		14 5860 6 11 VA	
	b description	Date & Time Completed	Done by
Res No: Na INCIGNAGE Try	SAS e-filing		
	E-mail (within Shrs, AIC 2hrs)		
	-Motor Claim Form	1 co- ETC 2001 MM	615hg 20:00
/	-Motor W/O (Within: OD 2hrs.		- alsud
ob (ii) reporting only	Photo Uploaded		
TP Insurer:	ssessment/Survey Report		
	ss't Report by Fax / Hand to	Owner/Wksp	4 Financia de la constantina della constantina d
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	Fax:
TP Particulars: Veh No: SLD 87311	. INC()/Non-INC()	Y)
Owner / Driver: (Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-l	Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80-1	100%]
Year of Registration: () Warra	nty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 (
General Remarks;	TO BENY		13. 3.
() Walk-In Customer : Customer's information	n strictly Confidential & Ctri	athe NO safes of seasing	NA621 141
		ctiy NO rater of repairer.	
() Total Loss Case : to e-mail Insurer UR		* **	
Drive-In ()/ Towed-In (); Invoice: YES	S()/NO();To	wing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/ Courtes	v Car ()	1	
2) QC Check / Post Repair Inspection	()	7	
3) Upload Resurvey Photo [Repair Cost > \$3000]			
Injury:			
		1	
Date/Time Actions	POST VETO SOCIO DE CONTROL DE COMPTE DE LA CONTROL DE C	and the second	
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iver/Owner: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Accident R 2) DA: Darnage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OIL* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	aration Checklist sporting (\$30); ssessment (\$100); INC (\$8 ough Survey ough Survey (Resurvey) just INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar/Tpt Allowance ordination Inspection et Excess Coordination	Ant (5) An Tat Bill Ad (0) /545 \$120 \$30) \$75 \$160 \$55 \$10 \$25 \$35
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iver/Owner: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OIL* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle TP (N11): TP (1	aration Checklist sporting (330); ssessment (\$100); INC (\$8 ough Survey ough Survey (Resurvey) just INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar/Tpt Allowance ordination Inspection at Excess Coordination Non INC) against INC	Ant (5) An Tat Bill Ad (0) /545 \$120 \$30) \$75 \$160 \$55 \$10 \$25 \$35 \$20

Figure 1 to 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as 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 aforesaid.

aforesaid.	하나 1. 1000년에 1. 1. 12 국무리 전에 1555년 역에 1555년 역에 1. 1957년 전에 1. 1556년에 154명, 1557년에 1556년 전에 1552년에 1552년에 1552
	ACCIDENT STATEMENT
Date Of Report	06/05/2019 19:50
Date Of Accident	06/05/2019 08:55
Exact Location Of Accident	JUNC COMMONWEALTH AVE WEST & GHIM MOH RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6626A
Insured/Policyholder	
Name Of Registered Owner	KRISH NEWSPAPER SERVICES
Co Reg No	53145991L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087596115-02
Cover Note Number	
Driver	
Name of Driver	PANDARINATHAN PATHMANABAN
NRIC No	S7763064C
Date Of Birth	31/05/1977

OUTDOOR

19/07/2003

MALE

NOEMAIL

15 YEARS AND 9 MONTHS

(LOCAL) +65-85254796

OFFICE-85254796

BLK 75 WHAMPOA DRIVE Address

#11-350

Postcode 320075

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SLD8721L

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

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

CARDAT Switch Plant pint. V.S.

SKETCH PLAN anim Mon rd VEHICLE A: GBF 6626 A vericu B: SLD8721L DESCRIBE CIRCUMSTANCES OF THE ACCIDENT vehicle ON the stated date fime, travelling stated ABF 6626A was alona light amber turned Suddenin, vehicle vehicle's SLD 8771 L. hit outo rear portion. DECLARATION I/We declare the forbetting particulars are true in every

Driver's Signature

:

Date & Time:

(If driver is not the policyholder)

Policyholder's Sig

WAR SERVICE CONTRACTOR

Date & Time:

Scanned by CamScanner

Reporting Centre Personne

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (06,06,2019)(DD/MMMM), TIME: (08:55 HHH:MM)
LOCATION: COMMONWEATTH AVENUE WEST & 4him MON PO JUNCTION

