	re Services. well Janios		
Date In: (412 12 - 18:08	Jeb description	Date & Time Completed	Done by
Ref No: NA INC 2001 4309 24	SAS e-filing		
Veh No: 67 42162	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 5/12/3-15:50	i-Motor Claim Form	m7)1173953-001	16/1/2 1819
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD / TP/ Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 36	ISOIA INC	()/Non-INC().	
Owner / Driver: (Tcl:)
Policy No: () P	eriod: () Cover Type: (<u>)</u>
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: ()-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	000()/\$2,000()		2525 C 19 19 11 11 11 11 11 11 11 11 11 11 11
General Remarks:-			Sign Sign of the
() Walk-In Customer : Customer's inf	ormation strictly Confidential &	Strictly NO refer of repairer	
() Total Loss Case : to e-mail Insur		A marini D	
		; Towing Co: (.)
		Date&Time Completed	Doneby
Remarks:- (INC hotline: 6788 6616)	· ·	Lizate & Fill III C. Collipac. Cat.	
1) A 1 - C Mar A 11 /			1
-)pp.) to: -:	Courtesy Car ()	*	,
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	()		Ant (5) Amt (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	() () () () () ()	Preparation Checklist.	Ant (5) Amt (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	() (3000] () Invoice)	Preparation Checklist:	Ant (S) Amt (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions Laimant's Particulars:-	() (3000] () Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow	Preparation Checklist: Ident Reporting (\$30); Tage Assessment (\$100); INC	Ant (\$) Amt (\$) (\$80) (\$40/\$45
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions aimant's Particulars:-	Invoice: 1) AR : Acc 2) DA : Dan 3) TF : Tow 4) FT : Folk 5) FT : Folk 5) FT : Folk 6) FT : Folk 7	Preparation Checklist Ident Reporting (\$30); Toge Assessment (\$100); INC Ting Fee Through Survey Through Survey (Resurvey)	Ant (5) Amt (1st Bill Add B (\$80) \$40/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions laimant's Particulars:- river/Owner:	Invoice	Preparation Checklist: Ident Reporting (\$30); Tage Assessment (\$100); INC Ting Fee Tow-Through Survey Through Survey (Resurvey) Ting against INC Only (wef 10 Jan 20)	Ant (\$) Amt (\$) Ist Bill Add B (\$80) 40/\$45 \$120 \$30 105)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions laimant's Particulars:- river/Owner:	Invoice Invoice	Preparation Checklist: Ident Reporting (\$30); Inage Assessment (\$100); INC Ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 20 inspection	Ant (5) Amt (1st Bill Add B (\$80) \$40/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions laimant's Particulars:- river/Owner:	[Preparation Checklist: Ident Reporting (\$30); Tage Assessment (\$100); INC Ting Fee Tow-Through Survey Through Survey (Resurvey) Ting against INC Only (wef 10 Jan 20)	Ant (\$) Amt (\$) fit Bill Add B (\$80) 40/\$45 \$120 \$30 (95) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Simmant's Particulars:- priver/Owner: contact No: hmaged Portion:	[Preparation Checklist Ident Reporting (\$30); Inage Assessment (\$100); INC Ing Fee Ing Fee Ing Fee Ing Through Survey Ing against INC Only (wef 10 Jan 20 Inspection DA + SMRT Survey Indicated the services of the s	Ant (\$) Amt (\$) fit Bill Add B (\$80) 40/\$45 \$120 \$30 (95) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Simmant's Particulars:- priver/Owner: contact No: hmaged Portion:	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folk 5) FT: Folk For claim 6) TR: Re-i 7) N1: Idac 8) NTUC A QD* *N5: Con *N6: Rep	Preparation Checklist: Ident Reporting (\$30); Inage Assessment (\$100); INC Ing Fee ow-Through Survey ow-Through Survey (Resurvey) Ing against INC Only (wef 10 Jan 20 Inspection DA + SMRT Survey Idditional Services: Intercordination	Ant((\$)). Amt((\$)). Amt((\$)). Add Bi (\$80). Add Bi (\$0.545). Add Bi (\$0.55
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Plaimant's Particulars:: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	[Preparation Checklist Ident Reporting (\$30); Inage Assessment (\$100); INC Ing Fee Ing Fee Ing Through Survey Ing against INC Only (wef 10 Jan 20 Inspection	Ant (S) Amt (S) Amt (S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Lumant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): auditors! Comments::-	[Preparation Checklist Ident Reporting (\$30); Inage Assessment (\$100); INC Ing Fee ow-Through Survey ow-Through Survey (Resurvey) Ing against INC Only (wef 10 Jan 20 Inspection DA + SMRT Survey Inditional Services: Interview Car / Tpt Allowance air Co-ordination t Repair Inspection / Collect Excess Coordination	Amt (5) Amt (5) Amt (5) Amt (5) Amt (5) Add Bi (580) Add Bi (580) S120 S30 (55) S75 S160 S55 S10
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	[Preparation Checklist: Ident Reporting (\$30); Inage Assessment (\$100); INC Ing Fee INC Through Survey Ing against INC Only (wef 10 Jan 20 Inspection DA + SMRT Survey Inditional Services: Interview Car / Tpt Allowance In Co-ordination I Repair Inspection / Collect Excess Coordination I TP (Non INC) against INC In Mobile	Amt (5) Amt (5) Amt (5) Amt (5) Amt (5) Amt (5) Add Bi (580) Add Bi (5

i pri di tirr

SN0920CG000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/12/2020 18:08 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (16/12/2020 18:08 (SGT))



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.

ACCIDENT STATEMENT

Date of Submission 16/12/2020 18:08 (SGT) Date of Accident 15/12/2020 15:50 (SGT) Exact Location of Accident Woodlands Ave 7, Singapore Additional Location Information twds woodlands ave 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GZ4216Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALRIC DESIGN-BUILD INTERIORS PTE LTD Company Reg No 2XXXXXX067D Email Address peishan.yu@alric.com.sg Mobile Phone No (Phone) +65-68538822 (Office) +65-68538822 Alternative Phone No

VEHICLE PARTICULARS

Model Cabstar Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

Manufacturer

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage **ThirdParty** Fleet Policy Policy Number 5116957473 Cover Note Number

DRIVER

Name of Driver SANNASI ANANDHU Passport No/FIN GXXXX914U Date Of Birth 27/03/1992 Occupation Outdoor

Date Of Driving Pass 26/07/2019 Driving experience 1 YEAR AND 5 MONTHS Gender Mobile Number (Phone) +65-83044671 Alt. Phone Number Email Address peishan.yu@alric.com.sg 511 YISHUN INDUSTRIAL PARK A Address Address complement Postcode 768768 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Cross Junction Type of Accident Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 KRISHNAN PRABAKARAN Name Male DETAILS OF POLICE ACTION Was the accident reported to the police? 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 SGY991A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SANNASI ANANDHU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GZ4216Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
THE STATE OF THE S	
Name of injured person	KRISHNAN PRABAKARAN
	KRISHNAN PRABAKARAN
Name of injured person	KRISHNAN PRABAKARAN - -
Name of injured person Address	KRISHNAN PRABAKARAN - - -
Name of injured person Address Address Complement	KRISHNAN PRABAKARAN - - -
Name of injured person Address Address Complement Post Code	KRISHNAN PRABAKARAN NECK & BACK
Name of injured person Address Address Complement Post Code Approximate Age Years Old	-
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - - NECK & BACK
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- - - NECK & BACK GZ4216Z

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 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, involces, 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

NRIC/FIN No.:

Standa Sket hellowing as

SKETCH PLAN
TO 10 10 10 10 10 10 10 10 10 10 10 10 10
V2 hick 4:624216
Véhicle 8: Sqyaqi
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was travelling on wordlands Averys 7 towards woodlands
Avenue 4. The taffiz light was green in my favour without
and aren arrows therefore I appreced to an elater culted it
venice B made as about right then without therein
for oncoming reliables and I was unable to stop in time
therefore resulting into a head to side collision.
NO WIERIOS
CLARATION
Ve ded are the foregoling particulars are true in every respect.
Anga Hay
cyholder's Signature Driver's Signature

Policyholder's: Date & Time:

Univer's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Statist Skyrtellingore, va

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 Insurance companies to repudiate policy liability.
- 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: 15/12/20	20 (DD/MM/YY) Time: (5:50 (HH:MM)
Exact location of accident	WOOD CANAS	AVENUE 7 TOWARDS IN	<u> </u>

Details of vehicle

Vehicle registration number	924	46 Z	
Vehicle make and model	N	ISSAN	Cabston
Type of vehicle	Saloon D	MPV 🗆 Bus 🗆	CRV U Van U
Vehicle category	Private	Comm	ercial Motorcycle
Purpose of using at said time	APPORT		
Are you claiming under your own insurance company?	Yes □ Third part cl	No Ø	if no, please select: Reporting only □

Insurance information

Insurance company	NTMC		
Policy number	5116957473		
Type of policy	Comprehensive C	Third party fire & theft	TP only

Insured / Policy holder

Name	ALKIC DESTUN-BUID INTERFORS AT Male - Female
NRIC / Fin / Passport number	
Contact	6853 8822
Address	511 YISHYN INDUSTRUAL PARK A #03-02 ST6876

Driver

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

Name	SANNASI ANANDHU	Male ø	Female
NRIC / Fin / Passport number	6 86059144	ividic p	Telliare B
Contact	8704 4671		
Address	511 YIRIUN INDUTRIAL PARK A	S768	468
Email address	Peishan . y y (Qalric. com . sq	-	
Date of birth	27/03/1992		
Occupation	Indoor D Outdoor O		
Driving date pass	25/07/2019		

General information of the accident

Was driver an employee of	Yes p	No 🗆		
the insured's company?	If no, rela	ationship of the o	driver and insure	d:
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear	Raining 🗗	Others:	
Road surface	Dry	Wet 🗹		
No of passenger	2			(Inclusive of driver)

Passenger 1

Name	SANN	UASI AN AND HU
Gender	Male 🖙	Female

Passenger 2

Name	ICRISHNAIN PROSTAKARAN	
Gender	Male d Female d	

Passenger 3

Name			
Gender	Male 🗆	Female	Number of the second

Passenger 4

Name				
Gender	Male 🗆	Female	/	

Passenger 5

Name			
Gender	Male 🗆	Female 🗆	

Passenger 6

Name			
Gender	Male 🗆	Female Ø	

Other information

	A	
Was anybody injured?	Yes 🗷 No 🗆	
Was other vehicle damaged?	Yés p No 🗆	

Details of police action

Reported to police?	Yes 🗆	Nop	If yes, please state which police station.
Police station name			, , , , , , , , , , , , , , , , , , ,

Third party vehicle 1

Vehicle registration number Vehicle make model

minu party venicie 1	07
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SGY 991 A
Vehicle make model	30[4 44] 11
remote make model	
Third party vehicle 2	<i></i>
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Contact number	
NRIC / Fin / Passport number	

Witness 1 Name Witness 2 Name Injured person 1 Name SANN ASI AN ANDHU Injuries sustained NECE & BACK Which vehicle person in? DRIVER Were seat belts worn? Yes o No 🗆 Was injured conveyed to Yes 🗆 Nop hospital by ambulance? Injured person 2 Name KOSYNAN PRABAKARAN Injuries sustained NGCE & BATK Which vehicle person in? PASENGER Were seat belts worn? Yes No a Was injured conveyed to Yes 🗆 Noø hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No o hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No 🗆 Was injured conveyed to Yes 🗆 No a

hospital by ambulance?

eBao Tech				To the second						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				3000	Anti-constitute of	• Change	Language	→ Chan	ge Password	→ Log Out
My Desktop Notice of Loss	Polic	cy Query									•
Notice of Loss	Policy N Vehicle	lo. No.(For Motor)	GZ4216	5Z			of Accident	[1	5/12/2020	15:50	
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116957473		ALRIC DESIGN- BUILD INTERIORS PTE. LTD.	200915067D	GCV	Third Party	GZ4216Z	GZ4216Z	01/04/2020	31/03/2021
						ontinue					

▼ Endors	ements						Endorsement Content	
	d Object: GZ4216Z					and the second s		
Unit No.	03-02		Related Policy Number 5116957473					
Address 4			ess Type	Singapore address		Post Code	768768	
Address 1	511 YISHUN INDUSTRIAL PARK		ess 2	#03-02 SEKSUN TE	CH-POINT	Address 3	SINGAPORE 768768	
Policyh	older Mailing Address							
Certificate Info								
Policy Info								
Flag Open								
Co- insurance	No							
Agent	INTEGRAL PLUS SERVICES	Agent Tel.	68487120		GST Flag	Y		
Singapore OD Excess	Singa TP Ex					Young/I	nexperience Driver Excess	
Excess Outside		Premium Outside	0					
Additional		Excess OS	0					
Third Party Excess	0	Own damage	ccess wn amage 0		Windscreen Excess	0		
Excess Type	Per Accident	All Claims Excess						
Policy issue Date	27/03/2020	Effective 01/04/2020 00:00 Date		0 00:00	Expiry Date	31/03/2021 23:	59	
Product Name	COMMERCIAL VEHICLE INSURAI				Group Policy Flag	N		
Address	511 YISHUN INDUSTRIAL PARK	L PARK A SEKSUN TECH-POI		INT SINGAPORE 768768				
Certificate No.								
Policy No.	5116957473	Policyholder Name			NRIC	olicyholder RIC 200915067D		

https://giclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=51169574... 16/12/2020

Policy No. 5116957473 Vehicle No. GZ4216Z GST Regis Certificate No. Certificate No. <th></th>	
200 000 CO 100 C	
ertificate No.	stration No.
olicyholder Name ALRIC DESIGN-BUILD INTERIORS PTE. LTD. Policyhold	der NRIC 200915067D
oduct Code COMMERCIAL VEHICLE INSURAI Cover Type Third Party Loading	0
	io.(Home) 0
ontact No.(Mobile) 0 Contact No.(Office) 68538822 Contact N	
Special Remark eCode	No V
EK	ason
CD Protection No NCD Entitlement(%) 15 Private Hi	ire No
Accident Details	
eport Date 16/12/2020 18:14 Accident Report Within 24 hrs Yes Accident	Type Collision - Cross Junction
	of Accident Singapore
1920 Sel	Singapore Singapore
eporting Centre Orange Force ICM No.	
ccident Location Woodlands Ave 7	
▼ Total Excess Applicable	
ccess Type Per Accident Windscreen Excess 0.00	
D Standard Excess 0.00 TP Standard Excess 0.00	
ED OD Excess 0.00 YIED TP Excess Driver is	Covered?
dditional Excess	
otal OD Excess Applicable 0.00 Total TP Excess Applicable	
▽ Benefits	
GST Registered Information	
	21/09/2009
ST Registration No. 200915067D GST Status Verified	Yes
dification History 16/12/2020 18:16:24 System changed GST Registered from No to Yes 16/12/2020 18:16:24 System changed GST Registration No. from null to 200915067D	
16/12/2020 18:16:24 System changed GST Registration No. From hull to 2009/2009	
Policyholder Mailing Address	
ddress 1 511 YISHUN INDUSTRIAL PARK Address 2 #03-02 SEKSUN TECH-POINT Address 3	SINGAPORE 768768
	700700
nit No. 03-02 Related Policy Number 5116957473	
So I Driver Info	
river Name Unnamed Driver Driver Type Unnamed Driver	
nnamed driver Name SANNASI ANANDHU Driver NRIC G8605914U Driver DC	OB 27/03/1992
egister Date of Driver License 26/07/2019 Driver Age 28 Driving E:	xperience 1
	No.(Home) 0
ddress 4 Address Type Singapore address Post Code	e 768768
unit No.	
Onit No. Does he own a Singapore	surer Company
Init No.	
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Institute No.	
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Internation reathalyser or Blood Test O mo Any intury? P Yes No	
nit No. oes he own a Singapore egistered car? Cyes No Driver Vehicle No. Driver Integration reathalyser or Blood Test Ome Any Intury? Pyes No	
nit No. loes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Interest and Singapore egistered car? Predictable No. Driver Interest and Singapore egistered car? Predictable No. Driver Vehicle No. Driver No.	
Init No. Does he own a Singapore O Yes No Driver Vehicle No. Driver Init	
note No. Indees he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Interpretation reacthalyser or Blood Test eading? O mg Any injury? O Yes No O No	
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Interest Indication reathalyser or Blood Test odification History O mg Any injury? O Yes No	
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Interest Indication reathalyser or Blood Test odification History O mg Any injury? O Yes No	
nit No. oes he own a Singapore egistered car? Calaim 001 Nex	surer Company
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Interception reathalyser or Blood Test eading? O mg Any Injury? OD-MX Insured Name ALRIC DESIGN-BUILD INTERIOR Insured N	surer Company NRIC 200915067D
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Integration reathalyser or Blood Test eading? O mg Any Injury? Odification History Claim 001 Next Laim Type OD-MX Insured Name ALRIC DESIGN-BUILD INTERIOR Insured Name	NRIC 200915067D No.(Office) 68538822
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Integration reathalyser or Blood Test eading? O mg Any Injury? OD-MX Insured Name ALRIC DESIGN-BUILD INTERIOF Insured No. (Mobile) 96150383 Contact No.(Home) NIL Contact N	surer Company NRIC 200915067D
nit No. oes he own a Singapore © Yes ® No Driver Vehicle No. Driver Institute celaration Any injury? © Yes No Ong Any injury? © Yes No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Ontact No.(Mobile) 96150383 Contact No.(Home) Mill Contact No.(Home) Claim 301 Contact No.(Home) Mill Contact No.(Home) Chairing.pok@airc.com.sg OI Vehicle Number GZ4216Z TP Vehicle	NRIC 200915067D NO.(Office) 68538822
nit No. oes he own a Singapore optiver Institute Position oes he own a Singapore optiver Institute Position of Positi	NRIC 200915067D NO.(Office) 68538822
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Institute No. Driver Institute No. O mg Any injury? O Yes No No No No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured No. Insured Name Ontact No.(Mobile) Ontact No.(Mobile) Mail Address Chalying.pok@alric.com.sg Ialmant Type Claimant Type Please Select Insured Name Contact No.(Home) NIL Contact No.(Home) NI	NRIC 200915067D NO.(Office) 68538822
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Institution reathalyser or Blood Test calding? O mg Any injury? O Yes No O Mg Any injury? O Yes No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Ontact No.(Mobile) Ontact No.(Mobile) Mail Address Contact No.(Home) Mill	NRIC 200915067D No.(Office) 68538822 No.Worker SGY991A
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Institution reathalyser or Blood Test eading? O mg Any injury? O yes No Any injury? O Yes No No Any injury? Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Ontact No.(Mobile) 96150383 Contact No.(Home) NIL Contact No.(Mobile) Mail Address Chalying.pok@alric.com.sg OI Vehicle Number GZ4216Z TP Vehicle Insured Name Claimant Type Claimant Type * Please Select Type of Benefit * Please Select Insured Name Claimant NRIC * Name of	NRIC 200915067D NO.(Office) 68538822
nit No. oes he own a Singapore egistered car? Order Vehicle No. Driver Vehicle No. Driver Institution reathalyser or Blood Test eading? Omg Any injury? Op-MX Insured Name Ciaim 001 New Contact No.(Mobile) Sel50383 Contact No.(Home) NIL Contact No.(Mobile) Mail Address Calamant Type Claimant Type * Please Select Type of Benefit * Please Select Insured Name Calamant Name * Calamat Name * Calam	NRIC 200915067D No.(Office) 68538822 No.Worker SGY991A
nit No. lose he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Institution reathalyser or Blood Test eading? O mg Any injury? O mg Any injury? O Yes No No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Contact No.(Hoobile) Mail Address Insured Name Oli Vehicle Number GZ4216Z TP Vehicle Insured Name Contact No.(Home) NIL Contact No.(Home) Ni	NRIC 200915067D No.(Office) 68538822 No.Workshop Preferred Workshop
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Vehicle No. Driver Institution reathalyser or Blood Test eading? O mg Any injury? O Yes No Any injury? O Yes No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured No. Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Ontact No.(Home) NIL Contact No.(Home) NIL Contact No.(Home) Nill Contact No.(Home) Alaimant Type Claimant Type Please Select Type of Benefit * Please Select Insured Name Zed216Z TP Vehicl Insured Name Zed216Z Insured Name Insured Name Insured Name Insured Name Insured Name O Vehicle Number Insured Name Insured Name Insured Name Insured Name Please Select Insured Liability * Not at Fault O GIA reportered Workshop, Name unknown GIA reportered Workshop, Name unknown GIA reportered Repair Option Preferred Workshop, Name unknown GIA reportered Workshop GIA reportered Workshop, Name unknown GIA reportered Workshop GIA reportered	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Received
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Vehicle No. Driver Institution reathalyser or Blood Test calaimg? O mg Any injury? O Yes No Any injury? O Yes No No Any injury? O Yes No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name NIL Contact No.(Home) NIL Contact No.(Home) NilL Contact No.	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Received
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Vehicle No. Driver Institution reathalyser or Blood Test calaimg? O mg Any injury? O Yes No Any injury? O Yes No No Any injury? O Yes No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name NIL Contact No.(Home) NIL Contact No.(Home) NilL Contact No.	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Received
nit No. oes he own a Singapore egistered car? O Yes No Driver Vehicle No. Driver Institution reathalyser or Blood Test claim 01 Nex Claim 001 Nex Claim 001 Nex Claim 001 Nex Insured Name ALRIC DESIGN-BUILD INTERIOF AND INTERIOF ALRIC DESIGN-BUILD INTERIOF ALRIC DESIGN-BUILD INTERIOF ALRIC DESIGN-BUILD INTERIOF Insured Name Contact No.(Home) NIL Contact No.(Home) NIL Contact No.(Home) Nill Contact No.(Home) Alric Design-Build Interior Insured Name Contact No.(Home) Nill Contact No.(Home) Nill Contact No.(Home) Alric Design-Build Interior Insured Name Contact No.(Home) Nill Con	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop
oes he own a Singapore egistered car? O Yes ● No Driver Vehicle No. Driver Vehicle No. Driver Institution Treathalyser or Blood Test eading? O mg Any injury? OD-MX U Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Ontact No.(Home) Mill Contact No.(Home) Mi	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop
nit No. oes he own a Singapore egistered car? O yes No Driver Vehicle No. Driver Institute No. O mg Any injury? O yes No No Any injury? O yes No No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Ontact No.(Mobile) Oothor Nil Contact No.(Home) Insured Name Calaimant Type Claimant Type * Ialimant Type Claimant Type * Ialimant Name * Iali	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop
nit No. oes he own a Singapore egistered car? ○ Yes ○ No □ Driver Vehicle No. □ Driver Vehicle No. □ Driver Institution Driver Institution	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Received
nit No. oes he own a Singapore egistered car? O Yes ♠ No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insured No. O mg Any injury? ♠ Yes ♠ No Any injury? ♠ Yes ♠ No Driver Insured No. O mg Any injury? ♠ Yes ♠ No Any injury? ♠ Yes ♠ No Insured Name ALRIC DESIGN-BUILD INTERIOF Insured No. Insured Name ALRIC DESIGN-BUILD INTERIOF Insured No. Insured Name ALRIC DESIGN-BUILD INTERIOF Insured Name Contact No.(Home) NIL Contact No.(Home) NIL Contact No.(Home) All Prepase Select Type of Benefit • Please Select Insured Liability • Not at Fault Preferred Workshop Contact O gouire Finalisation Yes Preferred Repair Option Insured Liability • Not at Fault Preferred Workshop, Name unknown GIA repoint Taken By Any injury? Print AK letter Save Submit	NRIC 200915067D No.(Office) 68538822 Namber SGY991A Preferred Workshop Received
oes he own a Singapore egistered car? O Yes ♠ No Driver Vehicle No. Driver Vehicle No. Driver Insured No. O mg Any injury? ♠ Yes ♠ No O mg Any injury? ♠ Yes ♠ No OD-MX Liaim Type • OD-MX Contact No.(Home) Mill Contact No.(Home) M	NRIC 200915067D No.(Office) 68538822 Namber SGY991A Preferred Workshop Received
ones he own a Singapore over a Singapor	NRIC 200915067D No.(Office) 68538822 Namber SGY991A Preferred Workshop Received
nit No. oes he own a Singapore ejeptstered car? Ores (Pes (Pes (Pes (Pes (Pes (Pes (Pes (P	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Received
Driver Institution Despite own a Singapore Over Se No Driver Vehicle No. Driver Vehicle No. Driver Institution Claimation Driver Institution Claimation Driver Institution Claimation Driver Institution Claimation Driver Institution	NRIC 200915067D No.(Office) 68538822 Namber SGY991A Preferred Workshop In Received 16/12/2020 00:00
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Institution Claration Claration Claration Any Injury?	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Int Received 16/12/2020 00:00
Driver Inspect No. Des he own a Singapore pigistered car? Omg Any Injury? OD-MX UInsured Name ALRIC DESIGN-BUILD INTERIOR Insured Name ALRIC DESIGN-BUILD INTERIOR OD-MX Driver Insured Name ALRIC DESIGN-BUILD INTERIOR OD-MX Insured Name ALRIC DESIGN-BUILD INTERIOR OD-MX Insured Name OD-MX Insured	NRIC 200915067D No.(Office) 68538822 Namber SGY991A Preferred Workshop In Received 16/12/2020 00:00
Driver Vehicle No. Drive	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Int Received 16/12/2020 00:00
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insignator path adding? Any injury? Pees No Pees No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insignator Pees No Driver Vehicle No. Driver On. Driver Vehicle No. Driver On. Driver Vehicle No. Driver On. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No.	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Int Received 16/12/2020 00:00
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Indicators Claim Tope Claim 1001 Next Claim 001 Next Contact No. (Home) Conta	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Int Received 16/12/2020 00:00 Indential Urgency * Description V Normal V V V V V V V V V V V V V V V V V V V
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insignator Claim 1001 Nax Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insignator Claim 301 Nax Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insignator Or Yes ® No Driver Vehicle No. Driver Dr	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Int Received 16/12/2020 00:00
nit No. cee he own a Singapore geptated car? claim Type claim Oo1	NRIC 200915067D No.(Office) 68538822 No Number SGY991A Preferred Workshop Int Received 16/12/2020 00:00 Indential Urgency * Description V Normal V Normal V Normal V

Attachment		d By/Date	Category	9	Urgency	Des	scription	Msg Sent?	,
	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVI	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-16	A	
1	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:23	SAS		Normal	SAS 2	020-12-16		
	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:22	Photos		Normal	Photos	2020-12-16		
	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18;22	Photos		Normal	Photos	2020-12-16		
(a)	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:22	Photos		Normal	Photos	2020-12-16		
09-5	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:22	Photos		Normal	Photos	2020-12-16		
100	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:22	Photos		Normal	Photos	2020-12-16		
0	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:22	Photos		Normal	Photos	2020-12-16		
	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:20	Photos		Normal	Photos	2020-12-16		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE S CES) on 16 Dec 2020 18:20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE S CES) on 16 Dec 2020 18:20		Photos		Normal	Photos	2020-12-16		
W.	CES) on 16 Dec 2020 18:20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE S		Photos		Normal	Photos	2020-12-16		
83	NAC_PAYA_UBI_800601(NATIO CES) on 16 I	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:20	Photos		Normal	Photos	2020-12-16		
Mg.	NAC_PAYA_UBI_800601(NATIO CES) on 16 I	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:20	Photos		Normal	Photos	2020-12-16		
	NAC_PAYA_UBI_800601(NATIO CES) on 16 i	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:20	Photos		Normal	Photos	2020-12-16		
	NAC_PAYA_UBI_800601(NATIO CES) on 16 i	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:19	Photos		Normal	Photos	2020-12-16		
B	NAC_PAYA_UBI_800601(NATIO CES) on 16 i	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:19	Photos		Normal	Photos	2020-12-16		
	NAC_PAYA_UBI_800601(NATIO CES) on 16 i	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:19	Photos		Normal	Photos	2020-12-16		
	NAC_PAYA_UBI_800601(NATIO CES) on 16	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:19	Photos		Normal	Photos	2020-12-16		
8	NAC_PAYA_UBI_800601(NATIO CES) on 16	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:19	Photos		Normal	Photos	2020-12-16		
豆	NAC_PAYA_UBI_800601(NATION CES) on 16	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:19	Photos		Normal	Photos	2020-12-16		
Video List	Uploaded By/Date	Folder Date		File Name		9	Source		