NATIONAL Assessment Co.				
	ntre Services			-
Date In: 14/3/20-10:53	Jeb description	Date & Time Completed	Done	py.
Res No: HA JUCTON 4000/24	SAS e-filing			
Veh No: SMK99824	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 13/5/2-18:40	i-Motor Claim Form	m1 1088201-001	14/3/20 11	:04
OD TRY Banaras Only	i-Motor W/O (Within: OD 2)	ics, TP 4hrs)		40
OD : (TP)! Reporting Only	i-Photo Uploaded			-
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	THE RESERVE THE PARTY OF THE PA		ax:	
TP Particulars: Veh No:	razovra . INC ()/Non-INC()		
Owner / Driver: (<u> </u>	Tel:)	200
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	\$1,000 ()/\$2,000 ()			
General Remarks		ASSESS ASSESS	Part Color	
() Walk-In Customer : Customer's			2000 017 - 2	
() Total Loss Case : to e-mail Ins		uncuy NO 1ster of repaties.		
		n		
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();	Fowing Co: (
Remarks:- (INC hodine: 6788 6616		Date&Time Completed	Done	by ·
) Apply for Transport Allowance ()	/ Courtesy Car ()	1000		
	/ Courtesy Car ()	1		
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		and the second	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		matil in	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()			
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) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost >	()		30.40.04) 15.	
QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > Injury:	()		Aug(S)	Amu
2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > Injury : ate/Time Actions	() >\$3000] () Invoice Pre	paration Checklist		E-11.5010
QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > Injury: ate/Time Actions	() \$3000] () Invoice Pri	paration Checklist.	Ani (S)	E-11.50101
QC Check / Post Repair Inspection Delivery Photo [Repair Cost > Injury : Actions Actions Umant's Particulars :-	Invoice Product Invoice Pr	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8	Ani ((5) 73° Bill 0) 7545	E-11.5010
QC Check / Post Repair Inspection Delivery Photo [Repair Cost > Injury : Actions Actions Umant's Particulars :- ver/Owner:	Invoice Pre Invoice Pre 1) AR : Acciden 2) DA : Darnage 3) TF : Towing 4) FT : Follow-1	paration Checklist. Reporting (330); Assessment (\$100); INC (\$8 Fee \$40	Ani (S)	E-11.5010
QC Check / Post Repair Inspection Delivery Photo [Repair Cost > Injury : Actions Actions Umant's Particulars :- ver/Owner:	Inveice Pressure	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	Ani((\$)) fit Bill 0) 7\$45 5120 \$30	E-11.5010
QC Check / Post Repair Inspection D) Upload Resurvey Photo [Repair Cost > Injury : Actions Actions umant's Particulars :- ver/Owner:	Invoice Pressure Invoice Pre	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) Retion	Xnic(\$) 75t Bill 0) /\$45 5120 \$30) \$75	E-11.5010
QC Check / Post Repair Inspection D) Upload Resurvey Photo [Repair Cost > Injury : Actions Actions umant's Particulars :- ver/Owner:	Invoice Product Invoice Pr	paration Checklist. It Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey	Ani((\$)) fit Bill 0) 7\$45 5120 \$30	E-11.5010
QC Check / Post Repair Inspection Di Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions Dimant's Particulars :- ver/Owner: Intact No: maged Portion:	Invoice Pre	cparation Checklist t Reporting (\$30); Assessment (\$100), INC (\$8 Fee \$40 Through Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey lonal Services:	Ani((\$)) (5) Bill (7) A5 (5) Bill (7) A5 (5) A5 (5) A5 (6) Ani((\$))	E-11.5010
QC Check / Post Repair Inspection Di Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions Dimant's Particulars :- ver/Owner: Intact No: maged Portion:	Invoice Pre	cparation Checklist t Reporting (\$30); Assessment (\$100), INC (\$8 Fee \$40 Through Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey onal Services:-	Xnic(\$) 75t Bill 0) /\$45 5120 \$30) \$75	E-11431011
QC Check / Post Repair Inspection D) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions Dimant's Particulars :- ver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Phrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey lonal Services: y Car / Tpt Allowance Ca-ordination pair Inspection	\$30 \$30 \$3160 \$55 \$510 \$25	E-11431011
QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MA120 1/12 Mimant's Particulars :- iver/Owner: Intact No: Maged Portion: Checked by (Engr-In-Charge): ditors! Comments :-	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Phrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey lonal Services: y Car / Tpt Allowance Co-ordination pair Inspection elect Excess Coordination	Ani ((5) 75 Bill 0) 7545 5120 530) \$75 \$160	K-1140000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Pre	cparation Checklist It Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey conal Services: y Car / Tpt Allowance Co-ordination pair Inspection liect Excess Coordination P (Non INC) against INC	\$ Anic (\$) 15t Bill 0) 7545 5120 \$30) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$	Add B

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 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.

aforesaid.	AND THE PROPERTY OF THE PROPER
SECONDARY CONTRACTOR OF THE SE	ACCIDENT STATEMENT
Date Of Report	14/03/2020 10:53
Date Of Accident	13/03/2020 18:40
Exact Location Of Accident	YISHUN AVE 7
Country/State of Loss	SINGAPORE
Constitution of the consti	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK9982U
Insured/Policyholder	
Name Of Registered Owner	PRIYA D/O KARUNA MOORTHI
NRIC No	SXXXX206C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92310041
Alternative Phone No	OFFICE-92310041
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110440255
Cover Note Number	
Driver	
Name of Driver	PRIYA D/O KARUNA MOORTHI

 Name of Driver
 PRIYA D/O KARUNA MOORTHI

 NRIC No
 SXXXX206C

 Date Of Birth
 13/02/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 06/05/2013

 Driving Experience
 6 YEARS AND 10 MONTHS

 Gender
 FEMALE

 Mobile Number
 (LOCAL) +65-92310041

Fax Number

Contact Number OFFICE-92310041

EMail Address NOEMAIL

Address 1 YISHUN STREET 51

#02-02

Postcode 767996

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 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

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

0000188

I have been approached by unknown person(s)

YES

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 TRAFFIC POLICE DIVISION HQ

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

0

Circumstances of Accident

REFER TO POLICE REPORT - T/20200313/7038.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAI

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ2042J Vehicle Make/Model/Colour AUDI A4

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKW1055J

Vehicle Make/Model/Colour

MAZDA 3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

PRIYA D/O KARUNA MOORTHI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMK9982U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
- 7 This form must be completed by the Policyholder and/or the Authorised Oriver.
- Information provided must be as truthful and accurate as possible. 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.
- 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.
- 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)

l 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: bt Mark 2010

Oriver's Signature
[if driver is not the policyholder]
Date & Time: 13th March 2000

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

COLL OF FRANCISCO

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON	THE	STAT	ED	DA	12	AND	Tì	me	, 1	WA	2	TRAVE	HNG	ON
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DOUN	ANO	CAM	ε7	70	A	370	P	ANI	0	1	Pow	FOLL	ow	. TIU2.
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мраст	COLY	OBO	ON.	73	my	R	EA R							
							2012023							
				-										

DECLARATION

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

folicyholder's Signature Date & Time: 14 North 2020

Driver's Signature (Il driver is not the policyholder)
Date & Time: 13th Mark 1000

Name:

NRIC/FIN No :

Reporting Centre Personnel's Signature

climated a difference to

Date of Accident	13.03.3000 Accident Time: 1840HRS (24-HR-Format)
accident Place	GISHUN AVE 7.
Vehicle Reg. No. (Car Plate No.)	3mk 9982U
Vehicle Make/Model	: AUDI AS 1.47
Insurance Company	NTUC Policy No. 5110440255
Owner or Company Name /IC No.	PRIMA DO KARUNA MODRTHI S9005206C
Owner or Company Contact No.	: 92310041 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: PRIYA . DO KARUNA MOORTHI S9005206C
DRIVER'S Date Of Birth	18.02.1990 DRIVER'S License Pass Date 65 1217
Relationship of Owner & Driver :	Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNE
DRIVER'S Address :	1 YISHUN STREET BI #02-02 3767996 .
DRIVER'S Contact No./ Alt No. :1	2) 92310041 2)
DRIVER'S Occupation	INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address :	
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : R	Leporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Drive	i): 01 * Injuries 3 Days
Was there any video Captured by car car Exact purpose for which vehicle was bei	mera: YES NO ing used at the time of accident: Private use \ Work purpose
Other Party	y Driver's Particular (if anv)
Vehiclo Reg. No: SmJ 2042]	Vehicle Reg. No: 31201055).
Vehicle Make Model: AUDI A4	Vehicle MakelModel: MAS MAZPA 3
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





1 of 3

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

Report No. T/20200313/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 13/03/202	e Report M 20 22:54	Made;	Vide Report No.:	Station Diary No.:						
Informan	t's Partic	ulars								
	informant: O KARUN	A MOORTHI	Address: 1 YISHUN STREET 51 #02-02 SINGAPORE 767996							
ID Type / NRIC NO	ID No.: / S90052	06C	Contact No.: Home/Office:	Mobile: 92310041						
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: Priyakaruna@skool4kidz.com	m.sg						
Sex: Female	Age: 30	Date of Birth: 13/02/1990	Type of Informant: Driver							
Race: Indian			Language: English	Institution / School Name:						
Occupation School pr	on: incipal		Driving Licence Information: Class: 3	Date of Expiry:						

Type of Accident:	cident: Others		Date/Time of Accident: 13/03/2020 18:4	Type of Location Straight Road
Location: YISHUN AVE Weather: Clear	NUE 7	Road Surface:		Road Speed Limit:
		1 1180 00.		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Light

Vehicle No.	Type	Make	Modeli	Color	Goodwan	No of Passenge
SKW1055J	Car	MAZDA	MAZDA 3	Blue	Seriously Damaged	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
SMJ2042J	Car	AUDI	A4 B9	Blue	Seriously Damaged	
SMK9982U	Car	AUDI	A3 SEDAN 1.4 TFSI (AMBIENTE)	White		0

Details of Vehicle Insurance		E BOX OF MEX	PIPE TO THE
Vehicle No. I insuraince Company	Insurance No	Effective	Expiry Date





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

2 of 3 Report No. T/20200313/7038

CONTINUATION OF REPORT

Details of Vehicle Insurance									
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date					
SMK9982U	NTUC Income Insurance Co-Operative Limited		21/06/2019	26/08/2020					

Any Pedestrian II	nvolved: No		in marked Emilion of the Archive	And the real fill care	and the second second		
No. of Pedestriar			Use of Pe	destria	n Cross	sing: NA	
Driver		Marie Service	THE RESERVE		C 170-30	The second secon	
Name	PRIYA D/O KARUN	A MOORT	HI	ID No).	S9005206C	
Related Vehicle	SMK9982U (Car)			Conta	ct No.	92310041	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	13/03/2020		Date Disc	harge	13/03	/2020	
No. of Days gran	ted Medical Leave	03	Degree of		Slight		

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELING AT YISHUN AVE 7 LANE 2. IN FRONT OF MY VEHICLE SLOWED DOWN AND CAME TO A STOP AND I FOLLOW SUIT. AFTER MY VEHICLE STOPPED, ALL OF A SUDDEN I FELT A BIG IMPACT FROM MY REAR. I CAME OUT OF MY VEHICLE AND REALIZE I WAS INVOLVED IN A 3 CAR CHAIN COLLISION. I FELT PAIN ON MY HEAD AND BODY. WENT TO CONSULT MY FAMILY CLINIC AND WAS GIVEN 3 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200313/7038

CONTINUATION OF REPORT

Sketch Plan					
Informant is n	ot able	to	provide	sketch	ola

Authentication Stamp

NP168

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: 13/03/2020 22:54
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

eBao Tech	Gene									Genera	ralClaim		
Hello, NAC_PAYA_UBI_800	601						• Chang	e Languag	e • Chan	ge Password	· Log Out		
My Desktop	Policy Query												
Notice of Loss	Policy No.					Date	of Accident	[13/03/2020 1	8:40			
	Vehicle	No.(For Motor)	SMK9982U			Certificate Number							
					1	Search							
	Select	Policy No.	Certificate Number	Policyholder Name	Policyhalder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	0	5110440255		PRIYA D/O KARUNA MOORTHI	59005206C	GPC	drivo CLASSIC	SMK9982U	SMK9982U	21/06/2019	26/08/2020		
					8	Continue	1						

Policy No.	5110440255	Policyholder Name	PRIYA D/O	O KARUNA MOORTHI	Policyholder NRIC	S9005206C	
Certificate No.		Name			NRIC		
Address	BLK 305 #02-167 YISHUN CE	NTRAL SINGAPO	RE 760305				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	21/06/2019	Effective Date	21/06/20	19 00:00	Expiry Date	26/08/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	3	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyh	older Mailing Address						
	older Mailing Address BLK 305 #02-167	Addre	ss 2	YISHUN CENTRAL		Address 3	SINGAPORE 760305
Address 1		3038708	ss 2 ss Type	YISHUN CENTRAL Singapore address		Address 3 Post Code	SINGAPORE 760305 760305
Policyh Address 1 Address 4 Unit No.		Addre	ss Type ed Policy				
Address 1 Address 4 Unit No.	BLK 305 #02-167	Addre Relate	ss Type ed Policy	Singapore address			
Address 1 Address 4 Unit No.	BLK 305 #02-167 02-167 d Object: SMK9982U	Addre Relate	ss Type ed Policy	Singapore address			

Claim Handling						
Accident MT/1086201	Total Control Control				and the same of th	
Policy No.	5110440255	Vehicle No.	SMK99821	f .	GST Registration No.	
Certificate No.						
Policyholder Name	PRIYA D/O KARUNA MOORTHI				Policyholder NRIC	\$9005206C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLAS	SSIC	Loading	0
Contact No. (Mobile)	92310041	Contact No. (Office)	0		Contact No.(Home)	0
Email Address		Special Remark			eCode	N. V
KPK	® No ○Yes	TCA	® No ○1	res	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	No
9 Accident Details						
Report Date	14/03/2020 10:51	Academt Report Within 24 hrs	Yes		Accident Type	Chain Collision
Date of Accident	13/03/2020	Time of Accident hh:mm	18:40		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Location	YISHUN AVE 7					
♥ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
Carrens 1436	Tel Modelin	111111111111111111111111111111111111111		200.00		
OD Standard Excess	500.00	TP Standard Excess		0.00		
YIED OD Excess	0.00	VIED TP Excess		0.00	Driver is Covered?	Covered
Additional Excess	D					
Total DD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
(21)	600.00	THE IT EXCESS APPROXISE		Miller		
♥ Benefits						
♥ GST Registered Inform			760	T Benjetration Care		
GST Registered GST Registration No.	No			T Registration Date T Status Verified	Yes	
Modification History			-	1 318130 101110	02270	
Prodrication History						
▼ Policyholder Mailing Ad	idress					
Address 1	BLX 305 #02-167	Address 2	YESHUN C	PNTDAI	Address 3	SINGAPORE 760305
Address 4	BDX 303 #02-(6)	Address Type	Singapore		Post Code	760305
	22.022		ASSOCIATE OF		Post Code	700303
Unit No.	02-167	Related Policy Number	51104402	53		
9 OI Driver Info			Maria Barria			
Driver Name	PRIYA DYO KARUNA MOORTHI	Driver Type	Main Drive		Driver DDB	13/02/1990
Unnamed driver Name		Driver NRIC	59005206	¢		
Register Date of Driver License	06/05/2013	Driver Age	30		Oriving Experience	6
Contact No.(Mobile)	92310041	Contact No.(Office)	0		Contact No.(Home)	0
Address I	1 YISHUN STREET 51	Address 2	THE CRITE	BRION	Address 3	SINGAPORE 767996
Address 4		Address Type	Singapore	address	Post Code	767996
Unit No.	02-02					
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.			Driver Insurer Compar	Yy
Registered car?						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○	No		
Negating						
Modification History						
Claim 001 New						
Claim Type *	OD-MX	Insured Name	PRIYA D/C	KARUNA HOORTHI	Insured NR3C	S9005206C
Contact No.(Mobile)	MIL	Contact No.(Home)	68523079	SEEDINGS	Contact No.(Office)	
Email Address	santhiya1124@hotmail.com	OI Vehicle Number	5MK9982		TP Vehicle Number	SM320423
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Se	ect V		
Claimant Name *	>>	Claimant NRIC +				
Claimant Address					3	
Claim Description	SMK9982U / SM320423 ON 13 Mar 2020				Name of Preferred Wo	rishop
Preferred Workshop Contact		Insured Liability *	Not at Far	at V		
No. Require Finalisation	Yes	Preferered Repair Option		Workshop, Name unknown	GIA report	Received
	14/03/2020 11:04	Claim Close Date	1.576.730		Date Received	14/03/2020 00:00
Date Registered		Committee Date			-	
Report Taken By	Jackson					
Print AK letter						
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Attachment						
9						
a Sana anna	MT/1089201	Claim No.		001		
Accident No.						
Last Doc. Received	● Yes ○ No	upload Date		14/03/2020 11:05		
	Path *		1001	Category *	Confidential	Urgency * Description *
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