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OB : 11 y Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
11 History	Ass't Report by Fax	/ Hand to Owner/Wi	Sp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax	:	
TP Particulars: Veh No: 1k	U8254E	INC ( )/Non-l	NC()		
Owner / Driver: (		Tcl:		)	
Policy No: ( )	Period: (	) Cover Typ	c: (	)	
Confirmed by : (	Da	te: T	ime:	)	
	[Note-Est. Status (WO):	N: 0-20%; P: 21-	79%. P: 80-100	9%]	
Year of Registration: ( )	Warranty: YES ( )/	NO( )			
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General Remarks:-				g igene	
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·/ Apply for Hansfort Allowance ( )/	Courtesy Car ( )	1	* *		
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QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]	( )				
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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.
- 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

Date Of Report 31/05/2019 18:05
Date Of Accident 30/05/2019 19:15

Exact Location Of Accident EUNOS AVE 5 TWDS PAYA LEBAR RD

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJM8061J

Insured/Policyholder

Name Of Registered Owner MAYGALAI K PANNIRSELVAM

NRIC No S8439079H
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-84445403

 Alternative Phone No
 OFFICE-84445403

Vehicle Particulars

Manufacturer HONDA

Model HONDA CIVIC 1.8L 5AT

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 5109538691

Cover Note Number

Driver

Name of Driver MAYGALAI KARUPPIAH PANNIRSELVAM

 NRIC No
 \$8439079H

 Date Of Birth
 20/12/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 03/01/2005

Driving Experience 14 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-84445403

Fax Number

Contact Number OFFICE-84445403

EMail Address NOEMAIL

Address 138 LOYANG RISE

Postcode 507463

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?

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KARUPPIAH PANNIRSELVAM

GENDER: : MALE

Passenger 2

NAME:

: KOMALA PANNIRSELVAM

GENDER: : FEMALE

**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

NO

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 65470000 - FAX NO:

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190531/7016.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKU8304E

TOYOTA COROLLA ALTIS Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver KHOO YIXUN

NRIC/Passport Number

S9822576E

Contact Number

98794679

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

MAYGALAI KARUPPIAH PANNIRSELVAM Name

Approximate Age

NECK & LOWER BACK Injuries Sustain

Injured person in which vehicle? SJM8061J YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

KARUPPIAH PANNIRSELVAM Name

Approximate Age

BODY Injuries Sustain SJM8061J Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 3**

KOMALA PANNIRSELVAM Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SJM8061J Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### 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 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:
  - (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 Refer to Police report DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow ø 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.

ACCIDENT DETAILS				
Date of accident	30 May 2019	(DD/MM/YY)		
Time of accident	7.15 pm	(HH:MM)		
Exact location of accident	Eunos Ave 5 towards Paya lebar Road			

A THE STREET OF THE STREET	DETAILS OF VEHICLE
Vehicle registration number	JM8061 J
Vehicle make and model	Honda Civic 1.8
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

INSURANCE INFORMATION					
Insurance company	NTUC				
Policy number	5109538691				
Type of policy	Comprehensive	Third party fire & theft □	TP only		

The second secon	INSURED / POLICY HOLDER Maygalai Karuppiah Pannirselyau	Male □	Female Z
Name	58429079H		
NRIC / Fin / Passport number	7. 8. 1. 9.		
Contact	8444-5403		
Address	138 Loyang Risc		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	20/12/1984	
Occupation	Indoor Ø Outdoor D	
Driving date pass	03/01/2005	

A STATE OF THE PERSON NAMED IN COLUMN 2 IN	THE R. P. LEWIS CO., LANSING, MICH.	and the same of th	OF THE ACCIDENT	MATERIAL STATE OF THE STATE OF
as driver an employee of	Yes 🗆	No Z	total and thousands	Owner
ne insured's company?			e driver and insured:	
ccident captured by camera?	Yes 🗆	No 🗆	Others:	
Veather condition	Clear	Raining	Others.	
Road surface	Dry	Wet D		(Inclusive of driver)
No of passenger	3			(Interest of Street)
	CONTRACTOR OF STREET	- Accesses		
		PASSENGE	nirselvam	APPLICATION OF THE PROPERTY OF
Name	Karup		VII 75 10 41	
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	THE PARTY OF	PASSENG		GORALD STATE OF THE BASE
Name	Komak			
Gender	Male 🗆	Female		
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Name		Frank -		
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	1	PASSEN	SEK D	
Name		- Famala		
Gender	Male	Female		10 11 10
			GRANTION!	NAME OF TAXABLE PARTY.
		OTHER INFO	RIVIATION	ENGLISHMENT BY THE PARTY TO THE
Was anybody injured?	Yes			
Was other vehicle damaged?	Yes	No 🗆		
	NAME OF TAXABLE PARTY.		LICE ACTION	
	And the second	DETAILS OF PO	If you please state	which police station.
Reported to police?	Yes	No	ir yes, please state	Willest Police Station.
Police station name				
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Name				
Name				ing a series of the series of
		WITN	ESS Z	

Name

THE PERSON NO SERVICE AND PARTY.	THIRD PARTY VEHICLE 1
ehicle registration number	SKUB304E
ehicle make model	Toyota corolla Altis
lame	Khoo Yixun
IRIC / Fin / Passport number	(90,22576)
Contact	59022576E 98794679
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TO SERVICE OF THE SERVICE OF THE SERVICE OF	THIRD PARTY VEHICLE 2
/ehicle registration number	
/ehicle make model	
Vame	
NRIC / Fin / Passport number	
Contact	
001110	
OF THE PROPERTY AND A PERSON NAMED IN	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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	THIRD PARTY VÉHICLE 4
Vehicle registration number	
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	THIRD PARTY VEHICLE 5
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NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 6
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	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
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Name NRIC / Fin / Passport numbe	r

The same of the sa	INJURED PERSON 1
ame	Maygalai Karyppiah Pannirsclvam
njuries sustained	Nick and lower back
Vhich vehicle person in?	JJM 8061J
Vere seat belts worm?	Yes No D
Vas injured conveyed to	Yes D No Ø
ospital by ambulance?	
8. D. W. T.	INJURED PERSON 2
Vame	Karuppiah Pannirselvam
njuries sustained	
Which vehicle person in?	SJM8061J
Were seat belts worn?	Yes par No D
Was injured conveyed to	Yes D No D
nospital by ambulance?	
indepted by difficultation	
THE RESERVE TO SERVE THE PARTY OF THE PARTY	INJURED PERSON 3
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	Komala Pannirselvam
Name	ROMAIA
Injuries sustained Which vehicle person in?	SJMBOBIJ
Were seat belts worn?	Yes Z No 🗆
Was injured conveyed to	Yes D No Z
hospital by ambulance?	163 11 119
nospital by ambaicing.	AND THE PROPERTY OF THE PARTY O
PUTATION WAS INCOME.	INURED PERSON 4
	INJURED PERSON 4
Name	INJURED PERSON 4
Injuries sustained	INJURED PERSON 4
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injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Which vehicle person in? Were seat belts worn? Was injured conveyed to	
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Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No   Yes   No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No
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Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes No D  INJURED PERSON 5  Ves No D  Yes No D  INJURED PERSON 6





1 of 3 Report No. T/20190531/7016

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 15:50		lade:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of I MAYGAL PANNIRS	AI KARUP		Address: 138 LOYANG RISE SINGA	PORE 507463	
ID Type /	Type / ID No.: IRIC NO / S8439079H		Contact No.: Home/Office:	Mobile: 84445403	
Nationality: SINGAPORE CITIZEN			Email: maygalaikp@hotmail.com		
Sex: Female	Age: 34	Date of Birth: 20/12/1984	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Polytechnic lecturer			Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 19:15	Type of Location: Straight Road
Location:				
EUNOS AVE	NUE 5			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance:

Details of V	enicie invo	rved			and the same and	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJM8061J	Car	HONDA	HONDA CIVIC 1.8L 5AT	Silver		0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
	NTUC Income Insurance Co-Operative Limited	5109538691	17/05/2019	16/05/2020			





Police Station Of Origin: Traffic Police

Report No. T/20190531/7016

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Details of Perso	n Involved		MI CZELI PAR	47574		San	
Any Pedestrian II	rvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing; NA				
Driver		in a visit of	NEGRAL	HE LEE		CHARLES HOLDER	
Name	MAYGALAI KARUPPIAH PANNIRSELVAM			ID No.		S8439079H	
Related Vehicle	SJM8061J (Car)			Contact No.		84445403	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	30/05/2019		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	03	Degree of		Sligh		

# Brief Details.

On 30 May 2019 at about 19:10hrs I was driving my vehicle SJM8061J travelling Straight along Eunos ave 5 . Suddenly I felt a huge impact from the rear. I got down my vehicle and realised that a vehicle SKU8304E collided onto the rear portion of my vehicle .

I sustained injuries from the above mention accident and was given 3 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190531/7016

#### CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

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: 31/05/2019 15:50
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

5543993



Mic 100 58439079H



28-12-2015

Address

138 LOYANG RISE SINGAPORE 507463 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DAYE

Class 3

Motor cars =< 3000 kg with =< 7 paccangars exclusive of the driver; and motor tractors /vehicles =< 2500 kg 03 Jan 2005

NP 428A



# For LKK/NAC Use Only

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8439079H



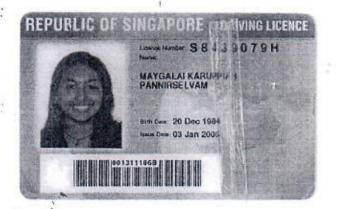
MAYGALAI KARUPPIAH PANNIRSELVAM MRS MAYGALAI KUMAR

க பன்னீர்செல்லம் மேகவை



INDIAN
Date of term
20-12-1984
Country/Place of bird
SINGAPORE

584336) BH



<b>eBao</b> Tech							Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601	The state of the Contractive C		+ Change	Language	• Chang	e Password	→ Log Out
My Desktop	<b>Policy Query</b>							,
Notice of Loss	Policy No. Vehicle No.(For Motor)	S3M80613	Date of Accident 36  Certificate Number			0/05/2019 1	05/2019 19:15	
	Select Policy No.	Certificate Policyholder	Policyholder Prod		Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5109538691	MAYGALAI K PANNIRSELVAM	S8439079H GF	C CLASSIC	SJM8061)	CONSTRUCTOR	17/05/2019	16/05/2020
			Contin	vue				



laim Handling					· Ex
ne premium on this policy has n ocident MT/1047116	of been collected.				
olicy No.	5109538691	Vehicle No.	S3M80613	GST Registration No.	
ertificate No.					
dicyholder Name	MAYGALAI K PANNIRSELVAM			Policyholder NRIC	58439079H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No (Mobile)	84445403	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	BCV.
FK.	® No ○Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
eport Date	31/05/2019 18:25	Accident Report Watrin 24 hrs	Yes	Accident Type	Collision - Head to Rear
ace of Accident	30/05/2019	Time of Accident hhomm	19:15	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
codent Location	EUNOS AVE 5 TWOS PAYA LEBAR RD	501010000000			
Total Excess Applicable					
ксиза Туре	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
TED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Not Applicable
vidditional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>♥</b> Benefits					
⇒ GST Registered Informa	stion				
IST Registered	No		GST Registration Date		
IST Registration No.			GST Status Verified	Yes	
fodification History					
Policyholder Mailing Ad	25				
		2200000	Survey was	Address 3	WATERWAY BROOKS
Address 1	BLK 676C #03-730	Address 2	PLINGGOL DRIVE	Post Code	823676
Address 4	SINGAPORE 823676	Address Type	Singapore address S109538691	your code	8430/0
init No.  DI Driver Info	83-730	Related Policy Number	210-2100-21		
	MAYGALAI KARUPPIAH PANNIRSELVA	M MDS			
Driver Name	MAYGALAJ KUMAR	Driver rype	Main Driver		
Unnamed driver Name		Driver NRIC	58439079H	Driver DOB	20/12/1984
Register Date of Driver License	03/01/2005	Driver Age	34	Driving Experience	14
Contact No.(Mobile)	84445403	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	138 LOYANG RISE	Address 2	SINGAPORE 507463	Address 3	WATERWAY BROOKS
Address 4	SINGAPORE 823676	Address Type	Singapore address	Post Code	507462
Linit No.					
Does he own a Singapore Registered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test		70100775	8 m Oh		
Reading?	o mg	Any injury?	® Yes ○ No		
Modification History					
The state of the s					
Claim 001 New					
Claim Type •	00-MK	Insured Name	MAYGALAI K PANNIRSELVAM	Insured NRIC	58439079H
Live Self-Colombia Charles	Carrier and Carrie	Contact No.(Home)	65420670	Contact No.(Office)	
Contact No.(Mobile)	84445403				5KU8304E
	maygalaikp@hotmail.com	Of Vehicle Number	S3M80613	TP Vehicle Number	
Email Address	maygalaikp@hotmail.com	Of Vehicle Number Type of Benefit *	S3M80613 Please Select	TP Vehicle Number	distribution and a
Email Address Claimant Type Claimant Type *	maygalaikp@hotmail.com	Type of Benefit *		TP Vehicle Number	
Email Address Claiment Type Claiment Type * Claiment Name *	maygalaikp@hotmail.com Please Select	Type of Benefit *		TP Vehicle Number	
Email Address Claiment Type Claiment Type * Claiment Name: * Claiment Address	maygalaikp@hotmail.com Please Select	Type of Benefit * Comment NRIC *		Name of Preferred Workshop	
Email Address Garmant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	maygalakp@hotmail.com    Please Select	Type of Benefit * Comment NRIC *			
Email Address Germant Type Claimant Type * Germant Name, * Glemant Address Germant Address Oarm Description Preferred Workshop Contact No.	maygalakp@hotmail.com    Please Select	Type of Benefit * Carment NRIC *	Please Select 🔻		Received
Comact No.(Mobile) Email Address Claiment Type Polament Type Polament Name Polament Name Polament Address Claiment Address Claiment Address Claiment Secreption Preferred Variation Polament Security Finalisation Date Registered	maygalakp@hotmail.com  Please Select  ≥≥≥  SJM60611 / SKU8304E ON 30 May 2	Type of Benefit *	Please Select	Name of Preferred Workshop	Received  31/05/2019 00:00
Email Address Claimant Type Claimant Type * Claimant Name. * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	maygalarkp@hotmail.com	Type of Benefit * Oalmant NRIC *  D19  Insured Liability * Preferend Repair Option	Please Select	Name of Preferred Workshop GIA report	And the second of the second o
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Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	maygalarkp@hotmail.com	Type of Benefit * Oalment NRIC *  D19  Insured Liability * Preferend Repair Option	Please Select  Not at Fault  Preferred Workshop, Name unknown  V	Name of Preferred Workshop GIA report	And the second of the second o

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