| NATIONAL Assessment Cent | tre Services. well 135 | WORLD OUTSTON | | and ha |
|--|---|--|-------------------------|---|
| Date In: 14/8/20-17:45 | Jeb description | Date & Time Com | pleted D | one pi |
| Ref No: Hally (22008679/2) | SAS e-filing | i | | |
| Veh No: 48022238 | E-mail (within Shrs, Ale | | | |
| D.O.A: 18/1/20 - 09:00 | i-Motor Claim For | m m11100483- | 00 1 19/84 | 17:76 |
| | i-Motor W/O (Within | o: OD 2hrs, TP 4brs) | | |
| OD / TP / Reporting Only | i-Photo Uploaded | | | |
| | Assessment/Survey F | The state of the s | | |
| TP Insurer: | Ass't Report by Fax | / Hand to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: | Fax: |) |
| TP Particulars: Veh No:500 | 132835 | INC()/Non-INC(|) | |
| Owner / Driver: (| | Tel: | |) |
| Policy No: (| Period: (|) Cover Type: (| | , |
| Confirmed by : (| Dat | | P. 00 100061 |) |
| Insured/Driver Liability: (%) | Note-Est. Status (WO): | | P: 50-10070j | |
| Year of Registration: () | | NO() | | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,000 (| | # 0 4 5 1 1 W 5 10 | |
| General Remarks:- | | | | |
| () Walk-In Customer : Customer's in | nformation strictly Confiden | itial & Strictly NO refer of | epairer. | |
| () Total Loss Case : to e-mail Ins | urer URGENTLY. | | | . 1 |
| | oice: YES () / NO (|); Towing Co: (| <u> </u> | |
| Remarks:- (INC hotline: 6788 6616 | 100 | Date&Time Cor | ople od | Done by |
| | / Courtesy Car () | | • | |
| 2) QC Check / Post Repair Inspection | () | | | |
| 3) Upload Resurvey Photo [Repair Cost > | > \$3000] () | | | · |
| Injury: | | | | |
| | | | |)-(\$\) \(\) = \(|
| Date/Time Actions | | ALCOHOL MANAGEMENT | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | and the second property of the second propert |
| , Y44 | lina | oice Preparation Check | Jist | unit (S) Amit (J) st Bill Add Bill |
| NATONALIE : | 1998.3 | R : Accident Reporting (\$30); | 130,308,0,5,5,5,5,5 | K.D.N.C. |
| Claimant's Particulars :- | 2) D | A : Damage Assessment (\$100); | INC (\$80) \$40/\$45 | |
| Driver/Owner: | 4) E | F: Towing Fee T: Follow-Through Survey | \$120 | |
| Contact No: | 5) F | T : Follow-Through Survey (Resu or claiming against INC Only (we | (10 Jan 2005) | |
| | 6) T | R: Re-inspection | \$75 | |
| Damaged Portion: | 7)7 | II : Idao DA + SMRT Survey ITUC Additional Services:- | 3100 | |
| | | D.* NS: Courtesy Cer / Tpt Allowence | \$3 | |
| QC Checked by (Engr-In-Charge): | • | NG: Repair Co-ordination | 510 | |
| | er i pole to trock paragraphic properties . | N7: Fost Repair Inspection N8: DV / Collect Excess Coordina | \$25 stion \$5 | |
| Auditors' Comments: | 1 | P (N11): TP (Non INC) against I | NC \$20 | |
| 2at. 1; | 9)1 | V12: Idae Mobile | Fine Charges | 2.2000 |
| 2at. 2 / 3; | | Oles pores | Fee Charged | |

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.
- 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

| 42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 19/08/2020 13:45 |
| Date Of Accident | 18/08/2020 09:00 |
| Exact Location Of Accident | PUNGGOL WAY TWDS TPE |
| Country/State of Loss | SINGAPORE |
| design of the second second second | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBD2023B |
| Insured/Policyholder | |
| Name Of Registered Owner | ABSOLUTE AIR-CONDITIONING SERVICES |
| Co Reg No | 5XXXX775B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90688171 |
| Alternative Phone No | OFFICE-90688171 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | 5118008991 |
| Cover Note Number | |
| Driver | |
| Name of Driver | RAGUPATHY SEKAR |
| Passport No/FIN | GXXXX106W |
| Date Of Birth | 07/10/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/04/2012 |
| Driving Experience | 8 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91311366 |
| Fax Number | |
| Contact Number | OFFICE-91311366 |
| EMail Address | NOEMAIL |

BLK 3014 UBI ROAD 1 Address #02-330 KAMPONG UBI INDUSTRIAL ESTATE Postcode 408702 Was driver an employee of the Insured's Company YES If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident COLLISION - HEAD TO REAR 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 Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) Passenger 1 NAME: : RAJESH CHIDAMBARAM 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 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** Vehicle Registration Number SLW3283S Vehicle Make/Model/Colour Details Of Properties Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

RAGUPATHY SEKAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NECK & BACK

GBD2023B

YES

NO

DETAILS OF INJURED PERSON 2

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

RAJESH CHIDAMBARAM

NECK & BACK

GBD2023B

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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)

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 personal information to all insurer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (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 enquices 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 furposes.
- (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 3 Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.1

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Strain a Physiological Ma

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Accident details

| Date and time of accident | Date: 18/08/22 | to a transition of the state of | |
|----------------------------|------------------|--|---------|
| Exact location of accident | 01081 MZ | (DD/MM/YY) Time: 0900 | (HH:MM) |
| | DUNCLOL WAY THOS | TPE | |

Details of vehicle

| Others: |
|---------|
| 0 |
| |
| |

Insurance information

| Insurance company | HTVC | | |
|-------------------|-------------------|--------------------------|-----------|
| Policy number | 5(18008991 | | |
| Type of policy | | Third or a | |
| | T sompremensive b | Third party fire & theft | TP only [|

Insured / Policy holder

| ame | ARSOLUTZ no | | | |
|-----------------------------|--------------------------------|--------|--------|----------|
| RIC / Fin / Passport number | ABSOLUTE AIR-CONDITIONING STRV | ICES N | tale o | Female c |
| ontact | | | | |
| ddress | 9068 8121 | | 278 HE | 245 |
| ddress | 5 5 111 | | | |

Driver

Same as insured above □ (skip to D.O.B)

| Name | RAGUPATHY STRAR | |
|------------------------------|----------------------------|-----------------|
| NRIC / Fin / Passport number | | Male p Female o |
| Contact | G7158106 W | |
| Address | 2244 Das CHIPT RIP | |
| Email address | 2500 (501026000) (1656170) | |
| Date of birth | 67/10/50 | |
| Occupation | Indoor D Outdoor D | |
| Driving date pass | 20 APR (IL | |

General information of the accident

| 111 | |
|---|--|
| Was driver an employee o | |
| the insured's company? | If no, relationship of the driver and insured: |
| Accident captured by came Weather condition | Ha: Tes D No D |
| Road surface | Clear Raining Others: |
| | Dry Wet a |
| No of passenger | (Inclusive of driver |
| Passenger 1 | Industre of differ |
| Name | RAJESH CHIDAMENS NO. |
| Gender | Male o Female o |
| Passenger 2 | / Cindre D |
| Name | |
| Gender | Male D Female D |
| | Male Female |
| Passenger 3 | |
| Name | |
| Gender | Male D Female D |
| Passenger 4 Name | |
| Gender | Male - / a |
| | Male Female |
| Passenger 5 | |
| Name | |
| | |
| Gender | Male D Female D |
| Passenger 6 | Maje D Femaje D |
| | Maje D Femaje D |
| Passenger 6 | |
| Passenger 6 Name Gender Other information | Male D Female D |
| Passenger 6 Name Gender Other information Was anybody injured? | Male D Female D |
| Passenger 6 Name Gender Other information Was anybody injured? | Male D Female D |
| Passenger 6 Name Gender Other information Was anybody injured? | Male D Female D |
| Passenger 6 Name Gender Other information Was anybody injured? Was other vehicle damaged? Details of police action | Male D Female D |

Third party vehicle 1

Witness 1

| Name | |
|---|-----------------------|
| Witness 2 | |
| Name | |
| Injured person 1 | |
| Name | I no constant |
| Injuries sustained | RAGUPATHY SEKAR |
| Which vehicle person in? | MECK & RACK |
| Were seat belts worn? | Yes No D |
| Was injured conveyed to hospital by ambulance? | Yes D No D |
| Injuries sustained | RAJESH CHIDAMBARAM |
| Name | |
| Injuries sustained | Print III |
| Which vehicle person in? | 1971/4/10 |
| | |
| Were seat belts worn? | Yes of No. 5 |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? | Yes D No D Yes D No D |
| Were seat belts worn? Was injured conveyed to | Yes, e No 🗆 |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? | Yes, e No 🗆 |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 | Yes, e No 🗆 |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained | Yes, e No 🗆 |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? | Yes D No D |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes, e No 🗆 |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes D No D |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 4 | Yes D No D |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 4 | Yes D No D |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 4 Name njuries sustained | Yes D No D |
| Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? | Yes D No D |



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: 5118008991

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

GBD2023B

Chassis Number

2. Name of Policyholder

: JN1SC2F24Z0856050

3. Effective Date of Insurance

ABSOLUTE AIR-CONDITIONING SERVICES

: 25 Jul 2020

4. Expiry Date of Insurance

: 24 Jul 2021

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 headings.

EXCESS (SECTION 1)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 55100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: HITACHI CAPITAL ASIA PACIFIC 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

; SGML PTE. LTD. (00000573854)

Date of Issue

: 29 Jun 2020 14:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

| eBao Tech | | | | | | | | | | Genera | alClaim |
|------------------------------|--------------|----------------|-----------------------|--|----------------------|----------|------------------|----------------|-------------------|------------------|---------------------|
| Hello, NAC_PAYA_UBI_ | 800601 | | | | | | • Change | Language | · Chang | e Password | h-Rijherbuseichnich |
| My Desktop Notice of Loss | Policy Query | | | | | | V (VOANCE VO™ NA | | | - 1,00011010 | Log Out |
| | Policy I | No. | | | | Date | of Accident | 18 | /08/2020 09 | :00 | |
| | Vehicle | Na.(For Motor) | GB020 | 023B | | Certi | ficate Number | | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5118008991 | | ABSOLUTE AIR- CONDITIONING SERVICES | 531107758 | GCV | Comprehensive | GBD20238 | GBD2023B | 25/07/2020 | 24/07/2021 |
| | | | | | (| Continue | | | | | |

| Sequenc | e Date of Endorsement | En | dorsement | Туре | Endorsement 5 | Status | Endorsement Content |
|---------------------------------|-----------------------------|--------------------------------------|------------|-------------------|----------------------|--------------|------------------------------|
| ▼ Endorse | ments | | | | | | |
|) Insured | Object: GBD2023B | Number | | | | | |
| nit No. | 02-330 | Related Number | | 5118008991 | | | > 95.557.75 |
| ddress 4 | SINGAPORE 408702 | Address | Туре | Singapore address | | ost Code | 408702 |
| ddress 1 | BLK 3014 #02-330 | Address | 2 | UBI ROAD 1 | | ddress 3 | KAMPONG UBI INDUSTRIAL ES |
| → Policyh | older Mailing Address | | | | | | |
| Certificate nfo | | | | | | | |
| Open Policy Info | | | | | | | |
| nsurance Flag | No | | | | | | |
| Co- | | Agent Tel. | 86682223 | | GST Flag | Y | |
| Singapore DD Excess Agent | SGML PTE. LTD. | Singapore TP Excess Agent Tel. | | | | 65 | g/Inexperience Driver Excess |
| Outside | | Outside | | | | | |
| Additional Excess | | os | 0 | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Policy issue Date | 29/06/2020 | Effective Date | 25/07/2020 | 0 00:00 | Expiry Date | 24/07/2021 2 | 23:59 |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | | Group Policy Flag | N | |
| Address | BLK 3014 #02-330 UBI ROAD 1 | KAMPONG UB | I INDUSTRI | AL ESTATE SINGAPO | RE 408702 | | |
| Certificate No. | | None | | | NRIC | 332107730 | |
| Policy No. | 5118008991 | Policyholder Name | ABSOLUTE | AIR-CONDITIONING | Policyholder | 53110775B | |

| Claim Handling | | | | | |
|--------------------------------------|--|--|----------------------------------|----------------------------|--|
| | | | | | |
| Policy No. | \$118008991 | Vehicle No. | GBD2023B | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ABSOLUTE AIR-CONDITIONING SERVICES | | | Policyholder NRIC | 521107758 |
| roduct Code | COMMERCIAL VEHICLE INSURA | Cover Type | Comprehensive | Loading | 0. |
| ontact No.(Mobile) | 90688171 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| mail Address | | Special Remark | | eCode | To V |
| FK | ® No ○ Yes | TCA | ® No ○ Yes | eCode Reason | 1.0 |
| CD Protection | heo | NCD Entitlement(%) | 20 | Private Hire | No |
| Accident Details | | | | | *** |
| eport Date | 19/08/2020 14:23 | Accident Report Within 24 h | n Yes | 2000 MINE INC | |
| arte of Accident | 18/08/2020 | Time of Accident hhuman | | Accident Type | Collision - Head to Rear |
| eporting Centre | | | 09:00 | Country of Acodems | Singapore |
| ocident Location | P. (100) | Orange Force | | ICM No. | |
| Total Excess Applicable | PUNGGOL WAY TWDS TRE | | | | |
| | | | | | |
| rcess Type | Per Accident | Windscreen Excess | 100.00 | | |
| O Standard Excess | 600.00 | - | | | |
| ED OD Excess | | TP Standard Excess | 0.00 | | |
| ditional Excess | 0.00 | VIED TP Excess | | Driver is Covered? | |
| | | | | | |
| tal OO Excess Applicable | 600.00 | Total TP Excess Applicable | | | |
| P Benefits | | | | | |
| GST Registered Inform | sation | | | | |
| T Registered | No | | GST Registration Date | | |
| IT Registration No. | | | GST Status Verified | Yes | |
| dification History | 19/08/2020 14:25:16 System | n changes GST Status Verified fi | om No to Yes | | |
| | | | | | |
| Policyholder Mailing Ac | | | | | |
| ldress I | BLK 3014 #02-330 | Address 2 | UBI ROAD 1 | Address 3 | KAMPONS UBI INDUSTRIAL E |
| Idress 4 | \$1NGAPORE 408702 | Address Type | Singapore apdress | Post Code | 408702 |
| Ht No. | 02-330 | Related Policy Number | 5118008991 | | 408/02 |
| OI Driver Info | | | | | |
| wer Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| named driver Name | RAGUPATHY SEKAR | Driver NRIC | G7158106W | Driver DOB | ###################################### |
| gister Date of Driver License. | 20/04/2012 | Driver Age | 39 | | 07/10/1960 |
| stact No.(Mobile) | 91311366 | Contact No. (Office) | 0 | Driving Experience | 8 |
| dress 1 | BUK 3014 | Address 2 | UBI ROAD I | Contact No. (Hume) | 0 |
| dress 4 | SINGAPORE 408702 | | | Address 3 | KAMPONG UBI INDUSTRIAL ES |
| t No. | 02-330 | Address Type | Singapore address | Post Code | 408702 |
| es he own a Singapore | | | | | |
| gistered car? | ○ Yes ® No. | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| Saration | | | | | |
| sathalyser or Blood Test ading? | 0 mg | Any injury? | ® Yes ○ No | | |
| | | | | | |
| Incacion History | | | | | |
| | | | | | |
| taim 001 New | | | | | |
| | | | | | |
| m Type + | □р-мк | Insured Name | ADDOLUME AND STRUCTURE OF | 0.65 980250 | personal |
| (act No.(Motrie) | 90688171 | | ABSOLUTE AIR-CONDITIONING | Insured NR3C | 531107758 |
| H/ Address | Annual Control of the | Contact No.(Home) | | Contact No.(Office) | 67443611 |
| | absolute.aircon@gmail.com | OI Vehicle Number | 08020238 | TP Vehicle Number | SLW3283S |
| | Please Select | Type of Benefit * | Please Select | | |
| mant Name * | 25 | Claimant NRIC + | | | |
| mant Address | | | | | |
| m Description | GBD2023B / SLW3283S DN 18 Aug 2020 | | | Name of Preferred Workshop | |
| erred Workshop Contact | | Insured Liability + | Not at Fault | | |
| uire Finalisation | Yes | Preferend Repair Option | | T 200 00000 | potential |
| r Registered | 19/08/2020 14:26 | | Preferred Workshop, Name unknown | ā (8) | Received V |
| ort Taken By | Contract of the Contract of th | Claim Close Date | | Date Received | 19/08/2020 00:00 |
| | Jackson | | | | |
| Print AK letter | | | | | |
| | | | Save Submt | | |
| tachment | | | STATE STATES | | |
| | | | | | |
| | | | | | |
| ent No. | MT/1100483 | Claim No. | V 882 | | |
| Doc. Received | | | 001 | | |
| SOUTH THE SECOND | ● Yes □ No | Upload Date | 19/08/2020 14:30 | | |
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