

NATIONAL Assessment Centre Services (Ref: Jan 2025) **MNA418076105**

Date In: 12/06/2018 12:35	Job description:	Date & Time Completed	Done by
Ref No: NBA/mcu18010793/Y	SAS e-filing		
Veh No: FBD 9884L	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 10/06/2018 15:20	i-Motor Claim Form	m1c998544-001	13/06/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:04
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLQ 6856B** INC () / Non-INC () Tel: ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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	12/06/2018 12:35
Date Of Accident	10/06/2018 15:20
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9884L
Insured/Policyholder	
Name Of Registered Owner	YANASAKRAN S/O PALAN
NRIC No	S1678242D
Email Address	ZIONEXPREZZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81087565
Alternative Phone No	OTHERS-81087565

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5046423184-07
Cover Note Number	

Driver

Name of Driver	YANASAKRAN S/O PALAN
NRIC No	S1678242D
Date Of Birth	11/05/1964
Occupation	INDOOR
Date Of Driving Pass	15/02/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81087565
Fax Number	
Contact Number	OTHERS-81087565
EMail Address	ZIONEXPREZZ@GMAIL.COM

Address BLK 202 ANG MO KIO AVENUE 3
 #03-1664
 Postcode 560202
 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 COLLISION - HEAD TO REAR
 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? NO
 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 ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180611/2024

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 SLQ6856B
 Vehicle Make/Model/Colour HONDA STREAM
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN GEOK HEAN
 NRIC/Passport Number S6904221Z
 Contact Number 96932374
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YANASAKRAN S/O PALAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD9884L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

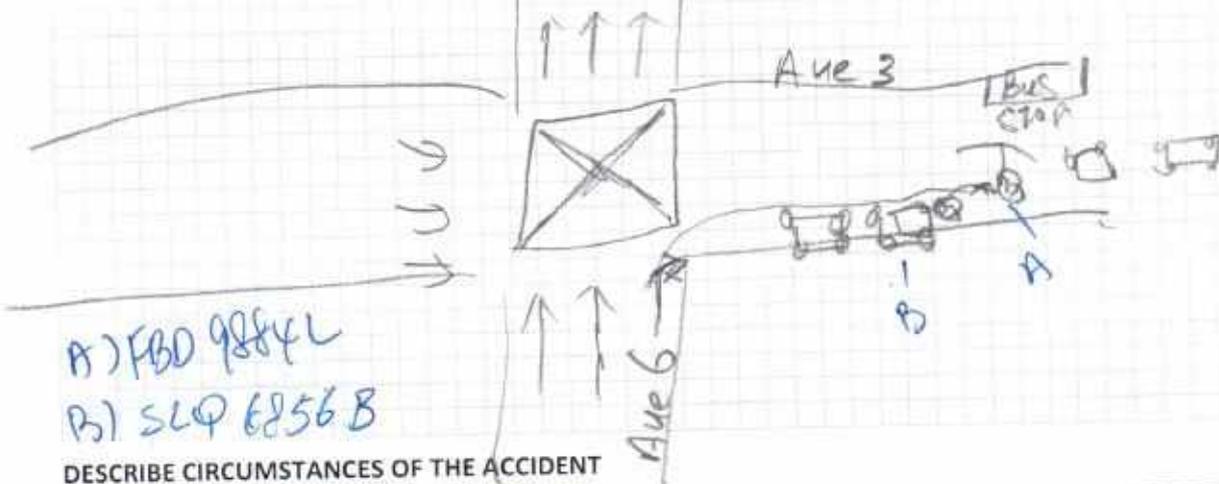
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Joshua Wahar*
NRIC/FIN No. _____

SKETCH PLAN

Downs Bus no Kio Avenue 3



- A) FBD 9884L
- B) SLP 6856B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Report to Police Report
7/2018 06/11/2024

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:

12/06/2018

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



**SINGAPORE
POLICE FORCE**



T/20180611/2024

1 of 3

Report No. T/20180611/2024

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 10:50	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars			
Name of Informant: YANASAKRAN S/O PALAN		Address: APT BLK 202 ANG MO KIO AVENUE 3 #03-1664 SINGAPORE 560202	
ID Type / ID No.: NRIC NO / S1678242D		Contact No.:	Mobile: 81087565
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 11/05/1964	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9884L	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black	Seriously Damaged	0
	Car	HONDA	STREAM	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9884L	NTUC Income Insurance Co-Operative Limited	5046423184-07	15/10/2017	14/10/2018



**SINGAPORE
POLICE FORCE**



T/20180611/2024

2 of 3

Report No. T/20180611/2024

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YANASAKRAN S/O PALAN	ID No.	S1678242D
Related Vehicle	FBD9884L (Motorcycle)	Contact No.	81087565
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	10/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN GEOK HEAN	ID No.	S6904221Z
Related Vehicle	(Car)	Contact No.	96932374
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/06/2018 at about 3.20pm, I was riding my motorcycle bearing registration number FBD9884L along Ang Mo Kio ave 3 towards Ang Mo Kio ave 8 on the 2nd lane. Suddenly, a blue Honda Stream collided into the rear of my motorcycle causing me to fall off my bike. We then exchanged particulars and left. No traffic police or ambulance came to scene.

