                     | PASIR RIS STREET 71            | Contact No.(Home) Address 3 |
| Address 4                                  |                                    | Address Type                  | Singapore address              | Post Code                   |
| Unit No.                                   | #02-82                             |                               |                                | Post Code                   |
| Does he own a Singapore<br>Registered car? | Yes • No                           | Driver Vehicle No.            |                                | Driver Insurer Com          |
| Declaration                                |                                    |                               |                                |                             |
| Breathalyser or Blood Test                 |                                    |                               |                                |                             |
| Reading?                                   | 0 mg                               | Any injury?                   | Yes No                         |                             |
|  |                                    |                               |                                |                             |
| Modification History                       |                                    |                               |                                |                             |
| Claim 001 OD-MX New                        |                                    |                               |                                |                             |
| Claim 001 OD-MX New                        |                                    |                               |                                |                             |
|  |                                    |                               |                                |                             |
| Claim Type *                               |                                    |                               | p                              |                             |
|  |                                    |                               | OD-MX                          | ▼ Insured<br>Name M KUN#    |
| Contact No.(Mobile)                        |                                    |                               | 98514320                       | Contact                     |
|  |                                    |                               | 90314320                       | No. (654343<br>(Home)       |
| Email Address                              |                                    |                               | kunaseakanan@mo                | dis.edu.sg Vehicle SFD187   |
|  |                                    |                               |                                | Number SF0187               |
| Claim Description                          |                                    |                               | SFD1878K / UNKNO               | OWN ON 30 Apr 2019          |
| Preferred<br>Workshop                      | Insured Liability   Postelli - 2 5 |                               |                                |                             |
| Remuser No.<br>Finalisation Yes            | Prefered Partially at 18           | ne unknown F GIA Received     |                                |                             |
| Date Registered                            | Option                             | ne unknown report Received    |                                | Claim                       |
|  |                                    |                               | 02/05/2019 14:13               | Close<br>Date               |
| Report Taken By                            |                                    |                               |                                | Workshop                    |
| Print AK letter                            |                                    |                               |                                | Repairer                    |
| ratio AN letter                            |                                    |                               |                                |                             |
|  |                                    |                               |                                |                             |

Save Submit Attachment Accident No. MT/1042588 Claim No. 001 Last Doc. Received Yes No Upload Date 02/05/2019 14:10 Path \* Category \* Confidential Choose File No file chosen Clear Please Select . NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ٠ NO Choose File No file chosen Clear Please Select • NO Choose File No file chosen Clear Please Select . Choose File No file chosen NO Clear Please Select \* NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:12 NRIC/ Driving License Normal NRIC/ Driving 49.7 627. NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:12 NRIC/ Driving License Normal NRIC/ Driving NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:10 SAS Normal SAS : NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:10 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:10 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:10 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 May 2019 14:10 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal **Photos** NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14;09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal **Photos** NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 May 2019 14:09 Photos Normal Photos