1. DETAILS OF VEHICLE GIVEHICLE NUMBER: FBF 662	6 A
DINSURANCE COMPANY: NTV	
C)POLICY NUMBER:	
	HIRD PARTY / THIRD PARTY FIRE &THEFT)
	(LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TI	ME: WOYK
i) ARE YOU CLAIMING UNDER YOUR P	
IF NO, PLEASE STATE (THIRD PARTY CL	AIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	WY. d. a.f.
DINRIC/FIN/PASSPORT: 5314690	
CLADDRESS: 75 Whompon Di	ine, #11-350 SC 320075)
* CONTINUE TO 3.d IF DRIVER ALSO PO	HCX HOLDER
14 Ho of passenge DRIVER DOING	LICT HOLDER
	Thumanahan IMAGE (FEMALE)
(21/20	
(1) CIADDRESS: 15 WAMPOO	Drive #11-350 5(3)0015)
*d)DATE OF BIRTH: (3) 105, 1977	_J(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR	
f)YEARS OF DRIVING EXPRERIENCE:	15 years
4. WAS DRIVER AN EMPLOYEE OF THE	
IF NO, RELATIONSHIP OF THE DRIVE	
5. CIWEATHER CONDITION; (CLEAR / RAIN	
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	S
7. a) REPORTED TO POLICE (YES / NO)	
B. THIRD PARTY VEHICLE	ATION:
No of passenger a) VEHICLE NUMBER: (LD8721)	The state of the s
Induding driver) b) DRIVER'S NAME:	MODEL:
	CONTACT
(01) male third Party Vehicle	CONTACT:
	HODEL
OF PASSENGE . BI DRIVER'S NAME.	MODEL: ··
Induding driver) 1) NRIC/FIN/PASSPORT:	CONTACT
()	CONTACT:

email =

fax =





Licence Number: S 7 7 6 3 9 6 4 C

Name:

PANDARINATHAN **PATHMANABAN**

Birth Date: 31 May 1977

Issue Date: 13 Mar 2012



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7763064C





Name

PANDARINATHAN PATHMANABAN

ப பத்மநாபன்

Race

INDIAN

Date of birth

31-05-1977

Country of birth

INDJA



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

EFFECTIVE DATE .

Class 2B Motorcycles =< 200 cc 19 Jul 2003 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Jul 2003 of the driver; and other motor vehicles =< 2500kg

NP. 428A





NRIC No. S7763064C

Nationality
INDIAN
Date of issue
19-06-2007,

APPENDED TO THE PROPERTY OF TH

Date: 21/11/2011

No: 6984818

8856000

					10		COET		Genera	ilClaim
) Change I	anguage	+ Chang	e Password	Log Out
olic	y Query									
cy N	0.				Date	e of Accident	06	5/05/2019 0	8:55	
Vehicle No.(For Motor)			GBF6626A		Certificate Number					
					Search	1				
ect	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5	5087596115- 02		KRISH NEWSPAPER SERVICES	53145991L	GCV	Comprehensive	GBF6626A	GBF6626A	24/01/2019	23/01/2020
11	licy No	lect Policy No. 5087596115-	hicle No.(For Motor) GBF66 GBF66	lect Policy No. Certificate Policyholder Number Name 5087596115- KRISH NEWSPAPER	lect Policy No. Certificate Policyholder Policyholder Number Name NRIC 5087596115- KRISH NEWSPAPER 53145991L	Date Date	Policy Query Ilcy No. Date of Accident Certificate Number Search Lect Policy No. Certificate Number NRIC Number Name NRIC NEWSPAPER 53145991L GCV Comprehensive	lect Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. 5087596115- NEWSPAPER 53145991L GCV Comprehensive GBF6626A	Policy Query Icy No.	Policy Query Ilcy No. Date of Accident 06/05/2019 08:55 Incide No.(For Motor) GBF6626A Certificate Number Search Lect Policy No. Certificate Number NRIC Product Cover Type Vehicle No. Object Date KRISH NEWSPAPER S3145991L GCV Comprehensive GBF6626A GBF6626A 24/01/2019

Policy No.	FORTEGERAL DO	Policyholder			Policyholder		
	5087596115-02	Name	KRISH NEV	SPAPER SERVICES	NRIC	53145991L	
Certificate No.							
Address	BLK 75 #11-350 WHAMPOA DRI	VE WHAMPOA	COURT SIN	GAPORE 320075			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	.N	
Policy Issue Date	09/01/2019	Effective Date	24/01/2019	00:00	Expiry Date	23/01/2020 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Co- Insurance Flag	No						
Open							
Info Certificate							
Info Certificate Info	holder Mailing Address						
Policy Info Certificate Info Policyt Address 1	nolder Mailing Address BLK 75 #11-350	Addre	ss 2	WHAMPOA DRIVE		Address 3	WHAMPOA COURT
Info Certificate Info Policyh Address 1			ss 2 ss Type	WHAMPOA DRIVE Singapore address		Address 3	WHAMPOA COURT 320075
Info Certificate Info Policy Address 1 Address 4	BLK 75 #11-350	Addre	ss Type				A CONTRACTOR OF THE PROPERTY O
Info Certificate Info Policyt Address 1 Address 4 Unit No.	BLK 75 #11-350 SINGAPORE 320075	Addre Relate	ss Type	Singapore address			(A) CONTRACTOR OF STATE
Info Certificate Info Policyt Address 1 Address 4 Unit No.	BLK 75 #11-350 SINGAPORE 320075 11-350 ad Object: GBF6626A	Addre Relate	ss Type	Singapore address			(A) CONTRACTOR OF STATE

Claim Handling					· D
Accident MT/1043217					
Policy No.	5087596115-02 V	ehicle Na.	GBF6626A	GST Registration No.	
Certificate No.					
Policyholder Name	KRISH NEWSPAPER SERVICES			Policyholder NRIC	53145991L
Product Code		over Type	Comprehensive	Loading	0
Contact No.(Mobile)	0 0	ontact No.(Office)	0	Contact No.(Home)	a .
Email Address	5	pecial Remark		eCode	N. Y
KFK	® No ⊜Yes 70	CA	® No ○ Yes	eCode Reason	
NCD Protection	No N	CD Entitlement(%)	15	Private Hire	No
→ Accident Details					
Report Date	06/05/2019 19:58 A	ccident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/05/2019 To	ime of Accident hhomm	08:55	Country of Accident	Singapore
Reporting Centre	0	range Force		ICM No.	
Accident Location	JUNC COMMONWEALTH AVE WEST & GHIM MOHI	RD			
♥ Excess					
Own damage Excess	600.00 A	dditional Excess		Miles and the Mi	484.00
Unnamed Oriver Excess		lutside Singapore OD Excess		Windscreen Excess	100,00
Third Party Excess					
V Benefits	0.00	Litside Singapore TP Excess			
	22350				
GST Registered Inform					
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	200	
Modification History	06/05/2019 19:59:34 System che	anged GST Status Verified from		Yes	
	54454 5515 43 59 54 59 68 61 50 6	right out along relies has	11 40 60 762		
□ Policyholder Hailing Ad	idress				
Address 1		odress 2	WHAMPOA DRIVE	Address 3	WHAMPOA COURT
Address 4		ddress Type	Singapore address		
Unit No.				Post Code	320075
	11-350 R	stated Policy Number	5087596115-02		
OI Driver Info	12000000	OTO SECTION			
Unnamed driver Name		river Type	Unnamed Driver		
		river NRIC	57763064C	Driver DOB	31/05/1977
Register Date of Driver License		river Age	41	Driving Experience	15
Contact No.(Mobile)		entact No.(Office)	0	Contact No.(Home)	0
Address 1		ddress 2	WHAMPOA DRIVE	Address 3	WHAMPOA COURT
Address 4	SINGAPORE 320075 A	ddress Type	Singapore address	Post Code	320075
Unit No.	11-350				
Does he own a Singapore Registered car?	O Yes ⊕ No De	river Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg Ar	ny injury?	○ Yes ® No		
Modification History					
Noncept Feature					
Claim 001 New					
Claim Type +	OD-MX In	sured Name	KRISH NEWSPAPER SERVICES	Insured NRIC	FRANCIS
Contact No.(Mobile)			KKISH REHISPAPER SERVICES		53145991L
Email Address		ontact No.(Home)	GBF6626A	Contact No. (Office)	
Claimant Type Claimant Type •		I Vehicle Number		TP Velicle Number	SLD8721L
Claimant Name *		laimant NRIC *	Please Select		
Claiment Address	22 0	enueric actic .			
	Constitution of the control of the c				
Diairy Description Preferred Workshop Contact	GBF6626A / SLD6721L DN 6 May 2019			Name of Preferred Workshop	
No.	In	sured Liability *	Not at Fault		
Require Finalisation	Yes Y	eferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/05/2019 20:00 CI	isim Close Date		Date Received	06/05/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
9					
Accident No.	MT/1043217	Claim No.	001		
ast Doc. Received	® Yes ○ No	Upload Date	06/05/2019 20:01		
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		Browse.		Normal	
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