

NATIONAL Assessment Centre Services

(wef: Jan'05)

MANA418086384

Date In: 04/07/2018 17:54	Job description	Date & Time Completed	Done by
Ref No: NBA/MC180/2225/Y	SAS e-filing		
Veh No: FW 8941 P	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 02/07/2018 16:30	i-Motor Claim Form	MM/1001704-001	05/07/2018
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		10:03
	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: SJQ2524 ?	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

<p>MANA418086384</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idau DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N/n INC) against INC \$20</p> <p>9) N12: Idau Mobile \$0</p>		<p>Ant (\$)</p> <p>1st Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

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 17:54
Date Of Accident	02/07/2018 16:30
Exact Location Of Accident	ALONG AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW8941P
Insured/Policyholder	
Name Of Registered Owner	KARUPPUSAMY MANIARASAN
NRIC No	S7865118J
Email Address	PKK_MANIARASAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98522556
Alternative Phone No	OTHERS-98522556
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM-197CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5057031272-05
Cover Note Number	
Driver	
Name of Driver	KARUPPUSAMY MANIARASAN
NRIC No	S7865118J
Date Of Birth	29/06/1978
Occupation	INDOOR
Date Of Driving Pass	08/04/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98522556
Fax Number	
Contact Number	OTHERS-98522556
Email Address	PKK_MANIARASAN@YAHOO.COM

Address	BLK 371 CLEMENTI AVENUE 4
	#11-304
Postcode	120371
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	RAINING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJQ2524
Vehicle Make/Model/Colour	NUMBER NOT ACCURATE(MAZDA 3)
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

KARUPPUSAMY MANIARASAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FW8941P

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.


Policyholder's Signature
Date & Time:

04/07/18
14:10


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

04/07/18
14:10


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

05/07/2018
Rohi Wintan

SKETCH PLAN

Along

SQ2524

car

bike

FW 8941P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20180703/2083

DECLARATION

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

21/1/14

Policyholder's Signature

Date & Time:

21/1/14

Driver's Signature

(If driver is not the policyholder)

Date & Time:

25/01/2014

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Robert Watson



SINGAPORE POLICE FORCE



T/20180703/2093

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

1 of 3

Report No. T/20180703/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2018 15:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KARUPPUSAMY MANIARASAN	Address: APT BLK 371 CLEMENTI AVE 4 #11-304 HDB CLEMENTI SINGAPORE 120371
ID Type / ID No.: NRIC NO / S7865118J	Contact No.: Home/Office: Mobile: 98522556
Nationality: INDIAN	Email:
Sex: Male Age: 40 Date of Birth: 29/06/1978	Type of Informant: Rider
Race: Indian	Language: Institution / School Name:
Occupation: Company director	Driving Licence Information: Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TWDS CITY				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW8941P	Motorcycle	HONDA	PHANTOM			0
SJQ2524 (Not Accurate)	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180703/2093

2 of 3

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

Report No. T/20180703/2093

CONTINUATION OF REPORT

Rider			
Name	KARUPPUSAMY MANIARASAN	ID No.	S7865118J
Related Vehicle	FW8941P (Motorcycle)	Contact No.	98522556
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/07/2018	Date Discharge	02/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG AYE TOWARDS CITY ON THE LEFT MOST LANE, WHEN ALL OF A SUDDEN THE ABOVE MENTIONED CAR TRIED TO MAKE A SUDDEN LANE CHANGE WAY AFTER THE EXIT. THIS SUDDEN LANE CHANGE CAUSED ME TO COLLIDE WITH THE LEFT REAR PASSENGER DOOR OF THE CAR AND I SKIDDED. I SUSTAINED SCRATCHES ON BOTH KNEES AND SORE MUSCLE ON MY RIGHT SHOULDER. THATS ALL.



**SINGAPORE
POLICE FORCE**



T/20180703/2093

3 of 3

Report No. T/20180703/2093

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

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:

TP /
TAN KIN WAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/07/2018 15:55

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: _____

Claim Handling

Accident MT/1001704

Policy No.	5057031272-05	Vehicle No.	FW8941P	GST Registration No.	
Policyholder Name	KARUPPUSAMY MANGARASAN			Policyholder NRIC	S7865118
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98522556	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPI	+ No Yes	TCA	+ No Yes	aCode Reason	
NCD Protection	No	NCD Settlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	05/07/2018 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/07/2018	Title of Accident in mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AVE TOWARDS CITY				

▼ 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 271 #11-304	Address 2	CLEMENTI AVENUE 4	Address 3	SINGAPORE 120371
Address 4		Address Type	Singapore address	Post Code	120371
Unit No.	11-304	Related Policy Number	5057031272-05		

▼ Driver Info

Driver Name	KARUPPUSAMY MANGARASAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S78651183	Driver DOB	29/06/1978
Register Date of Driver License	08/04/2008	Driver Age	40	Driving Experience	18
Contact No.(Mobile)	98522556	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 271 #11-304	Address 2	CLEMENTI AVENUE 4	Address 3	SINGAPORE 120371
Address 4		Address Type	Singapore address	Post Code	120371
Unit No.	11-304				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FW8941P	Driver Insurer Company	NTUC

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	KARUPPUSAMY MANGARASAN	Insured NRIC	S7865118
Contact No.(Mobile)	98522556	Contact No.(Home)		Contact No.(Office)	
Email Address	pk_mangarasan@yahoo.com	OT Vehicle Number	FW8941P	TP Vehicle Number	SJQ2524(NOT ACCURATE)
Claim Description	FW8941P / SJQ2524(NOT ACCURATE) ON 2 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/07/2018 10:02	Claim Close Date		Date Received	05/07/2018 00:00
Report Taken By	BOSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1001704	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	05/07/2018 10:03
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? Actor (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Photos	Normal	Photos 2018-7-5	Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:03	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:02	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:02	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:02	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:02	Services (B	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:02	Services (B	NRIC/ Driving license	Normal	NRIC/ Driving License 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 10:02	Services (B	SAS	Normal	SAS 2018-7-5	Edit
						
Uploaded By/Date		Folder Data	File Name	?	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>						

P4070

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 04 / 2018 (DD/MM/YYYY), TIME: 16 : 30 (HH:MM)

LOCATION: AYER RATAH EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Fw 8941 P
b) INSURANCE COMPANY: NTUC Insurance
c) POLICY NUMBER: 505-7031272-05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Phantom 2.0
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going to work
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: KARUPPUSAMY MANIARASAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S78651185 CONTACT: 98522556
c) ADDRESS: BLK 371, 11-304 Clementi Ave-4
Singapore - 152028

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ASOK (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)

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police Division D

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 559 2524 MODEL: MAZDA 3
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 = PKK_maniarasan@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7865118J



Name

KARUPPUSAMY MANIARASAN

கே மணியரசன்

Race

INDIAN

Date of birth

29-06-1978

Sex

M

Country of birth

INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7865118J

Name

KARUPPUSAMY MANIARASAN

Exp. Date: 29 Jun 1978

Issue Date: 30 Sep 2008



S967190

NRIC No. S7865118J



Nationality

INDIAN

Date of issue

23-09-2008

APT BLK 371 CLEMENTI AVENUE 4 #11-304
SINGAPORE 120371

NRIC No: S7865118J

Date: 29/12/2016

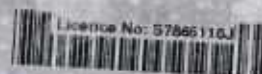
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 2B Motorcycle <= 200 cc.
Class 3 Motor Car <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 3500kg

PASS DATE

06 Apr 2008

06 Apr 2008



NP 428A

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

FW8941P

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5057031272-05	KARUPPUSAMY MANIARASAN	S7865118J	GMC	Third Party	FW8941P	FW8941P	27/12/2017	26/12/2018

Continue