

# NATIONAL Assessment Centre Services

(ver 1 Jan 2003)

NA/7158802

Date In: 01/12/2017 10:15	Job description	Date & Time Completed	Done by
Ref No: NA/NA/7022894/1	SAS e-filing		
Veh No: 4BD 5907 G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/11/2017 10:15	I-Motor Claim Form	11/09/1999	01/12/2017
OD TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 3hrs)		19:51
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars: Yell No: -	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	(Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline 6788 0016)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA/707514	Invoice Preparation Checklist	By (S)	NA/707514
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Assigned Portion:	4) FT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$50	
	6) TR: Re-inspection	\$75	
	7) NI: Idle DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Q11:		
	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N9: DY / Collect Excess Coordination	\$5	
	TR (N11): TP (N4+INC) against INC	\$20	
	9) N12: Idle Mileage	\$0	
	Invoice dated	Fee Charged	
	Invoice total	\$1,000.00	

## 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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	01/12/2017 18:31
Date Of Accident	13/11/2017 10:15
Exact Location Of Accident	SERVICE ROAD AT BLK 69 REDHILL CLOSE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5907G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL KADER BIN MOHAMED ALI
NRIC No	S9135752F
Email Address	TIKADAG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90054786
Alternative Phone No	OTHERS-93885939

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF1000-998CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5068266629-02
Cover Note Number	

### Driver

Name of Driver	SHIVABALA S/O MAHENDRAN
NRIC No	S9131939Z
Date Of Birth	29/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93885939
Fax Number	
Contact Number	OTHERS-90054786
Email Address	TIKADAG@GMAIL.COM

Address	BLK 415 COMMONWEALTH AVENUE WEST #11-3011
Postcode	120415
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171201/2093(TYPE OF COLLISION IS SELF SKIDDED)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHANG SENG SERVICE PTE LTD
NRIC/Passport Number	
Contact Number	68415885
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
------	--

Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name	SHIVABALA S/O MAHENDRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD5907G
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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

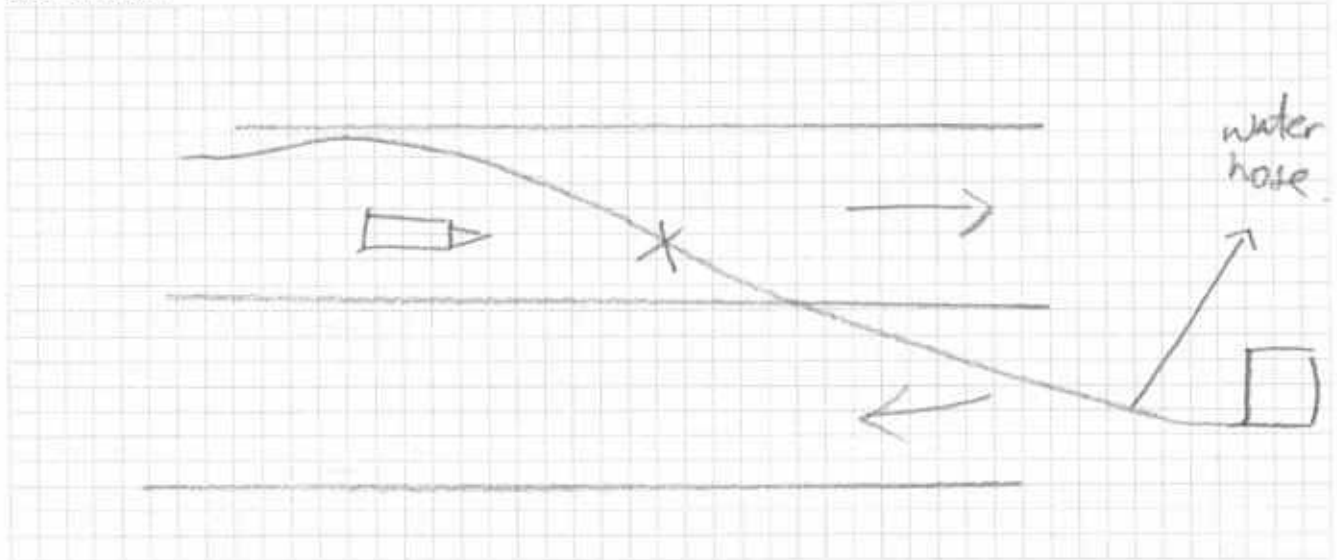
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (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:
  - (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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had entered the service road carpark of BKK69. While riding my bike suddenly skidded. Upon inspecting the surrounding I saw a ~~rose~~ hose that ran across the lane to a distance where the fireman was washing the road. I looked around there was no signage indicating there was washing going on or wet floor signage.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20171201/2093

