NATIONAL Assessment Co.	ntre Services 🚟	d i Janiser /	MAG	07095	6/2	20//250	
Date to: 200 200 11:53	Job description		Date &T	ima Complete	d	Done by	
Res No. N.S. H. JUC 190128631	SAS e-filing		4				
Veh No. STR DECY	E-manil (selden Abri	s. AIC Thrs;					,
D.O.A : 15/06/200 12	i-Motor Claim	Form .	MI	WYHA	4003	22/0	7/201
The state of the s	i-Mator W/O (v	Within: OD Thre.	TP 4 brs)			4.26	2
OD . TP : Schotting Only	i-Plioto Upload	led	1				
The	Assessment/Surv	ey Report			1	STEPHEN	
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/\	Ykan			
Preferred Wksp /HNC Assign Wksp / QW:	(Tel:		Fax:)
TP Particulars: Veh No:	SHB SHOLY.	INC ()/Nor	1-INC ()	1 1		
Owner / Driver: (T'el:)	
Policy No: ()	Period: ()	Cover T	ype; ()	
Confirmed by : (Date:		Times)	
Insured/Driver Liability: ((W) [Note-Est Status (W)	D): N: 0-20	0%; P: 2	1-79%. F: S	0-100%]		
Year of Registration: ()/NO()				
	\$1,000 () / \$2,000 ()	Mana and the state of				
General Remarks:		5 fy 3726 113	TOP NO.	hizrait.		-	
() Walk-In Customer: Customers		idential & St	rictly NO	rafer of repair	er.		
	nsurer URGENTLY.						
Drive-In () / Towed-In (); In	voice: YES () / NO	0();1	owing Co): (
Remarks F (INC horling 6788 66	16)	Plate	Date 2	ime Complet	de la	Done	У
1) Apply for Transport Allowance () / Courtesy Car ()						
2) QC Check / Post Repair Inspection	()						
3) Upload Resurvey Photo (Repair Cos	()						
Injury :							
	PENELS CARRESTS TRANSPORT	W1227-1980	GET ES	WEIGHTON	1.证明		##
Date/Time / Actions	harden Ette ett sin	ner State of the	Contractive and Contractive an	1 7 2 m 2 m 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 (Box 120 (Brot)	(4), (4)	
			-				
			10				
							- C. L. S. W.
NA1905529 "		Invaice Pi	eparatio	Chreklist		Anit (\$):	Ami (\$) Add.13111
To all day NY, 107 or to remove personal and Transport Marchet removals.		I) AR : Accide	nt Reporting	(\$30);			
Chainant's Particulars :-		2) DA : Duma 3) TF : Towing		or (\$100); 1	NC (580) \$40/\$45		
Driver/Owner:		4) FT : Fallow	·Through Su	rvey	\$120 530		
Contact No:	For claiming against INC Only (well to Jan 2005)						
Damiged Portion:	6) TR: Ite-ios 7) NI: Idau D	pection		575 \$160			
		8) NTUC Add	illional Servi	0.0312			
QC Checked by (Engr-In-Charge):	OH!	eny Car / Tpi	Allowands			111-11	
		*NG Repai	r Co-ordinat	DR .	\$10		
Additors Comments:	学员工程度的联系	NH: DV	Repair Inspec	ss Coordination	\$25		
Cat. Ji	- Servi Ameli Hant edit dan	12 (NII):	TH (Non IN	C) eguinat INC	\$20		
		5) N12: Idau Invoice deteri		Fen C	harynd 30		1000
Cnt. 2/3: 1/1 'd		Total desire			harged	STORY.	i
1/1 0					68:38	-2019 1	-YAM-TC

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 wilholding 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

