

NATIONAL Assessment Centre Services (with 12000) **18048046991**

Date In: 09/04/2018 14:42	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1800697/2	SAS e-tiling		
Veh No: FBT6221 Z	E-mail (with photo, AIC form)		
D.O.A: 21/03/2018 13:40	1-Motor Claim Form	mt10989528	09/04/2018 15:28
OD: TP Reporting Only	1-Motor W/O (with photo, AIC form)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OWI)	Tel:	Fax:
TP Particulars: Yell No: SHC 4806 E	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: BSL Status: (WO); NI: 0-20%; P: 21-79%; P: 30-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$3,000 ()	

General Rem: () Walk-in Customer / Customers Information strictly Confidential & strictly NO refer of rep/rep.
 () Total Loss Case to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: ()	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	Action

X/181802282	Invoice Preparation Charge		
Insured's Particulars:	1) AR: Accident Reporting (\$20)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (12)	
Policy No:	3) TP: Towing Fee		\$400.00
Damaged Portion:	4) PT: Follow Through Survey		\$110
C. Checked by (Bugi-In-Charge):	5) PT: Follow Through Survey (Resurvey)		\$110
	6) TR: As-Is Inspect		\$20
	7) NI: 16% DA + SMRT Survey		\$160
	8) NTUC Additional Service		
	9) NI: 16% DA + SMRT Survey		\$160
	10) NI: 16% DA + SMRT Survey		\$160
	11) NI: 16% DA + SMRT Survey		\$160
	12) NI: 16% DA + SMRT Survey		\$160
	13) NI: 16% DA + SMRT Survey		\$160
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	99) NI: 16% DA + SMRT Survey		\$160
	100) NI: 16% DA + SMRT Survey		\$160

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 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	09/04/2018 14:42
Date Of Accident	21/03/2018 13:40
Exact Location Of Accident	CTE TWRDS AYE(2ND LANE)NEAR TO LOWER DELTA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6221Z
Insured/Policyholder	
Name Of Registered Owner	KALIMUTHU S/O VEERAPPAN
NRIC No	S2052765Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85698160
Alternative Phone No	OTHERS-85698160
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 135 LS MANUAL
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
Fleet Policy	NO
Policy Number	5082569556-01
Cover Note Number	
Driver	
Name of Driver	KALIMUTHU S/O VEERAPPAN
NRIC No	S2052765Z
Date Of Birth	21/02/1950
Occupation	INDOOR
Date Of Driving Pass	02/06/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85698160
Fax Number	
Contact Number	OTHERS-85698160
EEmail Address	NOEMAIL

Address BLK 672C YISHUN AVENUE 4
#03-564

Postcode 763672

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? 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) 2

Passenger 1 NAME: : RAMACHANDRAN KALAISELVI
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180326/2159

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 SHC4806E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KALIMUTHU S/O VEERAPPAN
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBH6221Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RAMACHANDRAN KALAISELVI
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBH6221Z
Were seat belts worn?
Was this 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.

7

Policyholder's Signature

Date & Time:

05/04/2018
1625

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

09/04/2018
KESAL NARAS

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
THAT 0326/2159.

DECLARATION

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

7 Am
Policyholder's Signature
Date & Time: 05/04/2018
1625

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

am 09/04/2018
Reporting Centre Personnel's Signature
Name: Rosalyn
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180326/2159

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180326/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2018 18:27	Video Report No.:	Station Diary No. 166
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Informant's Particulars

Name of Informant: KALIMUTHU S/O VEERAPPAN		Address: APT BLK 672C YISHUN AVENUE 4 #03-564 SINGAPORE 763672	
ID Type / ID No.: NRIC NO / S2052765Z		Contact No.: Home/Office: 85698160 Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 21/02/1950	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/03/2018 13:40	Type of Locatic Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY CTE towards AYE (2nd lane) , near to Lower Delta Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBH6221Z	Motorcycle	BAJAJ CHETAK	PULSAR 135 LS MANUAL	Red	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH6221Z	NTUC Income Insurance Co-Operative Limited	5082569556-01	07/08/2017	06/08/2018



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KALIMUTHU S/O VEERAPPAN	ID No.	S2052765Z
Related Vehicle	FBH6221Z (Motorcycle)	Contact No.	85698160
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	21/03/2018	Date Discharge	26/03/2018
No. of Days granted Medical Leave	66	Degree of Injury	Serious
Pillion			
Name	RAMACHANDRAN KALAISELVI	ID No.	S2221725I
Related Vehicle	FBH6221Z (Motorcycle)	Contact No.	93872916
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/03/2018	Date Discharge	26/03/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious

Brief Details.

On 21/03/2018 at about 1.40pm, I was riding my motorcycle along CTE towards AYE. I had passed the merging lane and was at the second lane riding towards Lower Delta flyover. A taxi was coming from Keppel Road towards AYE, in a fast speed and suddenly hit my motorcycle. The taxi's right side, hit onto my left side of the motorcycle and he swerved off after hitting. Together with my motorcycle, I fell on the ground and due to the impact, my motorcycle together with me dragged till the Lower Delta flyover. My wife who is my pillion, upon the hit, fell off from the motorcycle and rolled over to the divider. Both of us were still conscious. The taxi driver came to me and apologized to me and said that his passenger was rushing as such he was in a rush. Ambulance came and conveyed both me and my wife to NUH. My injuries are, my left leg, the first two toes are fractured and the next two toes are dislocated. My ankle area had a deep wound near to the bone however, doctors have yet to verify if it needs any surgery. The whole left side of my body is full of deep abrasion especially my arms, thighs, and whole leg. My right hand also had abrasions. My wife has left side abrasions. Her both hands have deep abrasions. Her left side of her chest also has abrasion and her ribcage at the left side has airline fracture. She is also unable to walk properly due to the bad abrasions. I do not know the taxi registration number but I know that it is a SMRT taxi. I am given 66 days of Medical leave and my wife 19 days of medical leave. However both my wife and myself need to keep visiting NUH due to my injuries.



**SINGAPORE
POLICE FORCE**



T/20180326/2159

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T/20180326/2159

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180326/2159

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

4 of 4

Report No. T/20180326/2159

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: F / Sr Staff Sgt KAVITHA D/O MAGENDARAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367

Signature Of Informant: <i>Rm</i>
Date/Time: 26/03/2018 18:27
Classification Of Case: <i>[Signature]</i>

Authentication Stamp
NP168

Claim Handling

Accident #1 / 0989528

Policy No.	5082568550-01	Vehicle No.	FBH6221Z	GST Registration No.	
Policyholder Name	KALIMUTHU S/O VEERAPPAN			Policyholder NRIC	S2052765Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	85698100	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
WPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
WCD Protection	No	MCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	09/04/2018 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/03/2018	Time of Accident (hh:mm)	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LTE TOWARDS AYE (2ND LANE) NEAR TO LOWER DELTA FLYOVER				

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	Nil	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	000000
Unit No.	07-163	Related Policy Number	5082568550-01		

DI Driver Info

Driver Name	KALIMUTHU S/O VEERAPPAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2052765Z	Driver DOB	21/02/1959
Register Date of Driver License	02/03/1978	Driver Age	58	Driving Experience	39
Contact No.(Mobile)	85698100	Contact No.(Office)		Contact No.(Home)	
Address 1	Nil	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	000000
Unit No.	07-163				
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBH6221Z	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KALIMUTHU S/O VEERAPPAN	Insured NRIC	S2052765Z
Contact No.(Mobile)	85698100	Contact No.(Home)	88814339	Contact No.(Office)	
Email Address		DI Vehicle Number	FBH6221Z	TP Vehicle Number	SHC18068
Claim Description	FBH6221Z / SHC18068 ON 21 Mar 2018			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	Received
Date Registered	09/04/2018 14:35	Claim Close Date		Date Received	09/04/2018 00:00
Report Taken By	BOSLI WAHAB				

Save Submit

Attachment

Accident No.	MT/0989528	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/04/2018 15:08
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Apr 2018 15:08	SAS	Normal	SAS 2018-4-9		edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Apr 2018 15:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-9		edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Apr 2018 14:35	Photos	Normal	Photos 2018-4-9		edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 14:39	Photos	Normal	Photos 2018-4-9	Edit

[Video List](#)

Updated By/Date	Folder/Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

ACCIDENT STATEMENT

ACCIDENT DATE: 21.03.2008 (DD/MM/YYYY), TIME: 13.40 (HH:MM)
LOCATION: CRK TOWARDS DYK AND LANE NEAR TOWAR PALMA ROAD

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: FBH 6221 Z
 - b) INSURANCE COMPANY: NTUC
 - c) POLICY NUMBER: SDX2569556-01
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: _____
 - 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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 - a) NAME: KALIMUTHU S. VEERAPPAN (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 85698160
 - c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(2)

- DRIVER
 - a) NAME: AS ABOVE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

- d) DATE OF BIRTH: _____ (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: _____

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

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

6. WAS ANYBODY INJURED? (YES/NO) YES
7. WAS IT REPORTED TO POLICE? (YES/NO) YES
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: UNKNOWN T0V1 MODEL: YISHAN NORT4
 - b) DRIVER'S NAME: SIC 4806 CONTACT: _____
 - c) NRIC/FIN/PASSPORT: _____

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: _____ CONTACT: _____
 - c) NRIC/FIN/PASSPORT: _____

No of passenger
(including driver)
()

Email =
Fax =
Video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2052765Z



Name
KALIMUTHU S/O VEERAPPAN

சிவ சிவசுப்பிரமணியன்

Race

INDIAN

Date of Birth

21-02-1950

Country of Birth

SELANGOR

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2052765Z

Name: KALIMUTHU S/O VEERAPPAN

Birth Date: 21 Feb 1950

Issue Date: 16 Dec 2002

000035123J

2023017

NRIC No: S2052765Z

Blood Group: B+ Date of issue: 15-05-1994

APT BLK 072C YISHUN AVENUE 4 #03-564
SINGAPORE 763872

NRIC No: S2052785Z Date: 28/04/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Valid Until
Class 1	Motorcycles > 400 CC	31 Jun 1979
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the delivery and motor tractor/vehicles <= 2500 kg	28 Nov 1980

S2052765Z S / No. 9000193374

Licence No: S2052765Z

NP 426A

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082569556-01	KALIMUTHU S/O VEERAPPAN	S2052765Z	GMC	Third Party	FBH6221Z	FBH6221Z	07/08/2017	06/08/2018

Continue