NATIONAL Assessment Centre Services. [wel 1 Jamos M H A 140 4132-0 Done by Date &Time Completed Date In: (17/2 - 16: 22 Jeb description Re[No: W A | WC 1060 60 | W SAS e-filing E-mail (within 8hrs, AIC 2hrs) Veh No: JG K3391 M7/1092328, 121 i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) . Reporting Only i-Photo Uploaded Assessment/Survey Report TP insurer: Ass't Report by Fax / Hand to Owner/Wksp Tol: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (Veh No: 5775 4242. INC (TP Particulars: Owner / Driver: () Period: (Cover Type: (Policy No: (Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: () / NO (); Invoice: YES (Drive-In ()/Towed-in (Date&Time Completed Done by (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (3) Anit (\$) Invoice Preparation Checklist Add Bill fit Bill MAZOZAN 1) AR : Accident Reporting (530); Claimant's Particulars: INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 * N7: Fost Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idna Mobile Fee Charged Invoice dated 2at 2 / 3: Fee Charged Invoice dated

a special con-

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,	
多在我们的 自己的人们的	ACCIDENT STATEMENT
Date Of Report	06/05/2020 16:22
Date Of Accident	05/05/2020 21:45
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS BEAUTY WORLD
Country/State of Loss	SINGAPORE
No. of the contract of the con	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK339H
Insured/Policyholder	
Name Of Registered Owner	NASENDRAN S/O VEERASAMY
NRIC No	SXXXX900G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83942813
Alternative Phone No	OFFICE-83942813
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5103240352-01
Cover Note Number	
Driver	
Name of Driver	DINESHSWARAN S/O NASENDRAN

 NRIC No
 SXXXX087B

 Date Of Birth
 05/07/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 03/07/2014

Driving Experience 5 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93658290

Fax Number

Contact Number OFFICE-93658290

EMail Address NOEMAIL

Address

BLK 289E BUKIT BATOK STREET 25

#07-164

Postcode

654289

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: DEEPA D/O RANJAN

GENDER:

: FEMALE

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 - SINGAPORE CITY

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?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200506/7015.

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

SJT5424D

Vehicle Make/Model/Colour

HONDA

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 DINESHSWARAN S/O NASENDRAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGK339H
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name DEEPA D/O RANJAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGK339H
Were seat belts worn? YES
Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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:
 - 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

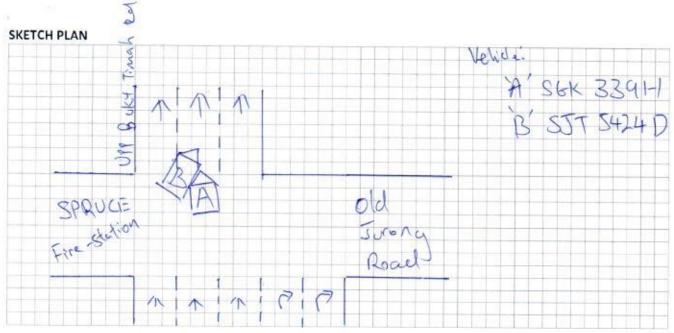
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I vehicle A' was travelling staight
242 30
along the stated venue. 2nd lane from the left, Slightly after
the cross Junction's Stop-line, vehicle 'B' swerved abruptly into my
Size of the my
Les for H 104 110 C also a 4 111
lare, from the loft side of my vehicle. Causing me to collide
307-00
anto his near right portion. upon impact, vehicle & sprinted off
about 100m away from the arrident scene till I stopped by
by the road side.
J Inc. 1 and Stole

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.:

ACCIDENT STATEMENT

80	ACCID	ENT DATE: 05/05/2021	D)(DD/MM/YYYY),	TIME: (91:46)(HH:MM)	18
8,		ON: Upper Bukit time)	9 72 73	of SPRUCE Firestation
	1	DETAILS OF VEHICLE	-11 V	2000 C	ringsavary
			5k 339 11	72 S. 25	
		b)INSURANCE COMPANY:			
		C)POLICY NUMBER:			
		CIFOLIC I NOMBER.	HOWE / THISD DADT	V / THIDD DARTY FIRE & THEFT)	
		a)POLICY TYPE: (COMPREHE	NSIVE / IHIKU PAKI	TY / THÍRD PARTY FIRE &THEFT)	
		DIMAKE & MODEL: MITSUE	SISHI LANGER	A CONTRACTOR (OTHERS)	
		f)TYPE:(SALOON / COUPE / M			
		g) VEHICLE CATEGORY: (PRIV			81
		h) PURPOSE OF USING AT AC	CIDENT TIME:	Bonal	
		i) ARE YOU CLAIMING UNDER			
		IF NO, PLEASE STATE (THIRD	PARTY CLAIM / REF	PORTING ONLY)	
	2.	INSURED / POLICY HOLDER	1 1	O	
	12	A)NAME: NASENDRAN S	10 VEERA SAMY	(MARE / FEMALE)	
	1	b) NRIC/FIN/PASSPORT: 5134	449006	_CONTACT: 53942813	
		CIADDRESS: APT BIK 289	E BUKIT BATOK	ST 25 #07-164	
8 9	90	5(654289)			
		* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HO	LDER	
*Ho of pass	sen as.	DRIVER DINESHSWARA	4 SONASEHDRI	911	
(Including a	1. 1	a)NAME: MANUEL SHAW		[MALE / FEMALE]	
	2500	b)NRIC/FIN/PASSPORT:		_CONTACT: 93678290	-7-154
(02)		CIADDRESS: APT BIK 289	E BUKIT BATON	K STREET 25 TOTAL TH	07104
. 1	note.	-	2 - 1002 - 1100 11		
()	4	d) DATE OF BIRTH: (OS b		MM/YYYY)	
^		e)OCCUPATION: (INDOOR)		8 8	9.1
Hanley	2 J	F) YEARS OF DRIVING EXPRERI	ENCE:	D'S COMPANYS (VES / NO)	930
Manjari.	4.	WAS DRIVER AN EMPLOYED	UE DRIVER WITH	D'S COMPANY? (YES / NO)	
U				INSURED: SON	
		a) WEATHER CONDITION: (OF		JIHERS	
14		D)ROAD SURFACE: (DRY / WE			
25		WAS ANYBODY INJURED (YES			
	7. 6	a) REPORTED TO POLICE (S		200	
		IF YES, PLEASE STATE WHICH	POLICE STATION:		
4 Ho of passer	8. 1	a) VEHICLE NUMBER:SS	54 240	MODEL: HANDA	
			31112	_MODEL10;	
(Including d	driver)	b) DRIVER'S NAME:c) NRIC/FIN/PASSPORT:		CONTACT:	
(02)		HIRD PARTY VEHICLE			940
900	38.88	d) VEHICLE NUMBER:		MODEL:	8 8
* No of pass		e) DRIVER'S NAME:			
(Including.	driver)	f) NRIC/FIN/PASSPORT:		CONTACT:	
()	,	IJ NRIC/FIN/FASSFORT		_CONTACT	
		8		26 = 10	
		5	34	100	
				(i) ×1	

email =

fax =

VIDEO =





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200506/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 06/05/20	ne Report M 020 15:46	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	THE RESIDENCE OF THE PARTY OF T	· · · · · · · · · · · · · · · · · · ·		
	Informant: SWARAN	S/O NASENDRAN	Address: APT BLK 289E BUKIT BATO SINGAPORE 654289	K STREET 25 #07-164		
ID Type NRIC N	/ ID No.: D / S92230	87B	Contact No.: Home/Office:	Mobile: 93658290		
National SINGAP	ity: ORE CITIZ	EN	Email: Dineshswaran_nas08@hotmail.com			
Sex: Male	Age: 27	Date of Birth: 05/07/1992	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupat Safety In			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/05/2020 21:45	Type of Location X-Junction	
Location: 260 UPPER I Weather: Clear	BUKIT TIMAH ROA	Road Surface:		Road Speed Limit:	
		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Light	
	sion:		100	Anyone conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
SGK339H	Car	MITSUBISHI	Lancer	White	Seriously Damaged	The second secon		
SJT5424D	Car	HONDA		White	Slightly Damaged	2		

Details of Person Involved	
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/20200506/7015