	ACCIDENT STATEMENT
Date Of Report	22/07/2019 11:55
Date Of Accident	15/06/2019 12:00
Exact Location Of Accident	ALONG SERANGOON ROAD
Country/State of Loss	SINGAPORE
and the latest the lat	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB1754Y
Insured/Policyholder	
Name Of Registered Owner	MICHAEL CONSTANTINE
NRIC No	S9049096F
Email Address	SHD2043Y@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94896913
Alternative Phone No	OTHERS-91015541
Vehicle Particulars	
Manufacturer	тоуота
Model	HARRIER-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096860575-01
Cover Note Number	
Driver	
Name of Driver	RABENDHAR SINGH S/O PURAN SINGH
NRIC No	S1577019H
Date Of Birth	08/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94896913
Fax Number	

OTHERS-91015541

SHD2043Y@YAHOO.COM

Address

NO 10 LORONG LIMAU

#21-08

Postcode

328754

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - NEPHEW

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

2

NAME:

: PASSENGER

GENDER:

: MALE

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

PLEAS REFER TO SKETCH PLAN

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

SHB8068Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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.
- 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 .:

SKETCH PLAN

im Handling									
cy 316.	5196664573-01	Vehicle No.	\$181754Y		GST Re	getration No.			
oficate No.									
cytiskter Name	MICHAEL CONSTANTINE					Stier NAIC	6904909	er.	
duct Code	PRIVATE CAR INSURANCE	Cover Type	STYS CLASSIC		Loseing	No.(mume)			
test No.(Motile)	FAR.	Contact No.(Office) Special Remark			eChile	(sections)	No. 1		
at Address	a ho Tes	TCA	± 100 THE		etade i	Genner	117		
D Procestion	No.	NCD Entitlement(%)	14		Private		Not avail	lative	
Accident Details	(344)		777						
sort Divis	15/05/2018 12:59	Accident Report Within 24 hrs	744		Acciden	стуре	College	- nead to No	46
re of Accident	15/06/2019	Time of Accident hhomm.	12:10		Countr	Inebiga No.	Simpapor	os	
porting Centire	Seathers.	Ovange Porce			SIZM NO				
sdent Location	BERANGOON ROAD								
Excess									
in demage Excess	2,669:00	Additional Excess	(C)		Windo	nom Excitor	100.00		
named Driver Excess		Outside Singapore OD Excess		2,000.00					
and Porty Excess	1,500.00	Outside Singapore TF Excess		T400-38					
- Benefits			2000						
verage			5um (haur 9000000						
roquet Allowerus r GST Registered Informati	(100000000	857))					
r GRT Registered Informati TRaputored	740		CST Rept	histori Date					
T Registration No.	140		GST bloku			Yes			
diffication History	16/06/2010 13:01:11 System	m shanged GST Status Verified from No	10.365						
Policytulder Mailing Addr		1,0001151	55V1100-0100		2007		Things	Has more	
idrem 1	BLK 879 #04-704	Address 2	WOODLANDS AVEI		Address Paret C		730679	ILTY HUNCE	
tdresa 4	51NGAPORE 730579	Andress Type Belones Rober Bumber	Singapore address 5096860575-01		1,440.5	507.11	24673	7.5	
M.No.	08-704	Related Policy Number	A-14000-13-01						
v Of Briver Info	RABENDHAR SINGH S/O FURAN SINGH	Ortxer Type:	Named Driver						
nnamed driver Name		Driver NR2C	81577019H		Driver	DOB.	08/11/	1963	
egiater Date of Detver License	33/18/3004	Onver Age	55		Drivin	g Experience	10		
ordact No.(MoltRe)	91015541	Contact No.(Office)				ct No.(Name)			
tdress I		Address 2			Allthe				
Edmas 4		Address Type	Foreign address		Post C	liste			
HK No.						44-mm			
nič No. oes he vam a Singapora agistered car?	3 No. 70 No.	Driver Vahide No.			Drive	Insurer Compan	4		
