NATIONAL Assessment Centre Se	rvices 🕌	#! 1 734,02PHO	97113000			
	description		Date & Time Con	pleted	Done b	Ď.
	AS e-filing					
	-mail (within Sh	rs, AIC 2hrs)				4
	Motor Claim	Form	M7/1116761-	001 11/1	M III	do
	-Motor W/O (Within: OD 2hrs	, TP 4hrs)			
OD (TP) Reporting Only	Photo Upload	led	1			
II SAL	ssessment/Sur	vey Report				
TP Insurer:	ss't Report by	Fax / Hand to	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: MBK7518	· .	. INC()/Non-INC()		
Owner / Driver: (Tcl:			
Policy No: () Period: (()	Cover Type: (
Confirmed by : (Date:	Time:	P. 00 1000	<u>, , , , , , , , , , , , , , , , , , , </u>	
			0%; P: 21-79%.	P: 80-100%	0]	
Year of Registration: () Warra	nty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000()	×	#1.50° 25'28' 5		
General Remarks:-						<u> </u>
() Walk-In Customer: Customer's information		idential & St	rictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer UR	GENTLY.		<u>, </u>			
Drive-In ()/ Towed-In (); Invoice: YE	S()/NO	O();T	owing Co: (4)
Remarks:- (INC hotline: 6788 6616)			Date&Time Con	nple:od	Done	by
1) Apply for Transport Allowance ()/ Courte	sy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		. (1986)			
Injury:						
Tityury:				XXXXII (22		* (****)***
Date/Time Actions					<u> </u>	·
	- 70					
			•			
Ya.		Invoice Pre	paration Check	ist	Anit (\$)	Amt (3
NAM DONTS:		1) AR : Acciden		<u> </u>	fit Bill	· »Auji.Di
laimant's Particulars :-		2) DA : Damage	Assessment (\$100);	INC (\$80)		
river/Owner:		3) TF : Towing : 4) FT : Follow-1	Through Survey	\$40/\$45 \$120		
ontact No:		SIFT . Follow-	Through Survey (Resur	vey) \$30 10 Jan 2005)		
		6) TR : Re-inspe	ection	575	1	
amaged Portion:		7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey	\$160		
		OD.				
C Checked by (Engr-In-Charge):	;	*NS: Courtes	y Car / Tpt Allowance Co-ordination	S:		
		*N7: Fost Re	pair Inspection	\$2:	5	
uditors' Comments::			P (Non INC) against I			
at. 1:		9) N12: Idac M	obile	3	-	以為於[]
at. 2/3:		Invoice dated		ee Charged		

1 . pos at 1.70



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

11/01/2021 10:56 (SGT) Date of Submission 09/01/2021 14:00 (SGT) Date of Accident Exact Location of Accident Ang Mo Kio Ave 1, Singapore Additional Location Information

Singapore

DETAILS OF OWN VEHICLE

SJX7729R Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

Is company? PRAVEEN S/O UNIKRISHNAN Name Of Registered Owner SXXXX818F NRIC No praveen_unikrishnan@ymail.com Email Address (Phone) +65-94369391 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Chevrolet Cruze Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

Cover Note Number

your vehicle?

Private use

No - Claiming third party

Private hire Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5110583648-01 Policy Number

DRIVER

PRAVEEN S/O UNIKRISHNAN Name of Driver SXXXX818F NRIC No 10/06/1984 Date Of Birth Indoor Occupation

Date Of Driving Pass 11/01/2008 Driving experience 13 YEARS Male Gender (Phone) +65-94369391 Mobile Number Alt. Phone Number Email Address praveen unikrishnan@ymail.com **BLK 403D FERNVALE LANE** Address Address complement #04-149 794403 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Head to Rear 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? DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210109/7024. 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 **GBK7538M** Toyota Vehicle Manufacturer Dyna Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle ZENG YONGCHUN

SXXXX678J

NRIC No

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	PRAVEEN S/O UNIKRISHNAN
Address	
Address Complement	•
Post Code	-
Approximate Age Years Old	±
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJX7729R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 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.
- 6. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/law firms, the 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

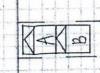
Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SJX 7729 R B: GBK 7538 M



Describe Circumstances of the Accident
Refer to police report
No or to posterior
/
L .

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

Witnessed by Reporting Centre Personnel

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.

通	ACCIDENT DETAILS	IDD INAMA NOV
Date of accident	09/01/2021	(DD/MM/YY
Time of accident	1400	(HH:MM
Exact location of accident	Along Ang Mo Kio Avenue 15 1	

	DI	ETAILS OF	VEHICLE		
Vehicle registration number	SJX 77 29	IR			
Vehicle make and model	Chevrolet	cruise			
Type of vehicle	Saloon	MPV 🗆	CRV □	Van	
	Lorry	Bus 🗆	Motor	cycle 🗆	Others:
Vehicle category	Private Ø	Comme	ercial 🗆	Motorcyc	ile 🗆
Purpose of using at said time					
Are you claiming under your	Yes 🗆	No	if no, pleas	se select:	
own insurance company?	Third part cl	aim 🗸	Reporting	only 🗆	

(A)	INSURANCE IN	FORMATION	Della principal con al construct a se
Insurance company	NTUC		
Policy number			TD _ L _
Type of policy	Comprehensive	Third party fire & theft \square	TP only

	10000	INSUF	RED /	POLICY H	- Control of the Cont		Mala	Female
Name	Prave	en s	10	Unikrish	nan		Male	remale L
NRIC / Fin / Passport number	581	+1581	8F					
Contact	943	6 939	11		err years		01-1011	1102
Address	BIK	403 D) F	ernvale	Lane	# 04 - 149	5(794	403)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.	O.B)	
Name	V	Male 🗆	Female :
NRIC / Fin / Passport number			
Contact			
Address			
Email address	praveen_unikrishnan @ ymail.com		
Date of birth	10/06/1984		
Occupation	Indoor D Outdoor D		
Driving date pass	11/01/2008		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No.
Weather condition	Clear Raining Others:
Road surface	Dry Dry Wet 🗷
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Fernaie
A SECOND CONTRACTOR	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	Facility of the second of the
Gender	Male Female
	A SCENICED E
The second second	PASSENGER 5
Name	Fig. 1
Gender	Male Female
	- CONTROL C
The second secon	PASSENGER 6
Name	Male Female
Gender	Male Female
	OTHER INFORMATION
and the second s	
Was anybody injured?	Yes No D
Was other vehicle damaged?	Tes A NO B
The second secon	DETAILS OF POLICE STATION ACTION
	to the state which police station
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
	WITNESS 2
Name	

设于中华的中华的发现的 是是一种的特征。	THIRD PARTY VEHICLE 1
Vehicle registration number	GBK 7538M
Vehicle make model	Tounta Duna
Name	zena Yong Chun
NRIC / Fin / Passport number	S7566678J
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Communication	
	- THIRD-PARTY-VEHICLE 3
Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
THE PROPERTY OF THE PARTY OF TH	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle registration number Vehicle make model	
Name NRIC / Fin / Passport number	

		問問別 まず、並ずぬまする mi b '知 =4	ERSON 1			PARTY CONTRACTOR	THE RESIDENCE OF THE PARTY OF T
Name	Praveer	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	nikrishnan				
Injuries sustained	Back						
Which vehicle person in?	SJX 77:						
Were seat belts worn?	Yes	No 🗆					
	Yes 🗆	No					
Was injured conveyed to hospital by ambulance?	163 🗆	110)2					
nospital by ambulance:			***************************************				- 2020
		INJURED P	ERSON 2		的主政		16/12
						/	
Name							
Injuries sustained							
Which vehicle person in?	Yes 🗆	No 🗆					
Were seat belts worn?	Yes 🗆	No 🗆					
Was injured conveyed to	Tes	NO L			,	K,	
hospital by ambulance?							
mand are positioned in Equal Principles		INJURED P	EPSON 3			中 工工作	1700
		INJUNEU P	CV2QI4.2		1	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name				/			
Injuries sustained							
Which vehicle person in?		No.					
				/			
	Yes 🗆	No 🗆		1		III marine a company of the company	
Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆					
				/			
Was injured conveyed to		No 🗆)-Decoya				
Was injured conveyed to			PERSON 4				
Was injured conveyed to hospital by ambulance? Name		No 🗆	PERSON 4				
Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆	PERSON 4				
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No INJURED P	PERSON 4				
Was injured conveyed to hospital by ambulance? Name Injuries sustained		No INJURED P	PERSON 4				
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No INJURED P	PERSON 4				
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED P	PERSON 4				
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No D					
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED P					
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No D					
Name Injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No D					
Name Injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes D Yes D	No D INJURED P					
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P					
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D Yes D	No D INJURED P					
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P					
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P No D No D No D	PERSON 5				
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P No D No D No D					
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P No D No D No D	PERSON 5				
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P No D No D No D	PERSON 5				
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P No D No D No D	PERSON 5				
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED P No D No D No D	PERSON 5				
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes D Yes D Yes D Yes D	No D INJURED F No D No D INJURED F	PERSON 5				





1 of 3

Report No. T/20210109/7024

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time 09/01/202	e Report M 21 15:36	ade:	Vide Report No.:	Station Diary No.		
Informan	t's Particu	lars	Constitution of the particular			
Name of Informant: PRAVEEN S/O UNIKRISHNAN			Address: 403D FERNVALE LANE #04-	149 SINGAPORE 794403		
ID Type / ID No.: NRIC NO / S8415818F			Contact No.: Home/Office:	Mobile: 94369391		
Nationality: SINGAPORE CITIZEN		EN	Email: PRAVEEN_UNIKRISHNAN@YMAIL.COM			
Sex: Male	Age: 36	Date of Birth: 10/06/1984	Type of Informant: Driver			
Race:		1	Language: English	Institution / School Name:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:		

General Inform	mation of the Acci	dent			
Type of Others		Drink Drive: No	Date/Time of Accident: 09/01/2021 14:00	Type of Location	
Location: ANG MO KIO	AVENUE 1		6		
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Type of Collis	sion:		a	Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK7538M	Lorry	TOYOTA	DYNA			0
SJX7729R	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	White		0





2 of 3

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

Report No. T/20210109/7024

CONTINUATION OF REPORT

Details of V	ehicle Insurance		The same of the sa	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5110583648-01	10/07/2020	08/07/2021

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Ped	lestrian	Cross	ing: NA		
Driver			Statistics.			Committee of the Commit
Name	PRAVEEN S/O UNIKE		ID No. Contact No.		94369391	
Related Vehicle	SJX7729R (Car)					
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
	ted Medical Leave	NIL	Degree of		Slight	

Brief Details.

On the stated date and time, I was stationary along Ang Mo Kio Avenue 1 on the third lane as the traffic light was red. After few seconds, suddenly I felt an impact from my rear. When I went down to check, I realized vehicle (GBK7538M) had collided onto the rear portion of my vehicle.





T/20210109/7024

3 of 3

Report No. T/20210109/7024

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

CONTINUATION OF REPORT

S	ke	tch	P	an

Informant is not able to provide sketch

1

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

09/01/2021 15:36

Classification Of Case:

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	• Chan	ge Password	→ Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	f Accident	0	9/01/2021 1	4:00	
	Vehicle	No.(For Motor)	SJX772	9R		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110583648- 01		PRAVEEN S/O UNIKRISHNAN	S8415818F	GPC	drivo CLASSIC	SJX7729R	SJX7729R	10/07/2020	08/07/2021
						Continue		***************************************			

Policy No.	5110583648-01	Policyholder Name	PRAVEEN S	O UNIKRISHNAN	Policyholder NRIC	S8415818F	
Certificate							
Address	BLK 403D #04-149 FERNVALE I	ANE SINGAPO	RE 794403				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	07/07/2020	Effective Date	10/07/2020	00:00	Expiry Date	08/07/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	J/Inexperience Driver Excess
Agent	CHONG WUN WEI	Agent Tel.	65060834		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 403D #04-149	Addr	ess 2	FERNVALE LANE		Address 3	SINGAPORE 794403
Address 4		Addr	ess Type	Singapore address		Post Code	794403
Unit No.		Relat Num	ed Policy ber	5110583648-01			
▶ Insure	d Object: SJX7729R						
▽ Endors	sements						
Sequer	nce Date of Endorseme	nt	Endorsemen	t Type	Endorsemen	t Status	Endorsement Content

aim Handling					
cident MT/1116761		Vahiele No	C1Y77298	GST Registration No.	HOLE SERVICE
licy No.	5110583648-01	Vehicle No.	SJX7729R	33. Registration NV	
rtificate No.				Policyholder NRIC	S8415818F
licyholder Name	PRAVEEN S/O UNIKRISHNAN				0
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
ntact No.(Mobile)	94369391	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	Nc 💙
K	No ○ Yes	TCA	No ○ Yes	eCode Reason	
		NCD Entitlement(%)	10	Private Hire	Yes
CD Protection	No	NCD Entirement(10)			
Accident Details					Collision - Head to Rear
port Date	11/01/2021 10:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Real
ate of Accident	09/01/2021	Time of Accident hh:mm	14:00	Country of Accident	Singapore
eporting Centre	E-Maritime E-marie - E-E-	Orange Force		ICM No.	
ccident Location	Ang Mo Kio Ave 1				
Total Excess Applicable			100.00		
ccess Type	Per Accident	Windscreen Excess	100.00		
			0.00		
D Standard Excess	600.00	TP Standard Excess		D	Covered
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
₩ Benefits					Andrew Service Control of the Contro
GST Registered Informa			GST Registration Date		
ST Registered	No		GST Registration Date	Yes	
ST Registration No.			GG Status vermed	3.555	
odification History					
 Policyholder Mailing Ad 	dress				CINCAPORT POLICE
ddress 1	BLK 403D #04-149	Address 2	FERNVALE LANE	Address 3	SINGAPORE 794403
ddress 4		Address Type	Singapore address	Post Code	794403
		Related Policy Number	5110583648-01		
Init No.					
OI Driver Info		Datum Tumo	Main Driver		
oriver Name	PRAVEEN S/O UNIKRISHNAN	Driver Type	S8415818F	Driver DOB	10/06/1984
innamed driver Name		Driver NRIC			12
tegister Date of Driver License	11/01/2008	Driver Age	36	Driving Experience	
Contact No.(Mobile)	94369391	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 403D	Address 2	FERNVALE LANE	Address 3	SINGAPORE 794403
		Address Type	Singapore address	Post Code	794403
Address 4		Address Type			
Unit No.	04-149				
Does he own a Singapore Registered car?	O Yes No	Driver Vehicle No.		Driver Insurer Company	
Registered Carr					
Declaration					
Breathalyser or Blood Test	0.00	Any injury?	● Yes ○ No		
Reading?	0 mg	,			
Modification History					
15 M &					
Claim 001 New					
	[1]	Incured Name	PRAVEEN S/O UNIKRISHNAN	Insured NRIC	S8415818F
Claim Type *	OD-MX	Insured Name		Contact No.(Office)	William Company
Contact No.(Mobile)	94369391	Contact No.(Home)	NIL		CDVZESCH
Email Address	PRAVEEN_UNIKRISHNAN@YMA)	OI Vehicle Number	SJX7729R	TP Vehicle Number	GBK7538M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address				Name of Preferred Workshop	
Claim Description	SJX7729R / GBK7538M ON 9 Jan 2021				
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	11/01/2021 11:00	Claim Close Date		Date Received	11/01/2021 00:00
Date Registered		GERTONIA MANDERS STATES			
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
-			Storial .		
Attachment					
•					
Accident No.	MT/1116761	Claim No.	001		
		Upload Date	11/01/2021 11:02		
Last Doc. Received	● Yes ○ No	0,000		Confidential Urge	ncy * Description
	Path *		Category *		
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				NO V Normal	<u> </u>
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		Brow	Se Clear Please Select	NO V Normal	
		Brow	Se Clear Please Select	NO V Normal	V

Attachment L	list			-			200,00	Msg Sent?	
Attachment	Uploaded	By/Date	Category	?	Urgency	De	scription	(CO)	
100 AN	NAC_PAYA_UB1_800601(NATION CES) on 11 Jan	AL ASSESSMENT CENTRE SERVI 1 2021 11:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2021-1-11		
1	NAC_PAYA_UBI_800601(NATION CES) on 11 Jan	AL ASSESSMENT CENTRE SERVI 1 2021 11:01	SAS		Normal	SAS	2021-1-11		
	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	AL ASSESSMENT CENTRE SERVI n 2021 11:01	Photos		Normal	Photo	s 2021-1-11		
1	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	AL ASSESSMENT CENTRE SERVI n 2021 11:01	Photos		Normal	Photo	s 2021-1-11		
	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	AL ASSESSMENT CENTRE SERVI n 2021 11:01	Photos		Normal	Photo	os 2021-1-11		
4	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	IAL ASSESSMENT CENTRE SERVI n 2021 11:00	Photos		Normal	Photo	os 2021-1-11		
	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 11:00	Photos		Normal	Photo	os 2021-1-11		
C	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 11:00	Photos		Normal	Photo	os 2021-1-11		
	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	NAL ASSESSMENT CENTRE SERVI in 2021 11:00	Photos		Normal	Photo	os 2021-1-11		
包	NAC_PAYA_UB1_800601(NATION CES) on 11 Ja	NAL ASSESSMENT CENTRE SERVI in 2021 11:00	Photos		Normal	Photo	os 2021-1-11		
墨	NAC_PAYA_UBI_800601(NATION CES) on 11 Ja	NAL ASSESSMENT CENTRE SERVI in 2021 11:00	Photos		Normal	Photo	os 2021-1-11		
Video List	Uploaded By/Date	Folder Date		File Name		?	Source		Act