Date In: 19/19 - 1450A	Jcb description	Date & Time Completed	Done	pi.
Res No: Ma INCIGO MOIT FLY	SAS e-filing			
Veh No: JM 31737	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 17/19-07:43	i-Motor Claim Form	m/1053887-001	malia 15	7
	i-Motor W/O (Within: OD 2			
OD / TP / Reporting Only	i-Photo Uploaded			11
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tol:	Fax:	
TP Particulars: Veh No: 51	LX GOXIS INC	( )/Non-INC( )		20
Owner / Driver: (		Tcl:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ( )/NO (	)		
	\$1,000()/\$2,000()			
General Remarks:	EPPERATURE NEW PROPERTY NO	A STREET, OR A CAT TAX		
A CONTRACTOR CONTRACTOR DESCRIPTION OF A MINISTER OF A CONTRACTOR OF THE PROPERTY OF THE PROPE		B) All with \$18 (Six State of the Six St	13200 311, 12	1 . 1
( ) Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.			1100-000
Drive-In ( )/ Towed-In ( ); Inve	oice: YES( ) / NO( );	Towing Co: (		)
		3	PSE TOPROPRIE	77.7
Remarks:- : (INC hotline: 6788 6616	6)	Date&Time Completed	Done	by
Apply for Transport Allowance ( )	) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )	1		
	> \$30001 ( )	<del></del>		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )			
	( )			
3) Upload Resurvey Photo [Repair Cost :	( )			
3) Upload Resurvey Photo [Repair Cost :	( )		Maga, o.i.) se	
3) Upload Resurvey Photo [Repair Cost :	> \$3000] ( )		355000 1 to	
3) Upload Resurvey Photo [Repair Cost :	( )		New Colors	
3) Upload Resurvey Photo [Repair Cost :	( )			
3) Upload Resurvey Photo [Repair Cost :	( )		Mag o in	
3) Upload Resurvey Photo [Repair Cost :	( )			
July:  Actions			Anit (S)	
Date/Time Actions	1 Invoice Pa	eparation Ghecklist		
Date/Time Actions	Invoice Pi	eparation Checklist:	Amt (S)	
Injury:  Oate/Time Actions  Actions  amant's Particulars:-	Invoice Pa	eparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC (\$	Anit (\$) fit Bill 80) 0/\$45	
Date/Time Actions  Actions  Actions  Augustus	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow	eparation Checklist: int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4 Through Survey	Anit (S) fit Bill 80) 0/\$45 \$120	
Date/Time Actions  Augo 7337  aimant's Particulars:- iver/Owner:	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow	cparation Checklist: Int Reporting (\$30); The Assessment (\$100); INC (\$100); INC (\$100); Through Survey Through Survey (Resurvey)	Anif (S) (st Bill 80) 0/\$45 \$120 \$30	
Date/Time Actions	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow	eparation Checklist:  at Reporting (\$30); ge Assessment (\$100); INC (\$25 Fee \$40.  Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200	Anit (\$) fit Bill 80) 0/\$45 \$120 \$30 \$) \$75	
Date/Time Actions	Invoice Pr  1) AR: Accide 2) DA: Darres 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D	cparation Checklist:  Int Reporting (\$30); ge Assessment (\$100); INC (\$2, Fee \$4.  Through Survey Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey	Ani((S)) (fit Bill 80) (0/\$45 \$120 \$30 5)	
Date/Time Actions  Ac	Invoice Pri  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add	cparation Checklist.  Int Reporting (\$30); Int Reporting (\$100); Int (\$200); I	Anit (\$) fit Bill 80) 0/\$45 \$120 \$30 \$) \$75	
Date/Time Actions  Augusts  Actions  Augusts  Au	Invoice Print Prin	cparation Checklist:  Int Reporting (\$30); ge Assessment (\$100); INC (\$2, Fee \$4.  Through Survey Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey	Anit (\$) fit Bill 80) 0/\$45 \$120 \$30 \$) \$75	
Date/Time Actions  Augusts  Actions  Augusts  Au	Invoice Pr  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OIL* *N5: Courte *N6: Repair	eparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4  Through Survey (Resurvey) against INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services: esy Car / Tpt Allowance Co-ordination	Amt((\$))  fit Bill  80) 0/\$45 \$120 \$30 \$5 \$75 \$160	Amt (
Date/Time Actions  Actions  Actions  Augustian  Actions  Augustian  Actions  Augustian  Actions  Actions  Augustian  Actions  Augustian  Actions  Actions  Augustian  Actions  Actions  Actions  Augustian  Actions  Action	Invoice Pr   1) AR : Accide   2) DA : Dame   3) TF : Towing   4) FT : Follow   5) FT : Follow   For claiming   6) TR : Re-ing   7) N1 : Idae D   8) NTUC Add   OD!*   N5: Courte   N6: Repair   N7: Fost R	cparation Checklist.  Int Reporting (\$30); ge Assessment (\$100); INC (\$20); ge Assessment (\$100); INC (\$30); ge Assessment (\$100); INC (\$30); ge Assessment (\$100); Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200) pection A + SMRT Survey ilional Services:  Say Car / Tpt Allowance Co-ordination epair Inspection	S0) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	
3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time Actions  Lamant's Particulars :-  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OIL* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6	eparation Checklist:  at Reporting (\$30); ge Assessment (\$100); INC (\$5; Fee \$4  Through Survey (Resurvey) against INC Only (wef 10 Jan 200) pection A + SMRT Survey itional Services:  sy Car / Tpt Allowance Co-ordination epair Inspection Collect Excess Coordination	Amt((\$))  fit Bill  80) 0/\$45 \$120 \$30 \$5 \$75 \$160	
3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time Actions  laimant's Particulars :- river/Owner:	Invoice Pr  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OIL* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6	eparation Checklist  ant Reporting (\$30); ge Assessment (\$100); INC (\$ ge	\$0) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$20 \$30	

For per set of the

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made	a available
	ACCIDENT STATEMENT	
Date Of Report	17/07/2019 14:47	
Date Of Accident	17/07/2019 07:40	
Exact Location Of Accident	PIE (TUAS) BELOW KJE FLYOVER	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH3173T	
Insured/Policyholder		
Name Of Registered Owner	SHANA SUMI SIVAGAMI PURUSHOTHAMAN	
NRIC No	S8117807J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-84981850	

Alternative Phone No. Vehicle Particulars

HYUNDAI Manufacturer

AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-84981850

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5108538473 Policy Number

Cover Note Number

Driver

TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA Name of Driver

S8038398C NRIC No 09/11/1980 Date Of Birth OUTDOOR Occupation 08/09/2008 Date Of Driving Pass

Driving Experience 10 YEARS AND 10 MONTHS

MALE Gender

(LOCAL) +65-91079636 Mobile Number

Fax Number

OFFICE-91079636 Contact Number

NOEMAIL EMail Address

BLK 698B JURONG WEST CENTRAL 3 Address

#10-63

642698 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

YES

NO

2

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: SHANA SUMI SIVAGAMI PURUSHOTHAMAN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

NANYANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

TEL NO: 1800-7929999 - FAX NO: 67912972 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190712/2012.

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

SLX9025B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 27

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJV1647T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMH3173T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name SHANA SUMI SIVAGAMI PURUSHOTHAMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMH3173T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

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.
- 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.:

Date & Time:

NRIC/FIN No.:

Date & Time:

## HX8H481850 到1404636 KJE FLYOVER

KJE FLyoURE

PIE TO THAS

PZC 70 TUPS

(1) (1) (1)

SLX SMH3IF3T

SHH3173T

17/2/2019 07-40AM





1 of 4

Report No. T/20190717/2012

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 09:33	lade:	Vide Report No.: J/20190717/0040	Station Diary No. 95		
Informa	nt's Particu	ulars		THE RESERVE OF THE PARTY OF THE		
		N S/O JOSEPH	Address: APT BLK 698B JURON SINGAPORE 642698	NG WEST CENTRAL 3 #10-63		
ID Type	The second secon	98C	Contact No.: Home/Office:	Mobile: 91079636		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 09/11/1980	Type of Informant:			
Race:			Language:	Institution / School Name:		
Occupation: PRIME MOVER DRIVER			Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2019 07:40	Type of Location Straight Road	
PIE TOWARI	EXPRESSWAY  OS TUAS BELOW KJE FI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
	sion:			Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJV1647T	Car	iviake	Woder	Color	Seriously Damaged	0
SLX9025B	Car				Slightly Damaged	0
SMH3173T	Car				Slightly Damaged	1





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 2 of 4 Report No. T/20190717/2012

#### CONTINUATION OF REPORT

Any Pedestrian In	volved: No						
No. of Pedestrian			Use of Pedestrian Crossing: NA				
Driver							
Name	SIM POH HEE			ID No.		S7324402A	
Related Vehicle	SJV1647T (Car)			Conta	ct No.	91150949	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disch				
	ted Medical Leave	NIL	Degree of I		Slight	ti.	
Driver					9,1		
Name	YET DUN HUI		ID No.		S8700964E		
Related Vehicle	SLX9025B (Car)			Contact No.		81884823	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL		
	ted Medical Leave	NIL	Degree of		NIL		
Driver							
Name	TERRENCE JESSE KRISTHU RAJA	N S/O JOS	SEPH	ID No		S8038398C	
Related Vehicle	SMH3173T (Car)			Conta	ct No.	91079636	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch		NIL		
	ted Medical Leave	NIL	Degree of		NIL		

### Brief Details.

On 17/07/2019 at about 0735hrs, I was driving my vehicle (SMH3173T) along PIE towards Tuas on the most right lane, under KJE Flyover. There was a massive jam and hence my vehicle was going at about 10km/h. While driving, I saw that the vehicle in front of me had braked and stopped, thus I followed suit and managed to stop in time. Suddenly, I felt a collision impact from the back of my vehicle. I checked on my wife to make sure she was okay first, before I got down to check on the driver behind me. I saw that the vehicle behind me (SLX9025B) was collided by another vehicle (SJV1647T) who was behind it.

After making sure that all the drivers were safe, we exchanged particulars before the Traffic Police came





019071772012

3 of 4 Report No. T/20190717/2012

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

## CONTINUATION OF REPORT

down to the location. I then got to know that SJV1647T could not brake and stop in time when SLX9025B braked. Thus, SJV1647T had collided onto the rear of SLX9025B, which caused it to collide with my vehicle. There was a slight dent on the rear bumper of my vehicle, as well as on the front and back of SLX9025B. However, SJV1647T was badly damaged and was towed away by EMAS.

I was unsure who called for the Police but I had called for the ambulance because my wife complained of neck pain and she was feeling nauseous. My wife was then conveyed to Ng Teng Fong General Hospital by the ambulance, condition conscious. I wish to state that no government property was damaged.





4 of 4

Report No. T/20190717/2012

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

## CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 2 BRENDA TING WAN HUA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2019 09:33
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp . 4 SN 127 I	

## EPUBLIC OF SINGAPORE



S8038398C

TERRENCE JESSEN S'O JOSEPH KRISTHU RAJA

Harm Daile: 09 Nov 1980 Balu: 12 Jun 2017

002692673.0

For LKK/NAC

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 'S8038398C





TERRENCE JESSEN S/O JOSEPH\_ KRISTHU RAJA

டெரன்ஸ் ஜெசன்

INDIAN

Date of birth

09-11-1980

Country/Place of birth SINGAPORE



5757327

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

FFFECTIVE DATE

Class 2B Class 2A Class 2 Class 3

Class 4

Miotorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

18 Jul 2001 18 Oct 2005 06 Mar 2007 08 Sep 2008

09 Oct 2008

Date of leave

01-06-2017

APT BLK 698B JURONG WEST CENTRAL 3 #10-83 SINGAPORE 642698

NRIC No: \$8038398C

Date: 24/01/2019

NP 428A

eBaoTech							Service of			Genera	IClaim
Hello, NAC_PAYA_UBI_800	601				AND DESCRIPTION OF THE PERSON NAMED IN	No. of Concession,	• Change	Language	• Change	Password	Log Out
My Desktop	Poli	cy Query									
Natice of Loss	Policy N	lo.				Date of	f Accident	17	/07/2019 07	:40	
	Vehicle	No.(For Motor)	SMH	3173T		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108538473		SHANA SUMI SIVAGAMI PURUSHOTHAMAN	S8117807)	GPC	drivo CLASSIC	SMH3173T	SMH3173T	05/04/2019	04/04/2020
					C	ontinue					

	E-00500472	Policyholder	CHANA CUM	I SIVAGAMI PURUSI	Policyholder	S8117807J	
olicy No.	5108538473	Name	SHANA SUM	I SIVAGAPII PURUSI	NRIC	3011/00/3	
Certificate No.							
Address	BLK 4388 #02-1039 BUKIT B	ATOK WEST AVE	NUE 8 WEST	EDGE @ BUKIT BAT	OK SINGAPOR	RE 652438	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	04/04/2019	Effective Date	05/04/2019	00:00	Expiry Date	04/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	KENSO LEASING PTE LTD	Agent Tel.	62358283		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 438B #02-1039	Addr	ess 2	BUKIT BATOK WES	T AVENUE 8	Address 3	WEST EDGE @ BUKIT BATOR
Address 4	SINGAPORE 652438	Addr	ess Type	Singapore address		Post Code	652438
Unit No.	08-476	Relat Num	ted Policy ber	5108538473			
) Insure	ed Object: SMH3173T						
	sements						
	quence Date of Endorsement Endorsement Type		Endorsement Status Endorsement Conti				

ccident MT/1053827					
	5108538473	vehicle No.	SMH3173T	GST Registration No.	
	2700785400				
intificate No.	SHANA SUMI SIVAGAMI PURUSHOTHAMAN			Policyholder NRIC	\$81178073
		Cover Type		Loading	0
		Contact No.(Office)		Contact No.(Home)	0
MOTOR CONTRACTOR	20022222		0.50	eCode	N: V
Mail Address		Special Remark			
ĸ	Carlot Carlot	TCA		eCode Reason	No
Ob Protection	No	NCD Entitlement(%)	0	Private Hire	70
<ul> <li>Accident Details</li> </ul>					Chair Editors
eport Date	17/07/2019 15:05	Academ Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	17/07/2019	Time of Accident hh:mm	07:40	Country of Academs	Singapore
eporting Centre		Orange Force		ICM No.	
cident Location	PIE (TUAS) BELOW KJE FLYOVER				
Total Excess Applicable					
	Per Accident	Windscreen Excess	100.00		
D Standard Excess	500.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	b				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
∨ Benefits					
□ GST Registered Informa	tion				
ST Registered	F40		GST Registration Date		
ST Registration No.			GST Status Venfied	Yes	
todification History					
Policyholder Halling Add	draw				
pidress 1	BLK 438B #02-1039	Address 2	BUKIT BATCK WEST AVENUE 6	Address 3	WEST EDGE @ BUKIT BATOK
odress 4	SINGAPORE 652438	Address Type	Singapore address	Post Code	65243B
init No.	08-476	Related Policy Number	5108538473		
U OI Driver Info					
Driver Name	TERENCE JESSEN S/O JOSEPH KRISTHU RAJA	Oriver Type	Main Driver		
innamed driver Name		Driver NRIC	\$8038398C	Driver DOB	09/11/1900
Register Date of Driver License	08/09/2008	Driver Age	38	Driving Experience	10
Contact No. (Mobile)	91079636	Contact No.(Office)	0	Contact No. (Home)	0
Address I	BLK 6988	Address 2	JURIONG WEST CENTRAL 3	Address 3	JURONG WEST BLOSSOM
	SINGAPORE 642698	Address Type	Singapore address	Post Code	642698
Address 4			Control of the Contro		
Unit No. Does he own a Singapore	10-63	Driver Vehicle No.		Driver Insurer Company	
Registered car?	☐ Yes ® No	Driver Venicle No.			
nogetime take					
Declaration		Y5-Y-10-10-20			
Deciaration Breathalyser or Blood Test	0 mg	Any injury?	® ves ○ No		
Deciaration Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Declaration Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?	® Yes ○ No		
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes      No		
eclaration breathalyser or Blood Test Reading? Audification History	0 mg	Any injury?	Yes      No		
Declaration Declar			Yes ○ No     SHANA SUMI SIVAGAM! PURUSI	Insured NRIC	581179073
Declaration Declar	ор-мх 💌	Insured Name	Shana sumi sivagami purusi		581179071
Declaration  Decla	ОD-МХ V	Insured Name Contact No.(Home)	Shana sumi sivagami purusi Nil	Contact No.(Office)	\$81178073 \$1X9025B
Decisiration StreamilySer or Blood Test Reading?  Additication History  Claim 001 New  Claim 1ype 4  Contact No.(Mobile)  Email Address	OD-MX B4981850 GALSUM:@YAHOO.COM.SG	Insured Name Comact No.(Home) CO Vehicle Number	SHANA SUMI SIVAGAMI PURUSI NIL SMH3173T		
Declaration Steading/Ser or Blood Test Reading/S Podification History Claim 001 New Claim 1ype 4 Contact No.(Mobile) Email Address Claimant Type Claimant Type 4	OD-MX B4961850 GALSUMI@YAHDO.COM.SG Please Select	Insured Name Contact No.(Home) Os vericle Number Type of Benefit *	Shana sumi sivagami purusi Nil	Contact No.(Office)	
eclaration sneathelyser or Blood Test reading?  Oddfication History  Claim 001 New  Claim 1ype 4  Contact No. (Mobile) Email Addresis Claimant Type Claimant Type *  Claimant Type Claimant Type *	OD-MX B4981850 GALSUM:@YAHOO.COM.SG	Insured Name Comact No.(Home) CO Vehicle Number	SHANA SUMI SIVAGAMI PURUSI NIL SMH3173T	Contact No.(Office)	
claimant Name * Claimant Address	OD-MX B4981850 GALSUMIGYAHDO.COM.SG Please Select	Insured Name Contact No.(Home) Os vericle Number Type of Benefit *	SHANA SUMI SIVAGAMI PURUSI NIL SMH3173T	Contact No. (Office) TP Vehicle Number	
eclaration feeding?  Andfication History  Claim 001 New  Claim 1/pe *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address	OD-MX B4961850 GALSUMI@YAHDO.COM.SG Please Select	Insured Name Contact No.(Home) OS Vericle Number Type of Benefit * Claiment NRIC *	SHANA SUMI SIVAGAMI PURUSI NIL SMH1173T Please Select	Contact No.(Office)	
peclaration sneathalyser or Blood Test reading?  Anothication History  Claim 001 New  Carm Type *  Cornact No. (Mobile) Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Operation Preferred Workstop Cornact	OD-MX B4981850 GALSUMIGYAHDO.COM.SG Please Select	Insured Name Contact No.(Home) Os vericle Number Type of Benefit *	SHANA SUMI SIVAGAMI PURUSI NIL SMHQ173T Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SLX902SB
eclaration sneathelyser or Blood Test reading?  Anothication History  Claim 001 New  Claim 1ype 4  Contact No. (Mobile) Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Preferred Workshop Contact No.	OD-MX B4981850 GALSUMIGYAHDO.COM.SG Please Select	Insured Name Contact No.(Home) OS Vericle Number Type of Benefit * Claiment NRIC *	SHANA SUMI SIVAGAMI PURUSI NIL SMH1173T Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Streamaryser or Blood Test Reading?  Additication History  Claim 001 New  Claim 1 New  Claim 1 New  Claim 1 New  Claim 2 New  Claim 2 New  Claim 3 New  Claim 3 New  Claim 4 Claim 4 Claim 4 Claim 5 New  Claim 5 New  Require Finalization	OD-MX  B4901850  GALSUM/GYAHDO, COM-SG  Please Select  AB  SMH3173T / SLX90258 ON 17 2ul 2019	Insured Name Contact No.(Home) OS Vericle Number Type of Benefit * Claiment NRIC *	SHANA SUMI SIVAGAMI PURUSI NIL SMHQ173T Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SLX902SB
Declaration  Streaming Service of Blood Test Reading?  Additication History  Claim 001 New  Claim 1 New  Claim 1 New  Claim 1 New  Claim 2 New  Claim 2 New  Claim 3 New  Claim 4 Claim 3 New  Claim 4 New  Claim 5 New  Claim 5 New  Require Finalization  Date Registered	OD-MX  B4901850  GALSUM/GYAHDO, COM-SG  Please Select  SMH3173T / SLX90258 ON 17 2ul 2019  Yes	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SMHQ173T Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Breathalyser or Blood Test Reading?  **Colaim **OD1 **Mexical **  **Contact No. (Mobile)  **Email Address  **Claimant Type Claimant Type **  **Claimant Address  **Claimant A	OD-MX  84991850  GALSUM/GYAHDO.COM.SG  Please Select  ≥≥  SMH3173T / 5LX90258 ON 17.2uJ 2019  Yes  17/07/2019 15:07	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SMHQ173T Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 1001 New  Claim 1	OD-MX  84991850  GALSUM/GYAHDO.COM.SG  Please Select  ≥≥  SMH3173T / 5LX90258 ON 17.2uJ 2019  Yes  17/07/2019 15:07	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SMHQ173T Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Streaming Service of Blood Test Reading?  Additication History  Claim 001 New  Claim 1 New  Claim 1 New  Claim 1 New  Claim 1 New  Claim 2 New  Claim 2 New  Claim 3 New  Claim 4 Claimant Type 1  Claim 4 Claimant Address  Claimant Address  Claimant Address  Claimant Marketop Cartact No.  Require Finalisation  Date Registered  Report Taken By	OD-MX  84991850  GALSUM/GYAHDO.COM.SG  Please Select  ≥≥  SMH3173T / 5LX90258 ON 17.2uJ 2019  Yes  17/07/2019 15:07	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SMHQ173T Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Streaming Service of Blood Test Reading?  Additication History  Claim 001 New  Claim 1 New  Claim 1 New  Claim 1 New  Claim 1 New  Claim 2 New  Claim 2 New  Claim 3 New  Claim 4 Claimant Type 1  Claim 4 Claimant Address  Claimant Address  Claimant Address  Claimant Marketop Cartact No.  Require Finalisation  Date Registered  Report Taken By	OD-MX  84991850  GALSUM/GYAHDO.COM.SG  Please Select  ≥≥  SMH3173T / 5LX90258 ON 17.2uJ 2019  Yes  17/07/2019 15:07	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SHHIJI 737 Please Select  Not at Pault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Steading?  Application History  Claim 001 New  Claim 001 New  Commit No. (Mobile)  Stead No.	OD-MX  84991850  GALSUM/GYAHDO.COM.SG  Please Select  ≥≥  SMH3173T / 5LX90258 ON 17.2uJ 2019  Yes  17/07/2019 15:07	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SHHIJI 737 Please Select  Not at Pault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Steading?  Application History  Claim 001 New  Claim 001 New  Commit No. (Mobile)  Stead No.	OD-MX  84991850  GALSUM/GYAHDO.COM.SG  Please Select  ≥≥  SMH3173T / 5LX90258 ON 17.2uJ 2019  Yes  17/07/2019 15:07	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SHHIJI 737 Please Select  Not at Pault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Steading*  Andfication History  Claim 001 New  Claim 001 New  Claim 1/pp 4  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Require Finalisation  Date Negistered  Report Taken By  Print AK letter  Attachment	OD-MX  84991850  GALSUM/GYAHDO.COM.SG  Please Select  ≥≥  SMH3173T / 5LX90258 ON 17.2uJ 2019  Yes  17/07/2019 15:07	Insured Name Contact No.(Home) OS Wehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	SHANA SUMI SIVAGAMI PURUSI NIL SHHIJI 737 Please Select  Not at Pault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258
Declaration  Breathalyser or Blood Test Reading?  Claim 901 New  Claim 901 New  Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Report Taken By  Print AK letter  Attachment	OD-MX  84991850  GALSUM(@YAHDO,COM.SG  Please Select  SMH3173T / SLX90258 ON 17 Jul 2019  Yes  17/07/2019 15:07  Jackson	Insured Name Contact No.(Home) OS Vericle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preference Repair Cotion Claim Close Date	SHANA SUMI SIVAGAME PURUSI NIL SMH12173T Please Select  Not at Paur Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report.	SLX90258