ges he own a Singapore	The offer		Yet a No		Driver	Гиацият Сонерал	*		
oes he were a Singapore egistered car? sclaration reathalyser or 8000d Test ending?	G mg	Driver Vahide No.	Yes al No		Drives	Traurer Compan	v		
oes he were a Singapore egistered car? scleration reathefuser or Blood Test eading? oddfication History Claim 503 OD-MX	G mg	Driver Vahide No.	Yes a No	GD-MX	2000	and Albanya 44 a 1 Sec.	CONSTANTINE	Theoret NGC	53949047
oes he were a Singapore egistered car? schination reathelyser or 80004 Test eading?	G mg	Driver Vahide No.	Yes a No	- Carolic	• India	ed FUCHARL		Contact	
oes he were a Singapore egistered car? scleration reathefuser or Blood Test eading? oddfication History Claim 503 OD-MX	G mg	Driver Vahide No.	Yes a No	GE-N# 94896913	* Instal	and PRICHARL		NRDC	San Annier No.
oes he was a Singapore egistered car? related on the second Test eading? Claim 803 OB-MX Res Dentact No.[Mubble]	G mg	Driver Vahide No.	Yes at No	- Carolic	* Inside	nul PUICHAEL	CONSTANTINE	No. (Office) 7P Venicle	
oes he were a Singapore egletered car? resthafaser or filled Test eaching? Odification History Claim 803 OC-MK. Heat	G mg	Driver Vahide No.	Yes al No	- Carolic	insir Nom Cue No Ino	ME PUCHARL Set VIII. ON SUB17547	CONSTANTINE	Contact No. (Office) 79 Venicle Number	NIL.
oes he was a Singapore egistered car? related on the second Test eading? Claim 803 OB-MX Res Dentact No.[Mubble]	G mg	Driver Vahide No.	Yes - No	- Carolic	Intil Wom Cont No. Ido Ido Von Num	e FUCHARL.	CONSTANTINE	NACC Contact No. (Office) Te Venicle Number Isame of Preferred	SHEADSRY
oes he were a Singapore egistered car? restriction reatherser or 80000 Test eading? Claim 503 00-MN Here benfact to Jetoble; mad Address Dann Teacrytics	G mg	Driver Vahicle Na:	Yes - No	94896913	Intil Wom Cont No. Ide Uni Von Num	e FUCHARL.	CONSTANTINE	No. (Office) Te Venicle Number	SHSADSRY
oet he sem a Singapore epistered car? reatharper or filled Test eoding? Claim 803 DO-MK. Next Denn Type * Denn Middrese Denn Rescription Preferred.	Insured Substity Puter at 6	Driver vaniche Nac		54896913 SUB17547 / 54885689 O	Institute The Institute T	PHICHARL PHICHARL PHIL PHIL CIV SUB17547	CONSTANTINE	NACC Contact No. (Office) Te Venicle Number Isame of Preferred	SHSADSRY
oes he were a Singapore egistered car? restriction restriction restriction restriction Claim 503 00-MX Test Cla	G mg	Driver vaniche Nac		94896913 SUB1794V / SHBRIDBY O	Institution None No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No.	PHICHARL PHICHARL PHIL CIV SUB17547	CONSTANTINE	NAGC Contact No. Coffice) YP Venicle Number Same of Preferred Workshop	NII. SPEADERY
oes he seen a Singapore epistered car? resthafaser or \$10000 Test ending? claim \$03 OD-MX. Heat beneal Molfrese Denn Type = Denn Type = Denn Restriction Neelegand	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive		54896913 SUB17547 / 54885689 O	* Institute of the Name of the	e PUICHAEL PUIL PUIL	CONSTANTINE	NAGC Centrard No. COMCe) The Vehicle Numbel Numbel Name of Preferred Workshop Deta Received	NII. SPEADERY
oes he were a Singapore egistered car? restriction restriction restriction restriction Claim 503 00-MX Test Cla	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive		94896913 SUB1794V / SHBRIDBY O	* Institute of the Name of the	est PUCHARL yoll SIN1754v y string	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NII. SPEADERY
oes he seen a Singapore egistered car? restharper or Hood Test eaching? Odification History Claim 803 00-MK. Hess Denn Type * Dennal Address Denn Description Preferred (Contact No. [Mubble] Imad Address Dennal Resistant Transport Resistant Transport Resistant Test Resistant Test Resistant	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive		9489913 SIB1794V / SHBRUGBY OF 22/07/2019 11/55	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll SIN1754v y string	CONSTANTINE	New Company of the Co	NEL SHEADERY
oes he seen a Singapore egistered car? restharper or Hood Test eaching? Odification History Claim 803 00-MK. Hess Denn Type * Dennal Address Denn Description Preferred (Contact No. [Mubble] Imad Address Dennal Resistant Transport Resistant Transport Resistant Test Resistant Test Resistant Test Resistant	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive		9489913 SIB1794V / SHBRUGBY OF 22/07/2019 11/55	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll SIN1754v y string	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NEL SPEROSRY
oes he sem a Singapore egistered car? resthalization resthalization of Blood Test eaching? Oddification History Claim 903 OD-MK https://doi.org/10.1001/1	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive		9489913 SIB1794V / SHBRUGBY OF 22/07/2019 11/55	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll SIN1754v y string	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NEL SPEROSRY
oes he sem a Singapore egistered car? resthalization resthalization of Blood Test eaching? Oddification History Claim 903 OD-MK https://doi.org/10.1001/1	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive		94896913 SUB1794V / SHBRIDEV OF 22/07/2019 L1190 BIOSLI WAHRB	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll SIN1754v y string	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NEL SPEROSRY
oes he was a Sergapore egistered car? restration restratives or 80000 Test eaching? Claim 503 00-MN Here Claim 503 00-MN Here Conn Type = Connect No. (Mobile) Insel Address Carrier Res. Yes Consider No.	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive	ed: •	94896913 SUB1794V / SHBRIDEV OF 22/07/2019 L1190 BIOSLI WAHRB	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll SIN1754v y string	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NEL SHEADERY
oes he sem a Singapore egistered car? resthalization resthalization of Blood Test eaching? Oddification History Claim 903 OD-MK https://doi.org/10.1001/1	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive	ed: •	94896913 SUB1794V / SHBRIDEV OF 22/07/2019 L1190 BIOSLI WAHRB	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll SIN1754v y string	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NEL SHEADERY
oes he was a Sergapore egistered car? restration restratives or 80000 Test eaching? Claim 503 00-MN Here Claim 503 00-MN Here Conn Type = Connect No. (Mobile) Insel Address Carrier Res. Yes Consider No.	Insured Justility Purey at Fi	Any muny! Any muny! SSA Receive	ed: •	94896913 SUB1794V / SHBRIDEV OF 22/07/2019 L1190 BIOSLI WAHRB	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll SIN1754v y string	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NII. SPEADERY
oes he was a Singapore egistered car? resthalpser or Blood Test eaching? colification History Claim 903 00-MK History Claim 903 00-MK History Claim 903 00-MK History Claim 17pe * Claim	Insured Justility Putty at Fi	Any muny! Any muny! SSA Receive	ed: •	94896913 SUB1794V / SHBRIDEV OF 22/07/2019 L1190 BIOSLI WAHRB	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll sej sej sej sej sej sej sej s	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NII. SPEADERY
oes he seen a Singapore egistered car? resthaliser or 80000 Test eaching? Olification History Claim 903 00-MN	Insured Justility Purey at Fi	Any muny! Any muny! SISA Receive veport	ed: •	94896913 SIB1794Y / SHBRIGBY OF 22/07/2019 L1195 BIOSLI WAHRE	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll sej sej sej sej sej sej sej s	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	NII. SPEADSRY
pea he see a Singapore egistered car? related or rest ending? Claim 803 OD-MN Heat ending. Claim 803 OD-MN Heat ending.	Insured Justility Putry at Fa # Repair Option M17200948D * Yes No	Any mury! Any mury! SSA naceive report	ed: •	9489913 ZIB1794V / SHBRIJ6BV OF 22/97/2019 11/5B PIGISLE WAHAR	Inside Name Name Name Name Name Name Name Nam	est PUCHARL yoll sej sej sej sej sej sej sej s	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	22/07/2019 1
oes he was a Srigations registered car? restration reathalyser or 80004 Test eading? Claim 803 OD-RN Here Claim 803 OD-RN Here Claim 803 OD-RN Plantact No.[Michie] Imad Address Daim Description Responses Attachminent Print Ad latter Attachminent Print Ad latter Actioners No. Less Soc. Received	Insured Stability Putty at Fi # Braftstreed Preferred Workshop, I Repair Canon MT/10094RD # Yes = No. Path *	Any mury! Any mury! SSA naceive report	ed: •	9489913 21817947 / SHBRIGEY OF 22/07/2019 11/95 BIOSLI WAHRE	Planting of the control of the contr	e PICPLAEL PUL SH 17547 SH SH17547 Canfidential	CONSTANTINE	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	22/07/2019 11
contention reatherser or fitted Test eading? Claim 803 OD-MN Here Claim 803 OD-MN Here Content No. [Mobile] Imal Address Dein Description Frederical Egistation Officer No. Yes Import Talent by Frene AK latter Attachment Ty Conces File No Sie chosen	Impred Sability Futty at Fi	Any mury! Any mury! SSA naceive report	sove Submit	9489913 ZIB1794V / SHBRIJGBY OF 22/07/2019 11/5B PICIBLE WAHRB 002 23/07/2019 14/28 CBRBBOTY *	Planting of the control of the contr	canfidential	CONSTANTINE Ungency *	NACC Centrard No. (Office) The Venicle Number Same of Preferred Workshop Deta Received Tattal	22/07/2019 1
contention reatherser or flood Test eading? Claim 503 DD-MN Here Claim 503 DD-MN Here Content No. Lest Dot. Received Choose File No file choses Choose File No file choses Choose File No file choses	Impred Sastility Futty at Fi	Any mury! Any mury! SSA naceive report	Save Sutmet	9489913 ZIB1754V / SHBRIJSBV (9 Z2/97/2019 11/5B RIGISLE WAHRB 002 Z2/97/2010 14/28 Category * Rease Select	Planting Programme Program	Canfidential	CONSTANTINE Urgeriey * Normal *	ANDC. Central Not. (Office) Not	22/07/2019 1
oca ho were a Singapore egistered car? scharation meathalyser or 8000d Test eeding? Claim 503 00-MX	Impared Sastably Pracy at Participal Preferred Workshop, Repair Canoni MT/SORPHRD * Yes = No Path +	Any mury! Any mury! SSA naceive report	Save Submet	9489913 ZIR1794Y / SHBRIJSBY OF ZZ/97/2019 11/5B RIGELL WAHRB O03 ZX/97/2019 14/28 CAREGORY * Rense Select Plants Select	Pinking Pinkin Pinking Pinking Pinking Pinking Pinking Pinking Pinking Pinking	Canfidential	CONSTANTINE Linguiscy * Normal *	NOC. Central Not. (Office) National Not. (Office) National Not. (Office) National Not. (Office) National Nation	22/07/2019 1
oca ho were a Singapore egistered car? scharation meathalyser or 8000d Test eeding? Claim 503 00-Mix	Impared Sastably Pracy at Participal Preferred Workshop, Regue Concel Preferred Workshop, Annual Preferred Workshop, Path + Path	Any mury! Any mury! SSA naceive report	Save Schnet Cher Cher	94896913 SUB1754Y / SHBRIDARY OF PARTIES OF THE STREET O	Pinking Pinkin Pinking Pinking Pinking Pinking Pinking Pinking Pinking Pinking	Canfidential	Ungersy * Normal * Normal *	NOC. Central Not. (Office) National Not. (Office) National Not. (Office) National Not. (Office) National Nation	22/07/2019 1
oca ho were a Singapore experience car? scharation menthalyser or 80000 Test eaching? Claim 503 00-MX	Innured Abstalety Pusty at Fr # Brahamed Preferred Workshop Repair Cabox MT/2009HRD # Yes No Path *	Any mury! Any mury! SSA naceive report	Save Submet Chee Chee Chee Chee	D4896913 SUB1754Y / SHBRIDGEY OF PARTY / S	Timble Topic Cont No. No. No. No. No. No. No. No	Canfidential NO T NO T	Ungersy * Normal * Normal *	NOC. Central Not. (Office) National Not. (Office) National Not. (Office) National Not. (Office) National Nation	22/07/2019 1
control or Singapore experience car? control or Singapore care or Stood Test coding? Claim 503 00-Mx	Innured Abstalety Pusty at Fr # Brahamed Preferred Workshop Repair Cabox MT/2009HRD # Yes No Path *	Any mury! Any mury! SSA naceive report	Save Submit	D4896913 D2/07/2019 11155 NGSLI WAHRB Category * Pease Select Please Select Please Select Please Select	Particular of the control of the con	Canfidential NO T NO T	Urgenor * Normal * Normal * Normal *	NOC. Central Not. (Office) National Not. (Office) National Not. (Office) National Not. (Office) National Nation	Session 22/07/2019 11
control of the chose of the cho	Innured Abstalety Pusty at Fr # Brahamed Preferred Workshop Repair Cabox MT/2009HRD # Yes No Path *	Any mury! Any mury! SSA naceive report	Save Submit	D4896913 D2/07/2019 11155 NGSLI WAHRB Category * Pease Select Please Select Please Select Please Select	Particular of the control of the con	Canfidential NO T NO T	Urgenor * Normal * Normal * Normal *	NOC. Central Not. (Office) National Not. (Office) National Not. (Office) National Not. (Office) National Nation	Session 22/07/2019 11
control or Singapore experience car? control or Singapore care or Stood Test coding? Claim 503 00-Mx	Impared Sastably Pragy at Participal Preferred Workshop, Repair Canoni MT/SOGRARD * Yes = No Path +	Any muny? Any muny? SISA RECEIVE ARE CLAIM No. Unload Date	Sove Submit	D4896913 D2/07/2019 11/55 NGISLI WAHRB Caregory * Please Select Please Select Please Select Please Select	Particular of the control of the con	Confidential RO T NO T NO T NO T	Urgenor * Normal * Normal * Normal *	NOC. Central Not. (Office) National Not. (Office) National Not. (Office) National Not. (Office) National Nation	Description 1
contention reatherser or flood Test coding? Claim 503 00-MN hierar coding? Claim 7 yes coding? Claim 7 yes coding? Charact No. Yes coding? Attachment by Charact No. Yes coding? Charact No. Lest Dot. Received Charact File No file chase charact No. Charact File No file chase Message Read W Attachment Liet Adactioned.	Innured Abstalety Pusty at Fr # Brahamed Preferred Workshop Repair Cabox MT/2009HRD # Yes No Path *	Any muny! Any muny! SSA Receive report Claim No. Unlead Daye Callegory	Save Schnet Cher Cher Cher Cher	D4896913 D2/07/2019 11155 NGSLI WAHRB Category * Pease Select Please Select Please Select Please Select	Particular of the control of the con	Confidential RO T NO T NO T NO T	Ungersoy * Normal * Normal * Normal * Normal *	NOC. Central Not. (Office) National Not. (Office) National Not. (Office) National Not. (Office) National Nation	Sessions 11 22/07/2019 11 Description

Phil544

Folder Date

Uploaded By/Date

Display in New Wintow Scan and uploading

Photos 2019-7-32

Source

Action

Ÿ

ACCIDENT STATEMENT

ACCIDENT DATE: (15,06, 2017, 100 MM YYY	Y), TIME:(1/2 . : 00)(HH:MM)
LOCATION: glang Serangoon Nacd.	, , , , , , , , , , , , , , , , , , , ,
DINSURANCE COMPANY: NTYC.	4 /
GIPOLICY NUMBER: 1096 6605 75. DIPOLICY TYPE: (COMPREHENSIVE / THIRD PA	3
F)TYPE: (SALOON / COUPE / MPV / VAN / LORR G) VEHICLE CATEGORY: (PRIVATE / COMMERC h) PURPOSE OF USING AT ACCIDENT TIME:	HAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUP OWN INSU IF NO. PLEASE STATE (THIRD PARTY CLAIM / RE 2. INSURED / POLICY HOLDER A) NAME: MICHAEL, CUSTATION	EPORTING ONLY)
PAX (M) DINRIC/FIN/PASSPORE S 909991/16 CIADDRESS: NO 10 LOTO 19 LIME S *CONTINUE TO 3.d IF PRIVER ALSO POLICY HO	(200754)
Cincluding driver) DINRIC/FIN/PASSPORT: 15709/H. CIADDRESS: NG 10 Local Cine	CONTACT: TOTALE
4. WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH	DOS COMPANY? (YES (NO)
b) ROAD SURFACE: (DRY / WET / OTHERS_	OTHERS
IF YES, PLEASE STATE WHICH POLICE STATIONS	
() Passenger a) VEHICLE NUMBER: SHB POBY. (Including diviver) b) DRIVER'S NAME: () RIC/FIN/PASSPORT:	MODEL: Taki
Who of passanger of DRIVER'S NAME:	_MODEL:
() NRIC/FIN/PASSPORT:	_CONTACT::-
: email = 6Ld 20937	a Yahoo . com:
VIDEO	24

PASSPORT (



REPUBLIC OF SINGAPORE

Country Code Passport No SGP

E6758500A

Name

RABENDHAR SINGH S/O PURAN SINGH



SINGAPORE CITIZEN 08 NOV 1963 25 MAY 2017 SEE PAGE 2 Satismal ID No. 51577019H

SINGAPORE 05 JUN 2022 MINISTRY OF HOME AFFAIRS

For LKK/NAC Use Only

PASGPRABENDHAR<SINGH<SO<PURAN<SINGH<<<<<< E6758500A7SGP6311087M2206057S1577019H<<<<<58





VOCATIONAL LICENCE

Lacrace No. S1677018H

RABENDHAR SINGH

Name Electr 25/10/2013

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE S1577019H PURAN SINGH SO 25 Feb 2013

This card is not transferable and is the property of the Land Trail Sport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

TAXI VL

24/12/2002

For LKK/NAC Use Only



YOU -- LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! EFFECTIVE DATE Motor cars without cluich pedela (Auto) =< 3000kg with =< 7 pesson gers, exclusive of the driver; and other motor vahicles without cluich pedels =< 2500kg

For LKK/NAC Use Only

NP 425A

Licence No. 51877019H

. eBao Tech		11		0.5 %	1870 S. S. S.					Gener	alClaim
Hello, NAC_BUKIT_MERAH My Desktop Notice of Loss		Policy Query Change					e Language + Change Password			* Log Ou	
	Policy No. Vehicle No.(For Motor)		53817	5381754Y		Date of Accident Certificate Number			15/06/2019 11:14		
	Select	Policy No. 5096860575- 01	Certificate Number	Policyholder Name MICHAEL CONSTANTINE	Pallcyholder NRIC S9049096F	Product	Cover Type drivo CLASSIC	Vehicle No. SJB1754Y	Insured Object SJB1754Y	Commence Date 02/01/2019	Expiry Date 01/01/2020
						Continue	UD1331C				,,