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20171201/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
01/12/2017 16:15

Vide Report No.:

Station Diary No.:  
99

### Informant's Particulars

Name of Informant:  
SHIVABALA S/O MAHENDRAN

Address:  
APT BLK 752 WOODLANDS CIRCLE #07-520 SINGAPORE  
730752

ID Type / ID No.:  
NRIC NO / S9131939Z

Contact No.:

Home/Office:

Mobile: 93885939

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male  
Age: 26  
Date of Birth: 29/08/1991

Type of Informant:  
Rider

Race:  
Indian

Language:

Institution / School Name:

Occupation:  
NEA OFFICER

Driving Licence Information:  
Class: 2B,2A,2,3

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Injury  
Conveyed By Ambulance

Drink  
Drive:  
No

Date/Time of  
Accident:  
30/11/2017 10:15

Type of Location:  
Straight Road

Location:  
Along Road 1  
REDHILL CLOSE

Behind Blk 69 Redhill close, along service road.

Weather:  
Clear

Road Surface:  
Wet

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:  
Not Controlled

Traffic Volume:  
No Traffic

Type of Collision:  
Motorbike fell

Anyone conveyed by  
ambulance:  
Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5907G	Motorcycle				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171201/2093

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20171201/2093

**CONTINUATION OF REPORT**

Rider			
Name	SHIVABALA S/O MAHENDRAN	ID No.	S9131939Z
Related Vehicle	FBD5907G (Motorcycle)	Contact No.	93885939
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/11/2017	Date Discharge	30/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 30/11/2017 at about 1015hrs, I was riding my friends motorbike bearing the registration plate number FBD5907G, I had entered the open car park of Blk 69 Redhill close. Just behind the block of 69 Redhill close, when riding along the service road, I skid and fell off the motorbike.

I notice that there were Indian workers washing the road and the water jet pipe was lay across the road. Prior to the fall, I did not notice the water jet pipe and there were no signage displayed to warn riders. I was in pain and I suffered laceration on my left shin, right ankle. There were scratches on the right fairing, right tank, and the left head fairing was broken.

The Indian worker is form Chang Seng Service Pte Ltd (Sub-con of Town Council). Supervisor: Chandra, 68415885, 90263541, Blk 527 Bedok North Street 2 #01-524.

This is the first time such incident happened. I am lodging this report as I will be pursue the case and I will take legal action against Shang Seng for injuries and the damaged to the motorbike. I had spoke to the Mohammad Issam from Town council over the phone regards to the matter and he apologies for their mistake and he will look into the matter.

I was conveyed by ambulance and was sent to SGH. I was discharge on the same day and I was given 04 days of MC from 30/11/2017 to 03/12/2017.

