

# NATIONAL Assessment Centre Services

Form 1 (2012)

MA180886291

Date In: 04/07/2018 16:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A / MA180121894	E-mail (within 8hrs; AIC 2hrs):		
Veh No: SH 8577P	i-Motor Claim Form	MA180998372-002	04/07/2018
D.O.A: 05/06/2018 23:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:31
OD: TP (Reporting Only)	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SH 8577B	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%; 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

MA1804245	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$10		
	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	04/07/2018 16:13
Date Of Accident	05/06/2018 23:30
Exact Location Of Accident	ALONG SYED ALWI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH8577P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THANARAJ S/O KANNATHASAN
NRIC No	S9733019J
Email Address	TRAJ320@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91145355
Alternative Phone No	OTHERS-91145355
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100045186
Cover Note Number	
<b>Driver</b>	
Name of Driver	THANARAJ S/O KANNATHASAN
NRIC No	S9733019J
Date Of Birth	27/09/1997
Occupation	INDOOR
Date Of Driving Pass	13/05/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91145355
Fax Number	
Contact Number	OTHERS-91145355
Email Address	TRAJ320@GMAIL.COM



Address	BLK 61 TELOK BLANGAH HEIGHTS #06-107
Postcode	100061
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : FATHER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180625/2162

#### 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	SKH7464B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

4

5

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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: 4/07/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/07/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

INSURED UNKNOWN ABOUT  
THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
170180625/2162

DECLARATION

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

Policyholder's Signature

Date & Time: 4/07/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/07/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180625/2162

1 of 3

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20180625/2162

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2018 17:51	Vide Report No.:	Station Diary No.: 22
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<b>Informant's Particulars</b>			
Name of Informant: THANA RAJ S/O KANNATHASAN		Address: APT BLK 61 TELOK BLANGAH HEIGHTS #06-107 SINGAPORE 100061	
ID Type / ID No.: NRIC NO / S9733019J		Contact No.: Home/Office: Mobile: 91145355	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 27/09/1997	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: National Service Full Time		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2018 11:30	Type of Location: Straight Road
Location: Along Road 1 SYED ALWI ROAD  AT THE VICINITY OF SYED ALWI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: UNKNOWN		Anyone conveyed by ambulance: No		

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH8577P	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	Red	No Damage	2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20180625/2162

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Report No. T/20180625/2162

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH8577P	NTUC Income Insurance Co-Operative Limited	5100045186	30/04/2018	26/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	THANA RAJ S/O KANNATHASAN		ID No.	S9733019J
Related Vehicle	SJH8577P (Car)		Contact No.	91145355
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

**Brief Details.**

On 05/06/2018 at about 2230hrs, my vehicle was parked along the side parking lots of Syed Alwi Road and went to Mustafa Centre after that. I then came back to my vehicle at about 06/06/2018 at about 0000hrs and I drove off from the location. Throughout the whole period I do not have any accounts of me getting involved in any accident at the mentioned location. I then received a letter from Traffic Police informing me about me getting involved in an accident that I was not aware of. I contacted the investigating officer and was told to lodge a police report.





# SINGAPORE POLICE FORCE



T/20180625/2162

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Report No. T/20180625/2162

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

## 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 LIM PEI HAO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/06/2018 17:51

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

Authentication Stamp  
NP168



Signature: \_\_\_\_\_

SN 045

Singapore Police Force

Our Ref: MT/CA/TP/020/0998372-001/DP/LC

22 Jun 2018

**CERTIFICATE OF POSTING  
REMINDER**

THANARAJ S/O KANNATHASAN  
BLK 61 #06-107  
TELOK BLANGAH HEIGHTS  
BLANGAH GARDEN  
SINGAPORE 100061

Dear Policyholder

**CLAIM NUMBER: MT/0998372-001**  
**ACCIDENT INVOLVING SJH8577P / SKH7464B on 5 Jun 2018**

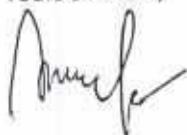
We refer to our letter of 12 Jun 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact David Phua at 6430 7918 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Jenny Pe  
Deputy Vice President  
Motor Insurance

## Claim Handling

Accident MT/0998372

Policy No.	5100043186	Vehicle No.	SJH8577P	GST Registration No.	
Policyholder Name	THANARAJ S/O KANNATHASAN			Policyholder NRIC	59733019J
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
MPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Settlement(%)	0	Private Hire	Not available

## Accident Details

Report Date	12/06/2018 11:04	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	05/04/2018	Time of Accident (hh:mm)	23:31	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SYED ALWI RD				

## Benefits

## Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 61 #05-107	Address 2	TELOK BLANAH HEIGHTS	Address 3	BLANAH GARDEN
Address 4	SINGAPORE 100061	Address Type	Singapore address	Post Code	100061
Unit No.	06-107	Related Policy Number	5100043186		

## O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 2	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	THANARAJ S/O KANNATHASAN	Insured NRIC	59733019J
Contact No.(Mobile)	91145355	Contact No.(Home)		Contact No.(Office)	
Email Address	TRAJ320@GMAIL.COM	O1 Vehicle Number	SJH8577P	TP Vehicle Number	SKH7464B
Claim Description	SJH8577P / SKH7464B DN 5 Jun 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	04/07/2018 16:12	Claim Close Date		Date Received	04/07/2018 00:00
Report Taken By	ROSU WAHAB	Workshop Repairer		Total Loss but Repaired	

Print All letter

Save Submit

## Attachment

Accident No.	MT/0998372	Claim No.	002
Last Doc. Received	Yes No	Upload Date	04/07/2018 16:31
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676Z NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4		Edit
	NAC_BUKIT_MERAH_800676I NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4		Edit
	NAC_BUKIT_MERAH_800676J NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4		Edit
	NAC_BUKIT_MERAH_800676K NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4		Edit



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:31	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:30	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:30	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:30	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:30	Photos	Normal	Photos 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 16:30	SAS	Normal	SAS 2018-7-4	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

## ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 06 / 2018 (DD/MM/YYYY), TIME: 23 : 30 (HH:MM)

LOCATION: ALONG ROAD 1 SYED ALWI ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH8577P  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5100045186  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MITSUBISHI LANCER EX 1.5A 2008  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: Thana Raj s/o Kannathasan (MALE) / FEMALE  
b) NRIC/FIN/PASSPORT: 597330197 CONTACT: 91145355  
c) ADDRESS: Telok Blangah Heights Block 61 # 06-107  
S(100061)

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

#### DRIVER

- a) NAME: Thana Raj s/o Kannathasan (MALE) / FEMALE  
b) NRIC/FIN/PASSPORT: 597330197 CONTACT: 91145355  
c) ADDRESS: Telok Blangah Heights Block 61 # 06-107  
S(100061)

\*d) DATE OF BIRTH: 27 / 09 / 1997 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS 13 05 2016

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Heavy)  
b) ROAD SURFACE: (DRY / WET / OTHERS Dry)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES) / NO  
IF YES, PLEASE STATE WHICH POLICE STATION: Telok Blangah NPP

### 8. THIRD PARTY VEHICLE


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

### 9. THIRD PARTY VEHICLE

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

Email = TRAJ 320@gmail.com

VIDEO =




# SINGAPORE ARMED FORCES

## IDENTITY CARD

Name

**THANA RAJ S/O KANNATHASAN**



NRIC No

**S9733019J**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

# REPUBLIC OF SINGAPORE

## DRIVING LICENCE

Licence Number: **S9733019J**

**THANA RAJ S/O KANNATHASAN**



Birth Date: **27 Sep 1997**

Issue Date: **13 May 2016**

002567160A



00000060248872

NRIC No / Colour

**S9733019J / PINK**

Race

**INDIAN**

Date Of Birth

**27/09/1997**

Service Status

**NSF**

Address

**Bix 61 TELOK BLANGAH HEIGHTS**  
**#06-137 SINGAPORE 100061**

Blood Group

**A (+)**

Country Of Birth

**SINGAPORE**

Military Rank Status

**ENLISTEE**

Sex

**M**



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


EFFECTIVE DATE

**13 May 2016**

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

NP 428A

Licence No: S9733019J





## 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: 5100045186

Cover : Third Party

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJH8577P                 |
| Chassis Number  | : JMYSRCY2ABU008214        |
| 2. Name of Policyholder   | : THANARAJ S/O KANNATHASAN |
| 3. Effective Date of Insurance  | : 30 Apr 2018              |
| 4. Expiry Date of Insurance   | : 26 Aug 2018              |
| 5. Persons or Classes of Persons entitled to drive#   |                            |
| (a) The Policyholder.   |                            |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                            |
| 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: THANA RAJ S/O KANNATHASAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
Date of Issue : 23 Apr 2018 11:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive