Date In: 1/1 /19 - 18: 05	Jcb descripti		Date &Time Completed	Done by
Ref No: NA INC 19318580774	SAS e-filin			
Vch No: 17 128861		hin Shrs, AIC 2hrs)		
40 - 200 AN		laim Form		2414
D.O.A: 20/19-16:00			1002501/LW	21)19/19 18:4
OD : (TP) Reporting Only		//O (Within: OD 2hr	s, TP 4brs)	
	i-Photo Up			-
TP Insurer:	-	Survey Report		
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report	t by Fax / Hand t		
	100.0 %	DIC/		ax:
Owner / Driver: (177569.	. INC (
	Period: (Tel:	
Confirmed by : (Period: ()	Cover Type: (
	Note Bot Status	Date:	Time:)
Year of Registration: ()	Warranty: YES (0%; P: 21-79%. P: 30-1	UU%j
Excess: (\$) Loading: \$1)	
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		The second secon	ctly NO refer of repairer.	
() Total Loss Case : to e-mail Insu Drive-In () / Towed-In (): Invoi				
Drive-In ()/ Towed-In (); Invoi	ce: YES()/	NO(); To	wing Co: (
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Done by
- >	Property and the second second)	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time Completed	Done by
- >	Courtesy Car ()	Date& Time Completed	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()	Date&Time Completed®	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date& Timie Comple 34	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

等 的现在分词 是一种的	ACCIDENT STATEMENT
Date Of Report	21/10/2019 18:05
Date Of Accident	20/10/2019 16:00
Exact Location Of Accident	ECP TWDS CHANGI AFTER STILL RD EXIT
Country/State of Loss	SINGAPORE
Sign and the second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV3886G
Insured/Policyholder	
Name Of Registered Owner	CP GLOBAL
Co Reg No	53315911C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97703007
Alternative Phone No	OFFICE-97703007
Vehicle Particulars	THE PERSON NAMED IN COMMENTS OF THE PARTY OF
Manufacturer	HONDA
Model	INSIGHT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100991263
Cover Note Number	
Driver	
Name of Driver	MUDLAIAH CHANDRAPPA
NRIC No	S2710918G
Date Of Birth	17/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97703007
Fax Number	altered manager of especial was determined
Contact Number	OFFICE-97703007

NOEMAIL

132 HILLVIEW AVENUE Address

#05-03

Postcode 669597

Was driver an employee of the Insured's Company YES

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

Type Of Accident CHAIN COLLISION

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME:

3

YES

NO

YES

NO

3

GENDER: : MALE

Passenger 2

NAME:

YES

ž +

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 65470000 - FAX NO:

Circumstances of Accident

REFER TO POLICE REPORT - T/20191021/7027.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMC2236D

Vehicle Make/Model/Colour

TOYOTA SIENTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMED AZRIN BIN APANDI

NRIC/Passport Number

S8204958D

Contact Number

88000411

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC5673P

Vehicle Make/Model/Colour

RENAULT

Details Of Properties

Vehicle Category

TAXI

Name of Driver

DARBARA SINGH S/O KARO SINGH

NRIC/Passport Number

S2162919G

Contact Number

97295821

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUDLAIAH CHANDRAPPA

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJV3886G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

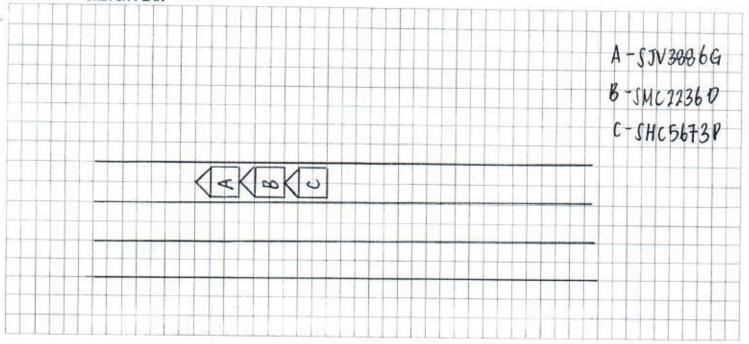
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DESCRIBE	CIRCUMSTANCES	OF	THE	ACCIDENT

Refer to police	, Leport
600	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

₹ (311651£ES) (7)

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	CONTRACTOR OF
20 110 2019	(DD/MM/YY)
	(HH:MM)
ECP towards changi after Still Rd Exit	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	20 110 2019 1600 hrs

人工的工作的工作的工作	DETAILS OF VEHICLE	WHI I WATER
Vehicle registration number	JJV3886G	
Vehicle make and model	Honda Insight	
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time	Govek	- 70
Are you claiming under your own insurance company?	Yes \(\square\) No \(\square\) if no, please select: Third part claim \(\square\) Reporting only \(\square\)	

建加州 第四个公司的联系中的	INSURANCE IN	FORMATION	BEN NO BULLYON
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

医	INSURED / POLICY HOLDER		
Name	CP Global	Male 🗆	Female
NRIC / Fin / Passport number		0.0.0.000000000000000000000000000000000	
Contact	97703007		
Address	132 Hillview Avenue #05-03 5(669597)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO	D.O.B)	H (ESIM)
Name	Hudlaiah Chandrappa	Male 🛭	Female
NRIC / Fin / Passport number	527109186		
Contact	97703007		
Address	132 Hillview Avenue #05-03 5(669597)		
Email address			
Date of birth	17/12/1966		
Occupation	Indoor Outdoor		
Driving date pass	12 [03] 2010		

数 使物度/美数据的1500 3.54 2.54 2.56 3.	GENERALI	NFORMA	TION C	F THE ACCI	DENT	Control of the Contro	STEW ST
Was driver an employee of	Yes	No 🗆					ALC: NO CO.
the insured's company?	If ho, rela	If no, relationship of the driver and insured:					
Accident captured by camera?		′No.ø	- 570				
Weather condition	Clear Z	Rainin	ig 🗆	Others:			
Road surface	Dry 🗷	Wet 🗆					
No of passenger	13					(Inclusive o	of driver
		PASS	ENGER	1			a transfer
Name							
Gender	Male	Female					
No. of the last of	Distrect	PASS	ENGER	2	A LOS APPENDI		S S S S S S S S S S S S S S S S S S S
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Gender	Male 🗆	Female	0				
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Name							
Gender	Male 🗆	Female	6				
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Gender	Male 🗆	Female					
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Name							
Gender	Male 🗆	Female	0				
Age Constitution of the Co	o alle tra c	THER IN	ORMA	TION	TO MANAGEMENT		MI SE
Was anybody injured?	Yes,	No 🗆					
Was other vehicle damaged?	Yes	No 🗆					
Maria de la companya	DETAILS	OF POUC	E STAT	ON ACTION	2466 366 5		
Reported to police?		No 🗆		The state of the state of	which police	tation	1000
Police station name	10,5	110 11	11 yes,	picase state	willen police s	station.	
			WE GO				
Name	del del del del del	WITE	NESS 1	HUSSES AN OWN	光明 光光 表	与信息的	
A Property of the second	And the State of t	WITH	NESS 2	10 3275			W 14
Name							

AND PRINTED AND THE	THIRD PARTY VEHICLE 1
Vehicle registration number	SHC 22360
Vehicle make model	Toyota Sienta
Name	Hohamed Azrin Bin Apandi
NRIC / Fin / Passport number	58204958 D
Contact	88000411
1	
我想到你的 你是你会还是你会	THIRD PARTY VEHICLE 2
Vehicle registration number	SHC5673P
Vehicle make model	Renault
Name	Parbara Singh slo karo Singh
NRIC / Fin / Passport number	52162919G
Contact	97295821
	11.2.10001
	THIRD PARTY VEHICLE 3
Vehicle registration number	THE PARTY OF THE P
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
Contact	
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以 家都是这种"以为是不是一种"	THIRD PARTY VEHICLE 6
Vehicle registration number	
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A STATE OF THE STA	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

数据 总是3元以上,10万元之		INJURED PERSON 1
Name	Undlai	iah chandrappa
Injuries sustained	Neck	and back
Which vehicle person in?	SJV38	8866
Were seat belts worn?	Yes 🗹	No 🗆
Was injured conveyed to	Yes 🗆	No ≠
hospital by ambulance?	1650000000	
S CHW SSE		
AND THE PARTY OF T	CONTRACT SAFE	INJURED PERSON 2
Name	DATE STREET	MOONED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
AND ARCHITECTURE STATE AND	A SECTION AND A SECTION AND ASSESSMENT OF THE PARTY OF TH	INJURED PERSON 3
Name		INJUNED PERSONS
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	No p
hospital by ambulance?		
With the Constitution of t	· ercent	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	Nø 🗅
hospital by ambulance?	500 (50 (50 (5))	
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Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
William Connection of the first him	THEN	INJURED PERSON 6
Name /		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		





1 of 3

Report No. T/20191021/7027

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

REPORT OF A TRAFFIC ACCIDENT

21/10/20	ne Report I 019 15:31	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars -	The second second second	Appendix series			
	Informant: AH CHANI		Address: 132 HILLVIEW AVENUE #05	5-03 SINGAPORE 669597			
ID Type NRIC NO	MUDLAIAH CHANDRAPPA ID Type / ID No.: NRIC NO / S2710918G Nationality: INDIAN	Contact No.: Home/Office: Mobile: 97703007					
National INDIAN	ity:		Email: chandar1712@yahoo.co.in				
Sex: Male	Age: 52	Date of Birth: 17/12/1966	Type of Informant: Driver				
Race: Indian			Language: English	Institution / School Name:			
Occupati Transpor	ion: t operation	s manager	Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2019 16:00	Type of Location Straight Road		
Location: EAST COAS Weather: Clear	T PARKWAY	Road Surface: Dry	Ro	pad Speed Limit:		
55275.000	Traffic Flow:					
Traffic Flow:	Traffic Flow: One Way Type of Collision: Between Moving Vehicles - Head To Rear					

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5673P	Car				Seriously Damaged	0
SJV3886G	Car	HONDA	Insight		Slightly Damaged	2
SMC2236D	Car	TOYOTA	Sienta		Seriously Damaged	0

Any Pedestrian Involved: No							
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA						





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

2 of 3 Report No. T/20191021/7027

CONTINUATION OF REPORT

Name	MUDLAIAH CHANI		ID No).	S2710918G		
Related Vehicle	SJV3886G (Car)				act No.	97703007	
Hospital/Clinic	ic MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment		Date Dis	Date Discharge				
No. of Days granted Medical Leave 05			Degree o		NIL		

Brief Details.

On 20 October 2019 at about 1600 hrs , I was driving my vehicle SJV3886G along ECP towards Changi on lane 1. The front vehicle slow down and I follow suit. Suddenly I felt an huge impact coming from the rear of my vehicle. I got down my vehicle and realised that SMC2236D had collided onto the rear of my vehicle and SHC5673P had collided onto SMC2236D rear.

I sustained injuries from the above mentioned accident and was given a 5 days of MC.





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

3 of 3 Report No. T/20191021/7027

CONTINUATION OF REPORT

-	90000	3,735	
Ske	4-6		
OKE	ICD.	-1	an

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2019 15:31
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_80	0601						+ Chann	e Language) Char	The second second	alClaim
My Desktop Notice of Loss	Poli	cy Query					Citaliy	e canguage	Char	ige Password	15/0/20
	Policy I	No.				Date o	of Accident	2	0/10/2019	16:00	· · · · · · · ·
	Vehicle	No.(For Motor)	SJV388	6G		Certific	cate Number	Ĺ			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100991263		CP GLOBAL	53315911C	GPC	drivo CLASSIC	SJV3886G	SJV3886G	31/05/2018	24/01/2020

INCRESSIONAL ST	Information	B. Brown Street			and the same of th			
Policy No. Certificate	5100991263	Policyholder Name	CP GLOBA	L Care	Policyholder NRIC	533159	11C	
No. Address	132 UTI I VIEW AVENUE FOR O							
roduct	132 HILLVIEW AVENUE #05-03	MONTROSA SI	NGAPORE 66	9597				
lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
olicy issue Date Excess Type	30/05/2018	Effective 31/05/2018 00:00 All Claims Excess		Expiry Date	24/01/20	4/01/2020 23:59		
hird Party		Excess						
xcess	1500	Own damage Excess	2000		Windscreen Excess	100		
dditional xcess	0	OS Premium	0					
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gent	ASSURE PTE, LTD.	Agent Tel.	68489119			57:		
o-insurance ag pen Policy ofo ertificate ofo	No				GST Flag	,		
7 Policyhold	ler Mailing Address							
ddress 1	132 HILLVIEW AVENUE	Address	2	#05-03 MONTROSA	Ar	Idress 3	SINGAPORE 669597	
ddress 4		703 03 11011		Singapore address	Post Code		669597	
nit No.	05-03	Related I	Policy	5100991263				
Insured O	bject: SJV3886G	Number		310331203				
P Endorsem								
Sequence	Date of Endorsement	Ea	dorsement T		Endorsement Si		Endorsement Content	
	23/01/2019 00:00	POI Exten	ision/Shortei	n Endorsem	ent Take Effect	ive	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insuranc of this policy is amended as follows PERIOD OF INSURANCE: 31 May 2018 TO 24 Jul 2019 In view of this amendment, an additional premiun of \$208.02 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque i favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.	
23/07/2019 00:00		POI Extens	sion/Shorten	Endorseme	ent Take Effecti	ve	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows. PERIOD OF INSURANCE: 31 May 2018 TO 24 Jan 2020 In view of this amendment, an additional premium of \$695.92 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make	

Claim Handling							
Accident MT/1067857							
Policy No.	5100991263		Vehicle No.	\$3V3886G	GST Registration	No.	
Certificate No. Policyholder Name	7.427579.27000						
roduct Code	CP GLOBAL				Policyholder NRIO	Q.	53315911C
ontact No.(Mobile)	PRIVATE CAR INSURANCE	DE .	Cover Type	drive CLASSIC	Loading		0
nali Address	97703007		Contact No. (Office)	0	Contact No.(Hom	ne)	0
K	® No ⊜Yes		Special Remark	52-8-3-5-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	eCode		n. V
D Protection	No No		TCA	® No ○ Yes	eCode Reason		
Accident Details	NO.		NCD Entitlement(%)	30	Private Hire		Yes
port Date	21/10/2019 18:44						
te of Accident			Acadent Report Wehin 24 hrs	Yes	Accident Type		Chain Collision
	20/10/2019		Time of Accident hh:mm	16:00	Country of Accide	ent	Singapore
porting Centre.	42720020000		Orange Force		ICM No.		
Excuss	ECP TWDS CHANGI AFTE	IR STILL RD EXIT					
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nd Party Excess		500.00	Outside Singapore OD Excess	2,000.00			
Senefits	1.	500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Inform	setion						
Registered	No			QL 10000000000			
Registration No.				GST Registration Date GST Status Verified	Man		
fication History				and the second	Yes		
Policyholder Mailing Ac	ddress						
ress 1	132 HILLVIEW AVENUE		Address 2	#05-03 MONTROSA	Address 3		SINGAPORE 669597
tress 4			Address Type	Singapore address	Post Code		669597
t No.	05-03		Related Policy Number	5100991263			1000
OI Driver Info							
er Name	Unnamed Driver		Driver Type	Unnamed Driver			
amed driver Name	MUDIATAH CHANDRAPPA	FE	Driver NRIC	52710918G	Driver DOB		17/12/1966
ster Date of Driver License			Driver Age	52	Driving Experience		9
act No.(Mobile)	97703007		Contact No.(Office)	0	Contact No. (Home	2	0
ress 1	132 HILLVIEW AVENUE		Address 2	HONTROSA	Address 3		SINGAPORE 669597
ress 4			Address Type	Singapore address			
No.				Dirigapore address	Post Code		669597
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S	NAC_PAYA_UBI_800601(NATIONAL CES) on 21 Oct	AL ASSESSMENT CENTRE SERVI 2019 18:45	Photos		Normal	Photos 2019-10-23					
4	NAC_PAYA_UB1_800601(NATION CES) on 21 Oct	AL ASSESSMENT CENTRE SERVI 2019 18:46	Photos		Normal	Photos 2019+10-21					
E	NAC_PAYA_UBI_800601(NATION CES) on 21 Oct	C_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:46 Photo		AC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:46			Normal	Phot	105 2019-10-21		
The second	NAC_PAYA_UBI_800601(NATION CES) on 21 Oc	AL ASSESSMENT CENTRE SERVI 2019 18:46	Photos		Normal	Phot	tos 2019-10-21				
1	NAC_PAYA_UBI_800601(NATION CES) on 21 Oc	AL ASSESSMENT CENTRE SERVI t 2019 18:46	Photos		Normal	Phot	105 2019-10-21				
2	NAC_PAYA_UBI_800601(NATION CES) on 21 Oc	AL ASSESSMENT CENTRE SERVI 1 2019 18:46	Photos		Normal	Pho	tos 2019-10-21				
1	NAC_PAYA_UB1_800601(NATION CES) on 21 Oc	AL ASSESSMENT CENTRE SERVE 1 2019 18:46	Photos		Normal	Pho	eos 2019-10-21				
1	NAC_PAYA_UBI_B00601(NATION CES) on 21 Oc	IAL ASSESSMENT CENTRE SERVI 2 2019 18:47	SAS		Normal	SA	AS 2019-10-21				
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Oct 2019 18:47		NRIC/ Driving License	٧	Normal	NRIC/ Drivi	ing License 2019-10-21				
Æ.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 18:47		NR3C/ Oriving License	٧	Normal	MRIC/ Driving License 2019-10-21					
RZ	NAC_PAYA_UB1_800601(NATION CES) on 21 O	NAL ASSESSMENT CENTRE SERVI of 2019 18:47	NRIC/ Driving License	y	Normal	NRIC/ Driv	ring License 2019-10-21				
*****	NAC_PAYA_UBI_800601(NATION CES) on 21 O	NAL ASSESSMENT CENTRE SERVI Ct 2019 18:47	NRJC/ Oriving License	Y :	Normal	NR3C/ Driv	ring License 2019-10-21				
	Uploaded By/Date		Cacegory	9	Urgency		Description	(CO)			