My friend particulars (Owner of the bike):  
Abdul Kader Bin Mohamed Ali  
S9135752F  
02/10/1991  
Blk 709 Clementi West St 2 #09-277  
90054786





**SINGAPORE  
POLICE FORCE**



T/20171201/2093

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20171201/2093

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 NG JIA HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/12/2017 16:15

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SN 37

SIGNATURE

## Claim Handling

Accident MT/0971999

Policy No.	5068266629-02	Vehicle No.	F805907G	GST Registration No.	
Policyholder Name	ABDUL KADER BIN MOHAMED ALI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	90054786	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No				

**Accident Details**

Report Date	01/12/2017 19:15	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/11/2017	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERVICE ROAD AT BLK 69 REDHILL CLOSE				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 709 #09-277	Address 2	CLEMENTI WEST STREET 2	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5068266629-03		

**O1 Driver Info**

Driver Name	SHIVABALA S/O MAHENDRAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	59131939Z	Driver DOB	
Register Date of Driver License	22/04/2010	Driver Age	26	Driving Experience	
Contact No.(Mobile)	93882939	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 415 #11-3011	Address 2	COMMONWEALTH AVENUE WES	Address 3	
Address 4	SINGAPORE 120415	Address Type	Foreign address	Post Code	
Unit No.	11-3011				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	F805907G	Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ABDUL KADER BIN MOHAMED A	Insured NRIC	
Contact No.(Mobile)	90054786	Contact No.(Home)		Contact No.(Office)	
Email Address	TIKADAY@GMAIL.COM	OI Vehicle Number	F805907G	TP Vehicle Number	
Claim Description	F805907G / - ON 13 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	01/12/2017 19:15	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					



Save Submit

## Attachment

Accident No.	MT/0971999	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	01/12/2017 19:21
Path *		Category *	Confidential Urgency
		Browse Clear	Please Select

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:21	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:20	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 19:19	Photos	Normal	Photo

# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 11 / 2017) (DD/MM/YYYY), TIME: (1015) (HH/MM)

LOCATION: SERVICE ROAD AT BIK 69 REDHILL CLOSE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 59076  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 50826629-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF)  
 e) MAKE & MODEL: HMMA / CBR 1000  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: ABDUL KADER BIN MOHAMMED AL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9135752F CONTACT: 90054786  
 c) ADDRESS: 709, CLEMENTI WEST STREET 2, #09-277  
S (120709)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: SHIVABALA S/O MAHENDRAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9131939Z CONTACT: 93885989  
 c) ADDRESS: 752, WOODLANDS CIRCLE, #07-520  
S (730752)

\* d) DATE OF BIRTH: (29 / 08 / 1991) (DD/MM/YYYY)

e) OCCUPATION: INDOOR (OUTDOOR)

f) DATE OF DRIVING LICENCE: 22/04/2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO) YES

7. a) REPORTED TO POLICE (YES/NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENTI NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: CHANDRA SHEKHAR SUBRAMANIAM PIA LTD  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 68815885

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email = tikadag@gmail.com.

fax =

video

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9131939Z



Name

SHIVABALA S/O MAHENDRAN

சிவா

Race

INDIAN

Date of birth

29-06-1991

Sex

M

Country of birth

SINGAPORE

S9131939Z



4210777



NRIC No. S9131939Z

Date of issue

09-04-2008

Address

APT BLK 415 COMMONWEALTH AVENUE WEST  
#11-3011  
SINGAPORE 120415



# SINGAPORE POLICE FORCE

**Private & Confidential**

SHIVABALA S/O MAHENDRAN

APT BLK 752 WOODLANDS CIRCLE #07-520  
SINGAPORE 730752

S9131939Z

C001309357

(2B/2A/2/3)

\$25/-

(Please do not detach) DELIVERY OF YOUR PHOTOCARD

YOU CAN DRIVE WHILE AWAITING THE

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

**You can drive while awaiting the delivery of your photocard driving licence**

Please turn overleaf for important notes.

**TRAFFIC POLICE  
SINGAPORE POLICE FORCE**  
10, UBI AVENUE 3  
SINGAPORE 408865  
Tel : 65470000  
[www.police.gov.sg](http://www.police.gov.sg)

0614220017

DRIVING LICENCE



eBaoTech

General Claim

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No:  Date of Accident:

Vehicle No. (For Motor):

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068266629-02	ABDUL KADER BIN MOHAMED ALI	S9135752F	GMC	Third Party, Fire & Theft	FB05907G	FB05907G	14/11/2015	13/11/2017