CONTINUATION OF REPORT

Passenger				S-May 0	R. P. R.	THE RESERVE OF THE RESERVE OF THE PERSON OF
Name	DEEPA D/O RANJA	DEEPA D/O RANJAN				S8937932F
Related Vehicle	SGK339H (Car)	Conta	ct No.	NIL		
Hospital/Clinic	24 HOUR WALK-IN		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	06/05/2020	Date Disc	charge 06/05		5/2020	
No. of Days gran	03	Degree of	f Injury			
Driver	Carper Charles Annie	AT THE OWNER OF	A PROPERTY OF THE PERSON NAMED IN COLUMN 1	College Services	Nagi E	A SECURIOR STATE OF THE SECURIOR SECURI
Name	DINESHSWARAN S	O NASEN	IDRAN	ID No		S9223087B
Related Vehicle	SGK339H (Car)	SGK339H (Car)			ct No.	93658290
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	06/05/2020		Date Disc	te Discharge 06/05		/2020
No. of Days gran	ted Medical Leave	03	Degree of		Slight	A CONTRACTOR OF THE PROPERTY O

Brief Details.

I was travelling straight on the centre lane of the 3 lanes. Vehicle plate bearing SJT5424D swerved in abruptly from my left side of the vehicle. Causing me to collide onto his rear right portion. Junction outside spruce fire station. Upper bukit timah road towards beauty world direction. Junction of old jurong rd.





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

3 of 3 Report No. T/20200506/7015

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

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: 06/05/2020 15:46
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}} : \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre}$ with whom you submitted the Original Report.

		ADI	DENDUM					
A)	PARTICULARS OF PI	ERSON MAKING THE AMEND	DMENTS:					
	Original Report No	: MNA120045132	Vehicle Registration No: SGK339H					
			RASAMY _{NRIC/FIN/Passport No} : SXXXX900G					
		ehicle Owner) (*) Please dele	A CONTRACT OF THE PROPERTY OF					
	Address	ress :						
	Contact (Tel)	i	Mobile No.: 83942813					
	Email Address	i						
	Date of Accident	. 05/05/2020	Time of Accident : 21:45					
	Place of Accident	UPP BUKIT TIMAH RD	TWDS BEAUTY WORLD					
	Insurance Company	: NTUC Income Insurance	Co-operative Ltd					
	Amend relationship	p with owner & driver - chil	dren					
30								
5								
5								
			That					
	Policyholder / Driver' Date:	s Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:					

Date:

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e Char	nge Password	+ Log Ou
My Desktop	Poli	cy Query									- 55
Notice of Loss Policy No.					Date	of Accident		05/05/2020	21:45		
	Vehicle	No.(For Motor)	SGK33	9Н		Certifi	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103240352- 01		NASENDRAN S/O VEERASAMY	\$1344900G	GPC	Third Party	SGK339H		02/09/2019	28/07/2020
	8			20000000000000000000000000000000000000	C	ontinue					

Policy No.	5103240352-01	Policyholder Name	NASENDRA	N S/O VEERASAMY	Policyholder NRIC	S1344900G	
Certificate No.		- dire			NKIC		
Address	BLK 289E #07-164 BUKIT BATO	K STREET 25					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/09/2019	Effective Date	02/09/2019	00:00	Expiry Date	28/07/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
m Belleub	older Mailing Address						
Policyn						Address 3	SINGAPORE 654289
100=1-00 BH	BLK 289E #07-164	Addres	s 2	BUKIT BATOK STRE	ET 25	Address 3	SINGAPORE 654289
Address 1	BLK 289E #07-164	Addres Addres	Section and the second	BUKIT BATOK STRE Singapore address	GVIII.	Address 3 Post Code	SINGAPORE 654289 654289
Address 1 Address 4	BLK 289E #07-164	2727979007	s Type I Policy		GVIII.		
Address 1 Address 4 Unit No.	BLK 289E #07-164 Object: SGK339H	Addres Related	s Type I Policy	Singapore address	GVIII.		
Address 1 Address 4 Unit No.	Object: SGK339H	Addres Related	s Type I Policy	Singapore address	GVIII.		

Claim Handling							
Accident MT/1092328							
Policy No.	5103240352-01	Vehicle No.	5GK339H		041	Registration No.	
Sertificate No.			30000		031	Regulation No.	
Policyholder Name	NASENDRAN S/D VEERASAMY				203	0.0000000000000000000000000000000000000	Land Statement
Product Code	PRIVATE CAR INSURANCE	Cover Type	There is no			cyholder NRIC	\$1344900G
Contact No.(Mobile)	83942813	Contact No.(Office)	Third Party		Loar		0
Email Address	Section 2	Special Remark	٥			tact No.(Home)	0
CPK	® No ○ Yes	TCA	A		#Co		NCV.
NCD Protection	No.		® No ○Ye	rs .		de Reason	
♥ Accident Details		NCD Entitlement(%)	0		Privi	ate Hire	No
	1254101999571						
Report Date	06/05/2020 16:45	Accident Report Within 24 hrs	s Yes		Acc	dent Type	Collision - Change / Cross land
Pate of Accident	05/05/2020	Time of Accident hhimm	21:45		Cou	nery of Accident	Singapore
leporting Centre		Drange Force			1СМ	No.	
ccident Location	UPP BUKIT TIMAH RD TWDS BEAUTY WORLD						
Total Excess Applicable	•						
xcess Type	Per Acadent	Windscreen Excess		0.00			
D Standard Excess	0,00	TP Standard Excess		0.00			
IED OD Excess	0.00	YIED TP Excess			Drive	er is Covered?	
dditional Excess.							
otal OD Excess Applicable	0.00	Total TP Excess Applicable					
♥ Benefits							
GST Registered Inform	sation						
FT Registered	No		GST	Registration Date			
ST Registration No.			GST	Status Verified		Yes	
odification History							
P Policyholder Mailing Ad	ddress						
ddress 1	BLK 289E #07:164	Address 2	BUKIT BATO	K STREET 25	Addn	ese 3	SINGAPORE 654289
ddress 4		Address Type	Singapore as	idress	Post	Code	654289
nit No.		Related Policy Number	5103240352	-01			
OI Driver Info							
nver Name	Unnamed Driver	Oriver Type	Unnamed Dri	iver			
nnamed driver Name	DINESHSWARAN S/O NASENDR	Driver NR3C	SXXXX0878		Drive	600	05/07/1992
gister Date of Driver License	03/07/2014	Driver Age	27			ng Experience	5
intact No.(Mobile)	93658290	Contact No.(Office)	D			ict No.(Home)	0
idvess 1	BLK 289E	Address 2		K STREET 25	Addr		
idness 4	SINGAPORE 654289	Address Type	Singapore ad				NATURE VIEW
nit No.	07-164	Andreas 1796	arrigaçore ao	oress.	Post	Lode	654289
oes he own a Singepore	○ Yes ® No	200000000000					
egistered car?	C) Test (B) No	Driver Vehicle No.			Drive	r Insurer Company	
claration							
eathalyser or Blood Test	2012		127				
eading?	0 mg	Any injury?	Yes ○ No				
odification History							
Claim 001 New							
aim Type +	ор-мх	Insured Name	NASENDEAN	S/O VEERASAMY	Seemen	ed NRIC	\$1344900G
ntact No.(Mobile)	83942813	Contact No.(Home)	65609744	NO. 15270124111			513449000
nali Address		Of Vehicle Number	SGK339H			ct No.(Office)	
smant Type Claimant Type +		Type of Benefit *	-	Tard.	TP Ve	hicle Number	S3T5424D
imant Name *		Claimant NRIC *	Please Select	~			
imant Address	>>	Citimans MRIC -					
im Description	SCYTIGH / SITEATAN ON S AND AND				11000		
im Description ferred Workshop Contact	SGK339H / SJT54240 ON 5 May 2020	W. Warren and T. Commission of the Commission of			Name	of Preferred Workshop	
A recognition to the contract of		Insured Liability +	Not at Fault	∇			
puire Finalisation	Yes	Preferenced Repair Option	Preferred Wo	rkshop, Name unknown	GIA n	port	Received
e Registered	06/05/2020 16:49	Claim Close Date			Date F	leceived	06/05/2020 00:00
port Taken By	Jackson						
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