Date in: Int. In In		M491916721		
Date In: 19/11/19-19:49	Jeb description	Date &Time Completed	Done	by
Ref No: WALHEIGORASTY / W	SAS e-filing	i		
Vch No: 4343848P.	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 19/19-09:55	i-Motor Claim Form	WJ 107 6774-201	19/11/19	18:57
OD : (TP) Reporting Only	i-Motor W/O (Within: OD 2h			53/ E-90 E-90
OD : IT Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
11 histori.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: (BA3)	194 . INC ()/Non-INC()	B.	
Owner / Driver: (Tel:)	0.000
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000)()/\$2,000()			
General Remarks:-			Con Silver	y 4 s
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou	irtesy Car ()	Date&Time Completed	Done	by -
2) QC Check / Post Repair Inspection	()			1
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300]				
3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	00] ()			
3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	00] ()			
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date Time Actions	Invoice Pre	paration Checklist.		Ami (3
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	Invoice Pre	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5)	Ami (3
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions NA(909-199)	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8	Anit (5) [A Bill 0) (545	Ami (J
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions NA(90949e) Rumant's Particulars:-	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40. hrough Survey frough Survey (Resurvey)	Anit (\$) FA Bill 0) /5 45 1120 \$30	Ami (J
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions HAIGONAP Laumant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 trough Survey 1 through Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005)	Anit (\$) FA Bill 0) /5 45 1120 \$30	Ami (J
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions HAIGONAP Laumant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 trough Survey through Survey (Resurvey) Rejust JNC Only (wef 10 Jan 2005) Stion SMRT Survey 5	Ant (\$) fix Bill 0) \$45 120 \$30	Ami (!
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions HAGO 199 Inimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey ! shrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005) thion + SMRT Survey . 5 enal Services:	Ant (S) fit Bill 0) 545 5120 530 575	Ami (!
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions HA/Goq 199': Inimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additic QD* *N5: Courtesy	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 chrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005) tion + SMRT Survey (\$10 Jan 2005) that Services:-	Anit (S) fü Bill 0) 545 5120 530 575	Ami (J
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions HA/909-102 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additic OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40	Anit (5) Fá Bill	Ami (3
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA (909 1492) laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additic OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8.60); Assessment (\$100); INC (\$100); Assessme	Anit (5) Fá Bill	ABI (3 Add Bil
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additic OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005) tion + SMRT Survey \$5 enal Services:- Car / Tpt Allowance p-ordination in Inspection lect Excess Coordination (N:n INC) against INC	\$ Ant (\$) FA Bill O) (\$45	Ami (3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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	19/12/2019 17:49
Date Of Accident	19/12/2019 09:55
Exact Location Of Accident	JURONG ISLAND HWY BEFORE AYER MERBAU RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7848P
Insured/Policyholder	
Name Of Registered Owner	PACIFIC M TRADING PTE LTD
Co Reg No	2XXXXX808G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64839002
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PROACE COMPACT COMFORT 1.6 MANUAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095379217-02
Cover Note Number	
Driver	
Name of Driver	KUMAR VELAN S/O SUBRAMANIAM

 NRIC No
 SXXXX320G

 Date Of Birth
 04/12/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/01/2008

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94318414

Fax Number

Contact Number OFFICE-94318414

EMail Address NOEMAIL

BLK 469 ANG MO KIO AVENUE 10 Address

#04-966

560469 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

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

GBA3567H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category SEE TOH CHOO MENG Name of Driver

NRIC/Passport Number

90617328 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

KUMAR VELAN S/O SUBRAMANIAM Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBG7848P

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any faise 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
- 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
 - (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 daims (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.
- 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

(li) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time!

The Street of the second

Driver's Signature (If driver is not the policyholder)

Date & Time:

el's Signature Reporting Centre Person

Name: NRIC/FIN No.:

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			 lehele 19.	989 784	8P
 3			white B:	98A350	74
 事 -	A				
 Tsk.	B				
W				1	

On	above soiled date & time, I was alrowing my vehicle A (GBG781
travelin	galong Jurong Island Highway on third lane of a 5-lane,
road.	Somewhere before junction of Ager Merbau Road, vehicle
ahead	slowed down of stopped. As such, I applied broke and
Stupped	completely behind vehicle ahead. Out of sudden, vehicle B
(GBA3	567H) Came from rear and collided directly onto the
rear po	ortron of my vehide.

DECLARATION

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

PACIFIC V.

Policyholder's Signature

2550 MODEL 11 2 2

Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

/ehicle No.	GBG 7898P Model/Make Toyota Proace
Date of Accident	19/12/2019
ime of Accident	0955 HRS
ocation of Accident	Along Jurana, Island Highway before Ayer Merkey Road
xact purpose use during accid	
Name of Owner	Pacific M Trading Pte Ltd
Telephone No.	H/P: 64839002 Home: Office: Midwel Coh
VRIC	201116808G
Address	3 Turos South Avenue to S(637006)
	OD THIRD PARTY REPORTING ONLY
Claim type	NTW C
nsurance Company	
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft 5095349217 - 02
Policy No.	5015547217702
Name of Driver	As Above If No, Kumar Velan Sto Subramanian
NRIC	SG9463209 Any Passengers:
Date of birth	4/12/1969
Occupation	Outdoor / Indoor
Driving License Pass Date	11 1 2008
Gender	Male / Female
Contact No.	H/P: 943\ 844 Home: Office:
Address	BLK 469 Ang Mo KID AVIAGE 10 #04-966 5(560469)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Kumar Volan S/O Salarmaniam 94318414
Name And Contact No.	
Police Report	(No.) If Yes, Where?
Vehicle B No.	GBA 35G7H Any Passengers:
Name of Driver	See Toh Choo Many Contact No.: 9061 7528
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
	Witness Contact :
Witness Name	Rear portion
Accident Portion	Yes /(No
Camera Recorder	sansk 4966@ gmail.com
Email Address	SCHISK 4-188 Ca America Chi
PARTICULAR WORKSHOP	NSI Automotive Pte (tel
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Tircy
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) BILLES, 1959 (MALAYSIA)	

Certificate Number: 5095379217-02

Cover : Comprehensive

Chassis Number

1. Index mark and Registration Number of Vehicle

: GBG7848P

2. Name of Policyholder

YARVBBHVBGZ100140

3. Effective Date of Insurance

: PACIFIC M TRADING PTE LTD

31 Oct 2019

4. Expiry Date of Insurance

: 30 Oct 2020

- 5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these neadings.

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: THINK ONE CREDIT PTE LTD

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue

: 25 Sep 2019 17:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

dello, NAC_PAYA_UBI_80	0601						· Change I	anguage	• Change	e Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	vo.				Date	of Accident	[19	12/2019 09	:55	
	Vehicle No.(For Motor)		GBG7848P			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095379217- 02		PACIFIC M TRADING PTE LTD	201116808G	GCV	Comprehensive	GBG7848P	G8G7848P	31/10/2019	30/10/2020

Policy No.	5095379217-02	Policyholde Name	PACIFIC M	TRADING PTE LTD	Policyholder NRIC	201116808G	
Certificate No.							
Address	3 TUAS SOUTH AVENUE 10 SING	APORE 637	106				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	25/09/2019	Effective Date	31/10/2019	00:00	Expiry Date	30/10/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65674755		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	older Mailing Address						
Address 1	3 TUAS SOUTH AVENUE 1	0 Addr	ess 2	SINGAPORE 63700	6	Address 3	
		Addr	ess Type	Singapore address		Post Code	637006
Address 4							
Address 4 Unit No.		Rela Num	ed Policy ber	5084887075-03			
Unit No.	d Object: GBG7848P			5084887075-03			
Unit No.	The state of the s			5084887075-03			

