

# NATIONAL Assessment Centre Services.

(part 1 of 2)

May 4/9/37/05

|                           |  |                       |            |
|---------------------------|--|-----------------------|------------|
| Date In: 16/10/2018 10:41 | Job description                          | Date & Time Completed | Done by    |
| Ref No: N/A/49/90/8223/4  | SAS e-filing                             |                       |            |
| Veh No: FPH 52928         | E-mail (within 2hrs, A/C 2hrs)           |                       |            |
| D.O.A. 19/10/2018 19:30   | I-Motor Claim Form                       | 19/10/2018 20:00      | 16/10/2018 |
| OT (TP) Reporting Only    | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       | 10:41      |
| TP Insurer:               | I-Photo Uploaded                         |                       |            |
|                           | Assessment/Survey Report                 |                       |            |
|                           | Ass't Report by Fax / Hand to Owner/Whse |                       |            |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SUM 68054 INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

General Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date: ( )

N/A/90/963

|                                 |   |             |
|---------------------------------|---|-------------|
| Client/Insurer:                 | 1) AR: Accident Reporting (\$30)                |             |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$10)     |             |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120              |             |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |
| Additional Comments:            | For claiming against INC Only (wef 10 Jan 2009) |             |
| Ref: 1:                         | 6) TR: Re-inspection \$75                       |             |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |
|                                 | 8) NTUC Additional Services:                    |             |
|                                 | ON:   |             |
|                                 | *NS: Courtesy Car / Tpt Allowance \$3           |             |
|                                 | *NO: Repair Co-ordination \$10                  |             |
|                                 | *NT: Post Repair Inspection \$25                |             |
|                                 | *NO: DV / Collect Excess Coordination \$3       |             |
|                                 | TP (NI) / TP (INC) against D/G \$20             |             |
|                                 | 9) NI: Idao Mobile \$0                          |             |
|                                 | Invoice dated                                   | Fee Charged |
|                                 | Invoice dated                                   | Fee Charged |

10/10/2018

## 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 withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |  |
|----------------------------|--|
| Date Of Report             | 16/10/2019 10:16                               |
| Date Of Accident           | 14/10/2019 19:30                               |
| Exact Location Of Accident | JLN BOON LAY TURNING LEFT TO JURONG WEST AVE 4 |
| Country/State of Loss      | SINGAPORE                                      |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBH5292A               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | SETHU MOORTHY          |
| NRIC No                     | G7507783T              |
| Email Address               | MOORTHISETHU@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-84321737   |
| Alternative Phone No        | OTHERS-84321737        |

### Vehicle Particulars

|  |                       |
|--|-----------------------|
| Manufacturer   | BAJAJ                 |
| Model  | PULSAR 200 NS-200CC   |
| Exact Purpose for which vehicle was being used at time of accident           | AFTER WORK GOING HOME |
| 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   | MOTORCYCLE            |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5111069192                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | SETHU MOORTHY          |
| NRIC No              | G7507783T              |
| Date Of Birth        | 30/04/1977             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 15/09/2008             |
| Driving Experience   | 11 YEARS AND 0 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-84321737   |
| Fax Number           |                        |
| Contact Number       | OTHERS-84321737        |
| Email Address        | MOORTHISETHU@GMAIL.COM |

|   |   |
|---|---|
| Address   | BLK 810 JURONG WEST STREET 81<br>#14-99 IVORY HEIGHTS |
| Postcode  | 640810  |
| Was driver an employee of the Insured's Company     | NO  |
| If No, Relationship of the Driver with the Insured  | OWNER   |
| Vehicle Registration Number of Driver's Own Vehicle | -   |
|   | -   |
|   | -   |
| Insurance Company of Driver's Own Vehicle           | -   |
|   | -   |
|   | -   |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | YES |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | QUEENSTOWN N.P.C   |
| Police Station Address                    | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-4719999 - FAX NO:                                   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191015/2081

#### 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 | SLM6805U             |
| Vehicle Make/Model/Colour   |                      |
| Details Of Properties       |                      |
| Vehicle Category            | PRIVATE CAR          |
| Name of Driver              | CHEN JIA HUI, MELVIN |
| NRIC/Passport Number        | S8111520F            |
| Contact Number              | 97993183             |
| Address                     |                      |
| Postcode                    |                      |
| Insurance Company Name      |                      |

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name SETHU MOORTHY

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH5292A

Were seat belts worn?

Was this Injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding 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. 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.
7. 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:
  - (i) 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)

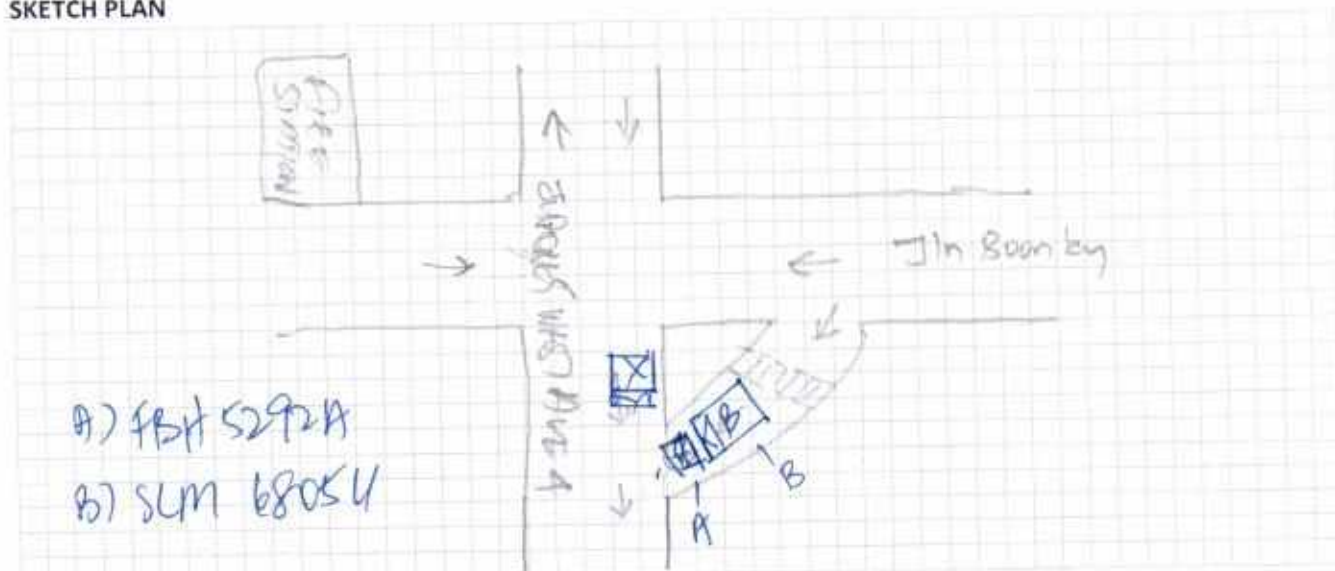
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Referral to Police Report*  
*1/20/9/10/15/2009*

## 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 POLICE FORCE



T/20191015/2081

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20191015/2081

## REPORT OF A TRAFFIC ACCIDENT

|  |            |  |                             |                            |
|--|------------|--|-----------------------------|----------------------------|
| Date/Time Report Made:<br>15/10/2019 13:59 |            | Vide Report No.:   |                             | Station Diary No.:<br>38   |
| <b>Informant's Particulars</b>             |            |  |                             |                            |
| Name of Informant:<br>SETHU MOORTHY        |            | Address:<br>APT BLK 810 JURONG WEST STREET 81 #14-99 IVORY<br>HEIGHTS SINGAPORE 640810 |                             |                            |
| ID Type / ID No.:<br>FIN NO / G7507783T    |            | Contact No.:<br>Home/Office:   |                             | Mobile: 84321737           |
| Nationality:<br>INDIAN                     |            | Email:   |                             |                            |
| Sex:<br>Male                               | Age:<br>42 | Date of Birth:<br>30/04/1977   | Type of Informant:<br>Rider |                            |
| Race:<br>Indian                            |            | Language:  |                             | Institution / School Name: |
| Occupation:<br>Mechanical Engineer         |            | Driving Licence Information:<br>Class: 2B,3  |                             | Date of Expiry:            |

## General Information of the Accident

|  |            |   |  |                                     |
|--|------------|---|--|-------------------------------------|
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                          | Date/Time of Accident:<br>14/10/2019 19:30 | Type of Location:<br>T-Junction     |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>JALAN BOON LAY<br>JURONG WEST AVENUE 4<br>Along Jln Boon Lay turning into left to Jurong West Ave 4 |            |   |  |                                     |
| Weather:<br>Clear  |            | Road Surface:<br>Dry                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way   |            | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |            |   |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make            | Model                      | Color | Condition            | No of Passenger |
|-------------|------------|-----------------|----------------------------|-------|----------------------|-----------------|
| FBH5292A    | Motorcycle | BAJAJ<br>CHETAK | PULSAR<br>200 NS<br>MANUAL | Red   | Seriously<br>Damaged | 0               |
| SLM6805U    | Car        |                 |                            |       |                      | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| FBH5292A                     | NTUC Income Insurance Co-Operative Limited | 5111069192   | 10/07/2019 | 09/07/2020  |

| Details of Person Involved        |                         |  |                                    |
|-----------------------------------|-------------------------|--|------------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                    |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                    |
| Rider                             |                         |  |                                    |
| Name                              | SETHU MOORTHY           | ID No.                                 | G7507783T                          |
| Related Vehicle                   | FBH5292A (Motorcycle)   | Contact No.                            | 84321737                           |
| Hospital/Clinic                   | NUHEALTH MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 15/10/2019              | Date Discharge                         | 15/10/2019                         |
| No. of Days granted Medical Leave | 02                      | Degree of Injury                       | NIL                                |
| Driver                            |                         |  |                                    |
| Name                              | CHEN JIA HUI, MELVIN    | ID No.                                 | S8111520F                          |
| Related Vehicle                   | SLM6805U (Car)          | Contact No.                            | 97993183                           |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                                |

**Brief Details.**

On 14/10/2019 at about 1930hrs, I was driving along Jin Boon Lay turning into left to Jurong West Ave 4. I was waiting at the left side stationary at the merging lane, as there were oncoming traffic from my right side. At that point of time, suddenly a car from the rear hit me. I had a jerk and managed not to fall on the road. My bike at the rear was severely damaged. I was not injured at that point of time but felt pain at my back area slightly. The driver was alone at that point of time and no injuries on him. We then exchange particulars and left the scene. I had pain at my back area and went to NUH to seek medical attention. I received 2 days medical leave.



**SINGAPORE  
POLICE FORCE**



T/20191015/2081

3 of 3

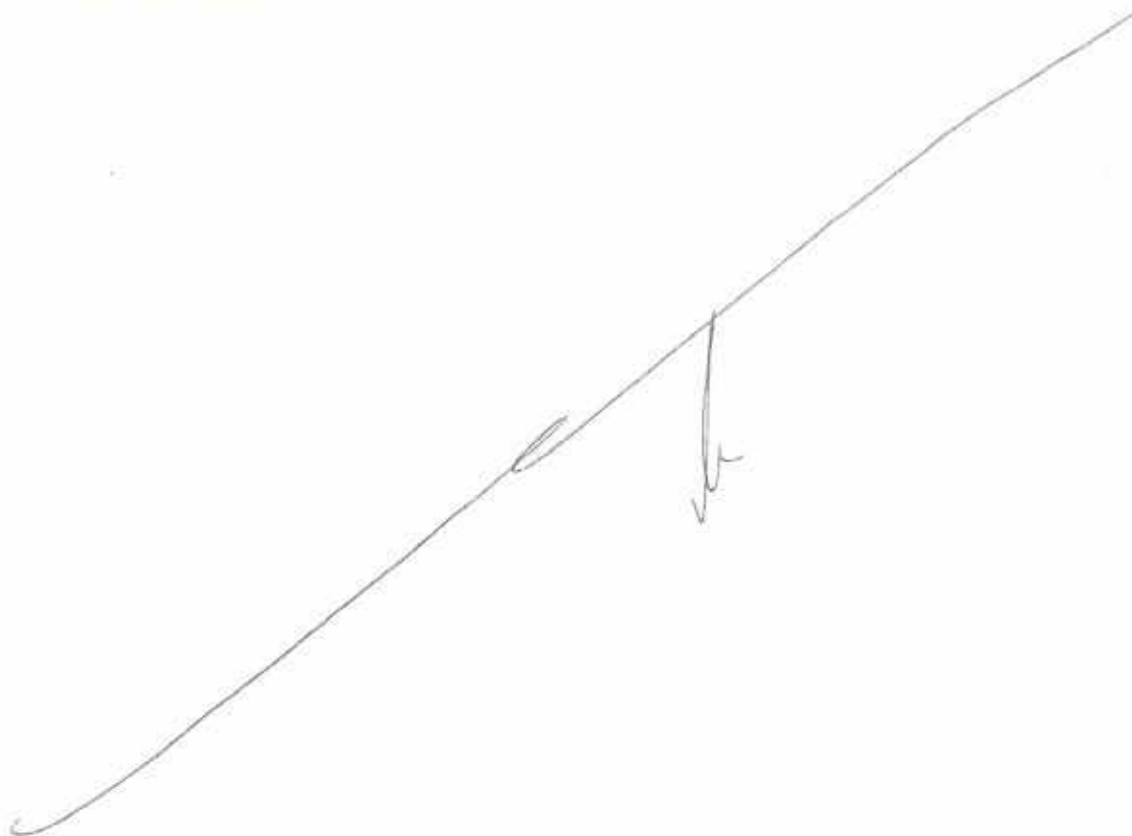
Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20191015/2081

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan



**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:  
D /  
Sr Staff Sgt VIGNESWARAN MEENATCHI  
SUNDARAM SHANMUGANATHAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/10/2019 13:59

Classification Of Case:

## ACCIDENT STATEMENT

ACCIDENT DATE: (14/10/2019) (DD/MM/YYYY), TIME: (19:30) (HH:MM)

LOCATION: Along The Boon Lay turning into left to Tunng west Ave4.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 5292A  
 b) INSURANCE COMPANY: NTVC INCOME  
 c) POLICY NUMBER: 511069192  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BATAJ NS 200 Pulsar  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: After work going to home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: SETHU MOORTHY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G7507785 CONTACT: 84521737  
 c) ADDRESS: BLK 910 #14-90 Tunng west Street 81  
Singapore 140090

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SETHU MOORTHY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G7507785 CONTACT: 84521737  
 c) ADDRESS: at above

\* d) DATE OF BIRTH: (30/04/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) ✓

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Queens town N.P.C

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 6805U MODEL: Honda - CAR  
 b) DRIVER'S NAME: CHEN TIA HUI, MELVIN  
 c) NRIC/FIN/PASSPORT: S811520 F CONTACT: 9799 3183

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLM 6805U MODEL: Honda - CAR  
 e) DRIVER'S NAME: CHEN TIA HUI, MELVIN  
 f) NRIC/FIN/PASSPORT: S811520 F CONTACT: 9799 3183

email = MOORTHYSETHU@gmail.com

VIDEO

## Claim Handling

Accident MT/1067083

|   |  |                               |                           |                        |                          |
|---|--|-------------------------------|---------------------------|------------------------|--------------------------|
| Policy No.                              | 5111069192                                     | Vehicle No.                   | FBH5292A                  | GST Registration No.   |                          |
| Certificate No.                         |  |                               |                           |                        |                          |
| Policyholder Name                       | SETHU MOORTHY                                  |                               |                           | Policyholder NRIC      | G7507783T                |
| Product Code                            | MOTORCYCLE INSURANCE                           | Cover Type                    | Third Party, Fire & Theft | Loading                | 0                        |
| Contact No.(Mobile)                     | 84321717                                       | Contact No.(Office)           |                           | Contact No.(Home)      |                          |
| Email Address                           |  | Special Remark                |                           | eCode                  | No                       |
| KFK                                     | No   | TCA                           | No                        | eCode Reason           |                          |
| NCD Protection                          | No   | NCD Entitlement(%)            | 0                         | Private Hire           | No                       |
| <b>Accident Details</b>                 |  |                               |                           |                        |                          |
| Report Date                             | 16/10/2019 10:37                               | Accident Report Within 24 hrs | Yes                       | Accident Type          | Collision - Head to Rear |
| Date of Accident                        | 14/10/2019                                     | Time of Accident hh:mm        | 19:30                     | Country of Accident    | Singapore                |
| Reporting Centre                        |  | Orange Force                  |                           | IDM No.                |                          |
| Accident Location                       | N/A BOON LAY TURNING LEFT TO JURONG WEST AVE 4 |                               |                           |                        |                          |
| <b>Total Excess Applicable</b>          |  |                               |                           |                        |                          |
| Excess Type                             | Per Accident                                   | Windscreen Excess             |                           |                        |                          |
| DD Standard Excess                      | 0.00   | TP Standard Excess            | 0.00                      |                        |                          |
| VED DD Excess                           | 0.00   | VED TP Excess                 | 0.00                      | Driver is Covered?     | Not Covered              |
| Additional Excess                       |  |                               |                           |                        |                          |
| Total DD Excess Applicable              | 0.00   | Total TP Excess Applicable    | 0.00                      |                        |                          |
| <b>Benefits</b>                         |  |                               |                           |                        |                          |
| <b>GST Registered Information</b>       |  |                               |                           |                        |                          |
| GST Registered                          | No   | GST Registration Date         |                           | GST Status Verified    | Yes                      |
| GST Registration No.                    |  |                               |                           |                        |                          |
| Modification History                    |  |                               |                           |                        |                          |
| <b>Policyholder Mailing Address</b>     |  |                               |                           |                        |                          |
| Address 1                               | BLK 821 #12-490                                | Address 2                     | JURONG WEST STREET 81     | Address 3              | SINGAPORE 640821         |
| Address 4                               |  | Address Type                  | Singapore address         | Post Code              | 640821                   |
| Unit No.                                | 12-490   | Related Policy Number         | 5111069192                |                        |                          |
| <b>OI Driver Info</b>                   |  |                               |                           |                        |                          |
| Driver Name                             | SETHU MOORTHY                                  | Driver Type                   | Main Driver               | Driver DOB             | 30/04/1977               |
| Uninsured Driver Name                   |  | Driver NRIC                   | G7507783T                 | Driving Experience     | 4                        |
| Register Date of Driver License         | 01/12/2014                                     | Driver Age                    | 43                        | Contact No.(Home)      |                          |
| Contact No.(Mobile)                     | 84321717                                       | Contact No.(Office)           |                           | Address 1              | SINGAPORE 640821         |
| Address 1                               | BLK 821 #12-490                                | Address 2                     | JURONG WEST STREET 81     | Address 3              | SINGAPORE 640821         |
| Address 4                               |  | Address Type                  | Singapore address         | Post Code              | 640821                   |
| Unit No.                                | 12-490   |                               |                           |                        |                          |
| Does he own a Singapore Registered car? | Yes  | Driver Vehicle No.            | FBH5292A                  | Driver Insurer Company | WTUC                     |
| <b>Declaration</b>                      |  |                               |                           |                        |                          |
| Breathalyzer or Blood Test Reading?     | 0 mg   | Any injury?                   | Yes                       | No                     |                          |

Modification history

Claim 001 **New**

|                     |                                    |                   |                                  |                            |                  |
|---------------------|------------------------------------|-------------------|----------------------------------|----------------------------|------------------|
| Claim Type *        | CO-ROI                             | Insured Name      | SETHU MOORTHY                    | Insured NRIC               | G7507783T        |
| Contact No.(Mobile) | 84321717                           | Contact No.(Home) |                                  | Contact No.(Office)        |                  |
| Email Address       |                                    | OI Vehicle Number | FBH5292A                         | TP Vehicle Number          | SLM98051         |
| Claim Description   | FBH5292A / SLM98051 ON 14 Oct 2019 |                   |                                  | Name of Preferred Workshop |                  |
| Preferred Workshop  |                                    | Insured Liability | Not at Fault                     | GIA report                 | Received         |
| Repaired            | Yes                                | Repair Option     | Preferred Workshop, Name unknown |                            |                  |
| Date Registered     | 16/10/2019 10:39                   | Claim Close Date  |                                  | DJAE Received              | 16/10/2019 00:00 |
| Report Taken By     | ROSLI WANAB                        |                   |                                  |                            |                  |


Print AK letter

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| <b>Attachment</b>  |  |
| Accident No. MT/1067083<br>Last Doc. Received: Yes No<br>Path:<br>Choose File No file chosen<br>Choose File No file chosen<br>Choose File No file chosen<br>Choose File No file chosen<br>Choose File No file chosen<br>Choose File No file chosen<br>Choose File No file chosen<br>Message Read | Claim No. 001<br>Upload Date 16/10/2019 10:41<br>Category: Confidential Urgency: Normal Description:<br>Clear Please Select NO Normal<br>Clear Please Select NO Normal<br>Clear Please Select NO Normal<br>Clear Please Select NO Normal<br>Clear Please Select NO Normal<br>Clear Please Select NO Normal<br>Clear Please Select NO Normal<br>Clear Please Select NO Normal<br>Send Message |

Attachment List

| Attachment | Uploaded By/Date   | Category | Urgency | Description       | Msg Sent? (G) |
|------------|--|----------|---------|-------------------|---------------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:41 | Photos   | Normal  | Photos 2019-10-16 |               |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:41 | Photos   | Normal  | Photos 2019-10-16 |               |

|   |  |                       |   |        |                                  |
|---|--|-----------------------|---|--------|----------------------------------|
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:41 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:41 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:41 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | Photos                |   | Normal | Photos 2019-10-16                |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-10-16 |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 10:40 | SAS                   |   | Normal | SAS 2019-10-16                   |

Video List

| Uploaded By/Date | Folder Date | File Name                             | Source                             | Action |
|------------------|-------------|---------------------------------------|------------------------------------|--------|
|                  |             | <a href="#">Display in New Window</a> | <a href="#">Scan and uploading</a> |        |

Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number:

| Select                           | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type                | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|-------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5111069192 |                    | SETHU MOORTHY     | G7507783T         | GMC     | Third Party, Fire & Theft | FBH5292A    | FBH5292A       | 10/07/2019    | 09/07/2020  |