I wish to state that I have a 5 days MC from Tan Tock Seng Hospital from 10/06/2018-14/06/2018. I suffered injuries on both my legs.



**SINGAPORE
POLICE FORCE**



T/20180611/2024

3 of 3

Report No. T/20180611/2024

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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 /

Sgt 2 JORY POH SHOU REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/06/2018 10:50

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168



SN 065

Singapore Police Force



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No. : T/20180611/2024 Name : YANASAKRAN S/O PALAN
 Accident Date/Time : 10/06/2018@15:20 Address : B/202 ANG MO KIO AVE 3 #03-1664 (S) 81087565
 Vehicle(s) Involved : FBD9884L NRIC No : S1678242D
 SLQ6856B Tel No : 81087565
 Date : 12/06/2018

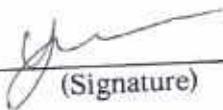
Dear Sir / Madam

Accident involving A motorcycle (FBD9884L) and a car (SLQ6856B) along Ang Mo Kio Ave 3 on 10/06/2018 at 15:20 hours

With reference to the above, I have on 11/06/2018 (date) 10:50 hours (time) make a police report at Ang Mo Kio South NPC (Police Station/NPP/NPC)
In NP 168 - T//20180611/2024

On 12/06/2018 (date), 13:05 hours (time) at Ang Mo Kio South NPC (Police Station/NPP/NPC), I make the following amendments to the above report;
To include the other party vehicle number as SLQ6856B (Blue, Honda Stream)

Yours Faithfully,


(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SSgt T100488 Ramdan
 Date and Time : 12/6/2018 @ 15:05
 Station Dairy No : 77
 Signature : 

[Faint handwritten notes and stamps]



Tan Tock Seng
HOSPITAL

Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE ORIGINAL TTS13132504

NAME: YANASAKRAN S/O PALAN NRIC: S1678242D

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**
The above named is unfit for duty for a period of **4** day(s) from **10-Jun-2018** to **13-Jun-2018** inclusive

The certificate is not valid for absence from court attendance.
The above named attended for Examination/Treatment from **10-Jun-2018 17:38** to **10-Jun-2018 18:16**

10-Jun-2018 Date ANGELINE TEY JIE-YIN (63039Z) Issued by
Emergency Department Location Signature

A member of National Healthcare Group
Adding years of health life

Claim Handling

Accident NT/0998544

Policy No.	5046423194-07	Vehicle No.	FD9884L	GST Registration No.	
Policyholder Name	YANASAKRAN S/O PALAN	Cover Type	Third Party	Policyholder NRIC	S1678242D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81087565	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	13/06/2018 14:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/06/2018	Time of Accident hh:mm	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		(CM No.)	
Accident Location	ALONG ANG MO KIO AVENUE 3				

▼ Benefits

▼ Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 Status Verified	Yes
GST Registration No.					
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 202 #03-1664	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560202
Address 4		Address Type	Singapore address	Post Code	560202
Unit No.		Related Policy Number	5046423194-07		

▼ DL Driver Info

Driver Name	YANASAKRAN S/O PALAN	Driver Type	Main Driver	Driver DOB	11/05/1961
Unnamed driver Name		Driver NRIC	S1678242D	Driving Experience	10
Regular Date of Driver License	22/02/2008	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	81087565	Contact No.(Office)		Address 3	SINGAPORE 560202
Address 1	BLK 202 #03-1664	Address 2	ANG MO KIO AVENUE 3	Post Code	560202
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	+ Yes - No	Driver Vehicle No.	FD9884L		

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	+ Yes - No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YANASAKRAN S/O PALAN	Insured NRIC	S1678242D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	FD9884L	TP Vehicle Number	50464568
Claim Description	FD9884L / SLO68568 ON 10 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GA report	Received
Date Registered	13/06/2018 15:04	Claim Close Date		Date Received	13/06/2018 00:00
Report Taken By	ROSU WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AX letter

Save Submit

Attachment

Accident No.	NT/0998544	Claim No.	001
Last Doc. Received	+ Yes - No	Upload Date	13/06/2018 15:04

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Message Board"/>				<input type="button" value="Send Message"/> <input type="button" value="Upload"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:04	Photos	Normal	Photos 2018-6-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:04	Photos	Normal	Photos 2018-6-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:04	Photos	Normal	Photos 2018-6-13		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:04	Photos	Normal	Photos 2018-6-13	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:04	Photos	Normal	Photos 2018-6-13	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:03	Photos	Normal	Photos 2018-6-13	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:02	Photos	Normal	Photos 2018-6-13	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:02	Photos	Normal	Photos 2018-6-13	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:02	Photos	Normal	Photos 2018-6-13	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:02	Photos	Normal	Photos 2018-6-13	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:01	SAS	Normal	SAS 2018-6-13	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-13	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-13	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 15:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-13	Edit

Video List

Uploaded By/Date	Folder	Date	File name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 10, 06, 2018 (DD/MM/YYYY), TIME: 15:20 (HH:MM)

LOCATION: Along Old M1 K10 Avenue 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBO 9884L
b) INSURANCE COMPANY: MTC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BAJAJ CHATTAIC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: on the way home
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: YANASACKAN S/O PAVAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8122 7565
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AL ABUWA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: B11C 202 Along Old M1 K10 Ave 3 #03-1664
(560202)

*d) DATE OF BIRTH: 11/05/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1/02/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Old M1 K10 South RPK

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown MODEL: Honda Stream
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: 11 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

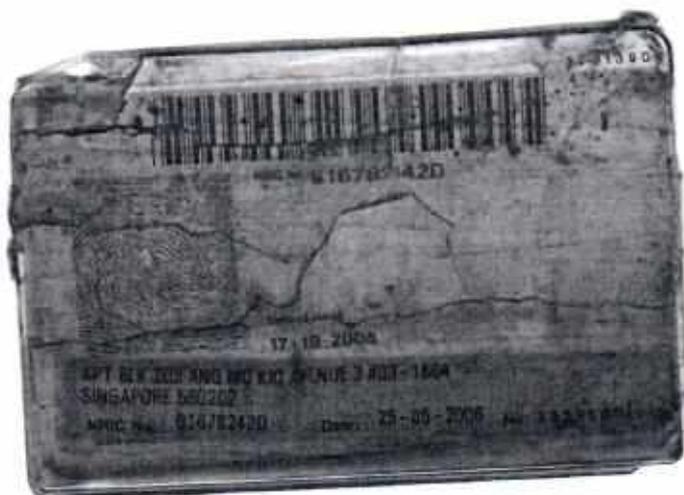
*No of passengers
(including driver)
(1)

*No of passengers
(including driver)
(1)

*No of passengers
(including driver)
(1)

Email = #zionexpres22@gmail.com

fax =





**SINGAPORE
POLICE FORCE**



E/20180611/2053

1 of 2

Report No. E/20180611/2053

POLICE REPORT (NP322)

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Date/Time Report Made 11/06/2018 14:21	Vide Report No.	Station Diary No. 82
Name Of Informant YANASAKRAN S/O PALAN	Address APT BLK 202 ANG MO KIO AVENUE 3 #03-1664 SINGAPORE 560202	
ID Type / ID No. NRIC NO / S1678242D	Contact No. Home/Office	Mobile 81087565
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Technician	Sex Male	Age 54
Institution/School Name	Date of Birth 11/05/1964	Race Indian
Date/Time Of Incident 30/05/2018 15:00	Location Of Incident 202 ANG MO KIO AVENUE 3 ANG MO KIO VIEW SINGAPORE 560202 Car Park	

Brief details.

On the above mentioned date, time and location, I discovered my Driving licence missing. I made a search but to no avail. I am lodging this report for record purposes.

Property Information

Signature Of Officer Recording The Report:
E / Sgt 2 MUHAMMAD ZULHILMI BIN ABU HASSAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Sgt 3 TAN TUAN HOK
Contact No.: 6391 000

Signature Of Informant:

Date/Time:
11/06/2018 14:21

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

<p>SINGAPORE POLICE FORCE</p> <p>SN 061</p> <p>SIGNATURE</p>
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S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S167824 2D	1		ONE DRIVING LICENCE BELONGING TO YANASAKRAN S/O PALAN (NRIC NO S1678242D)

Signature Of Officer Recording The Report:
E / Sgt 2 MUHAMMAD ZULHILMI BIN ABU HASSAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Sgt 3 TAN TUAN HOK
Contact No.: 6391 000

Authentication Stamp

Signature Of Informant:

Date/Time:
11/06/2018 14:21

Classification Of Case:

FUPO hotline number: 68429645

SINGAPORE
POLICE FORCE

SN 061

SIGNATURE

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5046423184-07

Cover : Third Party

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD9884L |
| Chassis Number | : MD2DHJCZZSCC44229 |
| 2. Name of Policyholder | : YANASAKRAN S/O PALAN |
| 3. Effective Date of Insurance | : 15 Oct 2017 |
| 4. Expiry Date of Insurance | : 14 Oct 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: YANASAKRAN S/O PALAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNIVERSAL MOTORS PTE LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INCOME - ANG MO KIO BRANCH (00000600293)
Date of Issue : 14 Oct 2017 14:04 hrs
Reprint : 14 Oct 2017 14:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive