the contract of the contract o	Ich description	Date & Time Completed	De De	me by
Date In: 10/2/2011	Jeb description	- Date to Time - I part		
Ref No: NA /14(23004474) 24	SAS e-filing			- B
Veh No: FDQ7859E	E-mail (within Shrs, AIC 2hrs)			1000
D.O.A: 24/7/2-15:42	i-Motor Claim Form	M7/1089538-001	12/2/2	o hini
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2	thrs, TP 4hrs)		
OD : 17", Reporting Only	i-Photo Uploaded			
(Carlos 200 (1990))	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: Wey	ic . INC	( )/Non-INC( )	Approximation	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	od: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	11-500 C- 11-V6-0
	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80	0-100%]	
	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000				
General Remarks:		CALLES DEVINE CALLES		
( ) Walk-In Customer : Customer's inform	action strictly Confidential &	Strictly NO refer of repaire	er.	
( ) Total Loss Case : to e-mail Insurer		Sulday (10 12 12 12 12 12 12 12 12 12 12 12 12 12		
Drive-In ( )/ Towed-In ( ); Invoice:		Towing Co: (		)
Edive-III ( )/ / dwell-III ( ); Invoice.	125( ), 1.5( )		WEST PROPER	tandikis is
The property of the property o	AND THE RESERVE OF THE PARTY OF	CONTROL AND DESCRIPTION OF A PARTY OF A PART	300 Dr. Control State Co. A. S. 1985	
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	SA NEW AND ASSESSMENT	one by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou	urtesy Car ( )	Date & Lime Completed	67 2482 244124	one by
1) Apply for Transport Allowance ( )/Con	urtesy Car ( )	Date& Lime Completed	150	one by
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection	( )	Date& Jame Completed		one by
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300]	( )	Date& Jame Completed		one by
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			Trees of the State
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			Trees of the State
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			Trees of the State
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			Topic Carlotte
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			Topic Carlotte
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			Trees of the State
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time / Actions	( )			1.44-27-27-27-27-27-27-27-27-27-27-27-27-27-
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions	( )			5)) \ Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	Invoice P	reparation Checklist Beat Reporting (\$30);	Aur (	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions    Actions   Ac	( ) 00] ( ) Invoice P 1) AR : Accid 2) DA : Dame	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC	Xn((	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions    Actions   Ac	Invoice P  1 AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follor	reparation Checklist  Sent Reporting (330); age Assessment (\$100); INC ag Fee w-Through Survey	Xnf() [5:B] (580) 540/545 \$120	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Naveousy  Inimant's Particulars:- river/Owner:	1 Invoice P  1) AR: Accie 2) DA: Darry 3) TF: Towis 4) FT: Follor 5) FT: Follor For claimin	reparation Checklist  Sent Reporting (\$30);  sge Assessment (\$100); INC  sg Fee  W-Through Survey  W-Through Survey (Resurvey)  sg against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30 2005)	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Actions  Liminant's Particulars:  river/Owner:	Invoice P	reparation Checklist  Sent Reporting (\$30);  sge Assessment (\$100); INC  sg Fee  W-Through Survey  W-Through Survey (Resurvey)  sg against INC Only (wef 10 Jan 2)  spection	C (\$80) \$40/\$45 \$120 \$30 \$2905) \$75	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Naveousy  Luimant's Particulars:  priver/Owner:	1 Invoice P  1) AR: Accident (2) DA: Darrow (3) TF: Towin (4) FT: Follow (5) FT: Follow (6) TR: Re-in (7) N1: Idao (7) N1: Idao (7)	reparation Checklist:  Jent Reporting (\$30);  Jege Assessment (\$100); INC  Jege Fee  W-Through Survey  W-Through Survey (Resurvey)  Jeg against INC Only (Wef 10 Jan 1)  Spection  DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 2005)	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions    Actions     Actions	1 Invoice P 1) AR: Accie 2) DA: Darre 3) TF: Towis 4) FT: Follor 5) FT: Follor For claimis 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD:*	reparation Checklist  Sent Reporting (\$30);  age Assessment (\$100); INC  age Fee  W-Through Survey  W-Through Survey (Resurvey)  against INC Only (wef 10 Jan 2)  spection  DA + SMRT Survey  ditional Services.	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions    Actions	1 Invoice P 1) AR: Accid 2) DA: Darry 3) TF: Towis 4) FT: Follor 5) FT: Follor For cleimin 6) TR: Re-in 7) N1: Idao 8) NTUC Ad OD* *N5: Cour	reparation Checklist.  lent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2) spection DA + SMRT Survey ditional Services  lesy Car / Tpt Allowance	C (\$80) \$40/\$45 \$120 \$30 \$2905) \$75	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions    Actions	Invoice P	reparation Checklist  Jent Reporting (330);  Incompared (3100); INCOMP	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5)) Am((5)
1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions  Liminant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	( )   ( )	reparation Checklist:  Jent Reporting (\$30);  Jege Assessment (\$100); INC  Jege Fee  W-Through Survey  W-Through Survey (Resurvey)  Jege against INC Only (Wef 10 Jan 1)  Spection  DA + SMRT Survey  ditional Services:  Lesy Car / Tpt Allowance  it Co-ordination  Repair Inspection  Collect Excess Coordination	\$40/\$45 \$120 \$30 \$2005) \$75 \$160	5)) \ Am((5)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	( )   ( )	reparation Checklist.  Jent Reporting (\$30);  age Assessment (\$100); INC  age Assessment (\$100); INC  age Assessment (\$100); INC  against INC Only (wef 10 Jan 2)  spection  DA + SMRT Survey  ditional Services.  Itesy Car / Tpt Allowance  it Co-ordination  Repair Inspection  Collect Excess Coordination  TP (Non INC) against INC  Mobile	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5)) Am((5)

4 - prost tore

### 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.
- 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.	100 EX
	ACCIDENT STATEMENT
Date Of Report	25/03/2020 11:45
Date Of Accident	24/03/2020 15:40
Exact Location Of Accident	OXLEY BIZHUB CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBQ7859E
Insured/Policyholder	
Name Of Registered Owner	MAHENDRA RAVI @MAHENDRA S/O RAVI
NRIC No	SXXXX826G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98851921
Alternative Phone No	OFFICE-98851921
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR150R MANUAL
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	REPORTING ONLY
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	5114838804
Cover Note Number	
Driver	
Name of Driver	MAHENDRA RAVI @MAHENDRA S/O RAVI
NRIC No	SXXXX826G
Date Of Birth	21/10/1992
Occupation	INDOOR
Date Of Driving Pass	25/11/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98851921
Fax Number	
Contact Number	OFFICE-98851921
EMail Address	NOEMAIL

NOEMAIL

Address

BLK 510A YISHUN STREET 51

#04-547

Postcode

761510

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

SIDE SWIPE

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?

NO

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.

YES NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: -

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, WHILE I TURN LEFT AT OXLEY BIZHUB CARPARK. I DID NOT REALIZED THAT IT'S ONLY ONE WAY DIRECTION. MY VEHICLE FRONT RIGHT GRAZED ONTO VEHICLE B RIGHT PORTION.

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 Vehicle Make/Model/Colour

SLF7463C

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

GAN TIONG SOON

NRIC/Passport Number

SXXXX153D

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 13

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (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.:

	A: FBQ 7859E B: SUF7463C
3	B: SLEZY63C
$\rightarrow$	
oxley Bizhul carpart	
9	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to distement.		
The state of the s		

# 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.:



## 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114838804

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: 11/12/2019

Chassis Number

: MH1KC9214KK022935

2. Name of Policyholder

3. Effective Date of Insurance

: MAHENDRA RAVI @MAHENDRA S/O RAVI

: 11 Dec 2019

4. Expiry Date of Insurance

: 10 Dec 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # 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 headings.

**EXCESS (SECTION 1)** 

N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: MAHENDRA RAVI @ MAHENDRA S/O RAVI

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: A.S. PHOON 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)

Agency

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 11 Dec 2019 17:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

<b>eBao</b> Tech		A PONE								Genera	IClaim
Hello, NAC_PAYA_UBI_800	601		100000000000000000000000000000000000000	The Park and Park			· Chang	ge Languag	e • Chang	e Password	• Log Out
My Desktop	Poli	cy Query									- 15
Notice of Loss	Policy N	Vo.	51148	38804		Date	of Accident	1	24/03/2020 1	5:40	
	Vehicle	No.(For Motor)				Certi	ificate Numbe	to B			
						Search	ľ				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114838804		MAHENDRA RAVI @MAHENDRA S/O RAVI	59279826G	GMC	Third Party, Fire & Theft	11/12/2019	11/12/2019	11/12/2019	10/12/2020
					- 1	Continue	1				

□ Poli	cy Information							
Policy No.	5114838804	Policyholder Name	MAHENDRA	A RAVI @MAHENDRA	Policyholder NRIC	59279826G		
Certificate No.								
Address	BLK 510A #04-547 YISHUN STR	EET 51 OLEAN	DER BREEZ	E @ YISHUN SINGAP	ORE 761510			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N		
Policy Issue Date	11/12/2019	Effective Date	11/12/2019	9 00:00	Expiry Date	10/12/2020 23:	59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	0		Windscreen Excess			
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver	Excess
Agent	A S PHOON PTE LTD	Agent Tel.	67470770		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	BLK 510A #04-547	Addre	ss 2	YISHUN STREET 51		Address 3	OLEANDER BREE	ZE @ YISHUN
Address 4	SINGAPORE 761510	Addre	ss Type	Singapore address		Post Code	761510	
Unit No.	04-547	Relate Numb	d Policy er	5114838804				
<b>▶</b> Insure	d Object: 11/12/2019							
<b>▽</b> Endors	ements							
Sequence Date of Endorsement		Endorsement Type			Endorsement Status Endorsement			Content

laim Handling					
ccident MT/1089538		omittees.		SISTEMATICAL TOPA MI	
olicy No.	5114838804	Vehicle No.	11/12/2019	GST Registration No.	
ertificate No.					S9279826G
olicyholder Name	MAHENDRA RAVI ØMAHENDRA S/O RAVI	250025000		Policyholder NRIC	0
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading Contact No.(Home)	0
ontact No.(Mobile) mail Addresis	96851921	Contact No.(Office)	0	eCode	Trac V
	81.0	Special Remark TCA	® No ⊜ Yes	eCode Reason	[10, V]
rk	® No ○ Yes		250000000000000000000000000000000000000		44
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
P Accident Details					
port Date	25/03/2020 11:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
ste of Accident	24/03/2020	Time of Academ thomm	15:40	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	OXLEY BIZHUB CARPARK				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess			
Standard Excess	0.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
ditional Excess					
	0.00	Total TP Excess Applicable	0.00		
tal OD Excess Applicable	0.00	Total IF excess Approache	0.00		
7 Benefita 7 GST Registered Informa	ation				
F GST Registered Informa T Registered	No No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	dress				
idress 1	BLK 510A #04-547	Address 2	YISHUN STREET 51	Address 3	OLEANDER BREEZE @ YISHUN
odress 4	SINGAPORE 761510	Address Type	Singapore address	Post Code	761510
nit Na.	04-547	Related Policy Number	5114838804		
DI Driver Info					
iver Name	MAHENDRA RAVI & MAHENDRA S/O RAVI	Driver Type	Main Oriver		
named driver Name		Driver NR3C	\$9279826G	Driver DOB	21/10/1992
gister Date of Driver License	25/11/2019	Driver Age	27	Driving Experience	0
mact No. (Mobile)	98851921	Consact No. (Office)	0	Contact No.(Home)	0
idress I	BLK 510A	Address 2	YISHUN STREET 51	Address 3	OLEANDER BREEZE @ YISHUN
idress 4	SINGAPORE 761510	Address Type	Singapore address	Post Code	761510
nt No.	04-547				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	O FES GINV	Direct ventue no.			
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
rading?	o ng	And added to	0.00		
odification History					
Claim 001 New					
Claim out					
	7100 1000				
aim Type +	OD-MX	Insured Name	MAHENDRA RAVI SIMAHENDRA	Insured NRIC	59279826G
intact No.(Mobile)	96851921	Contact No (Home)		Contact No. (Office)	
nail Address		OI Vehicle Number	11/12/2019	TP Vehicle Number	SLF7463C
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
siment Name *	22	Claimant NRIC +			
amant Address					
aim Description	11/12/2019 / SLF7463C ON 24 Mar 2020			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Fully at Fault		
guire Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
squire Finalisation ste Registered	25/03/2020 12:01	Claim Close Date		Date Received	25/03/2020 00:00
eport Taken By	Jackson-	A STATE OF THE PARTY OF THE PAR		A COURT OF THE CO.	
Print AK letter					
			Save Submit		
Attachment					
571					
•					
ccident No.	MT/1069538	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	25/03/2020 12:02		
	Path *		Category *	Confidential Urge	ncy * Description
		Browse	A STATE OF THE PARTY OF THE PAR	NO V Normal	☑
		Browse	Selection 1	V Normal	v
		Browse		V Normal	v
		Browse			2.10
		Browse	Clear Please Select	NO V Normal	V