Claim Handling						
Accident MT/1076524						
Policy No.	5095379217-02	Vehicle No.	GBG7848P		GST Registration No.	
Certificate No.						
Policyholder Name	PACIFIC H TRADING PTE LTD				Policyholder NRIC	201116608G
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehen	thi we	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64839002		Contact No.(Home)	ū .
imail Address		Special Remark			eCode	100
PK.	No ○Yes	TCA	® No □Y	es	eCode Reason	
CO Protection	No	NCD Entitlement(%)	0		Private Hire	No
♥ Accident Details						
eport Date	19/12/2019 18:50	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
wite of Accident	19/12/2019	Time of Accident thomm	09:55		Country of Academ	Singapore
eporting Centre		Orange Force			ECM No.	
ccident Eucation	JURONG ISLAND HWY BEFORE AYER MERE	AU RO				
▼ Total Excess Applicable						
scess Type	Per Accident	Windscreen Excess		100.00		
O Standard Excess	600.00	TP Standard Excess		0.00		
ED OD Excess	0.00	VIED TP Excess			Driver is Covered?	
dditional Excess						
otal OD Excess Applicable	600.00	Total TP Excess Applicable				
♥ Benefits						
GST Registered Informa	ation					
ST Registered	Yes			Registration Date	01/06/2012	
ST Registration No.	201116808G			Status Verified	Yes	
odification History	19/12/2019 18:51:48 Syste	em changed GST Registered from N em changed GST Registration No. fr	rom null to 20	1116808G		
	19/12/2019 18:51:48 Syste	em changed GST Registration Date	from null to 0	1/06/2012		
Policyholder Mailing Ad	dress					
ddreiss §	3 TUAS SOUTH AVENUE 10	Address 2	SINGAPOR	E 637006	Address 3	
ddress 4		Address Type	Singapore	address	Post Code	637006
nit No.		Related Policy Number	508488707	5-03		
OI Driver Info		Paramananan Etawasa - A	575500000	7/525		
	Unparred Driver	Driver Type	Unnamed D	VIVE .		
river Name nnamed driver Name	KUMAR VELAN S/O SUBRAMANT	Driver NRIC	50000320		Driver DOS	04/12/1989
				•		
gister Date of Driver License		Driver Age	50:		Driving Experience	11
intect No. (Mobile)	94318414	Contact No.(Office)	0		Contact No.(Home)	0
ddress t	BLK 459	Address 2	ANG MO K	D AVENUE 10	Address 3	TECK GHEE HORIZON
ddress 4	SINGAPORE \$60469	Address Type	Singapore	uddress	Post Code	560469
nit No.	04-966					
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.			Onver Insurer Company	
egistered carr						
eclaration						
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○!	io.		
eading?		(44,494)	9.00			
odification History						
TOTAL STREET						
Claim 001 New						
Inter Time 8	OD-MX V	Insured Name	DACHTIC M	TRADING PTE LTD	Insured NRIC	2011168083
aim Type •	OD-MX		PACIFIC M	IKADING PIE LIU		and the second of the second
ontect No.(Mobile)		Contact No.(Home)	-		Contact No. (Office)	64839002
meil Address		Of Vehicle Number	GBG7848P		TP Vehicle Number	GBA3567H
ament Type Claiment Type *	Please Select	Type of Benefit *	Please Sei	ect 💟		
aiment Name *	>>	Claimant NRIC *				
aimant Address						
aim Description	GBG7848P / GBA3567H ON 19 Dec 2019				Name of Preferred Worksh	ib
referred Workshop Contact		Insured Cability *	Not at Feu	h V		UV THE CONTRACTOR
O.	Man Foot	Preferend Repair Option	-		GIA report	Received
equire Finalisation	Vec V		Interested (- CANON, NAME DISNOWN		19/12/2019 00:00
ste Registered	19/12/2019 18:52	Claim Close Date	-		Date Received	19/12/2019 00:00
eport Taken By	Jeckson					
Print AK letter						
			Teach Teach			
			Save Sub	mit.		
Attachment						
21						
♥						
ccident No.	MT/1076524	Claim No.		100		
ast Doc. Received	● Yes ○ No	Upload Date		19/12/2019 18:53		
	Path *			Category *	Confidential Un	gency * Description
	-1 ************************************	Browse	Clear	Please Select	V Norm	The second secon
		Browse		Please Select		
		Browse	Cear.	Please Select	y sa v Norm	a) <u>v</u>
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-		Browse	Clear	Please Select	V Norm	al 💟
-		7 4 3 3 3	I receive	There was a	Tel fine to the first	

