

NATIONAL Assessment Centre Services		[ver 1.2a (03)]		MNA/10086509	
Date In: 05/07/2018 10:27	Job description	Date & Time Completed	Done by		
Ref No: NBA/MNA/100/22334	SAS e-filing				
Veh No: FBE 8014H	E-mail (within 8hrs; AIC 2hrs)				
D.O.A: 30/06/2018 09:15	i-Motor Claim Form	M/100/362-002	05/07/2018		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs; TP 4hrs)		11:27		
	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: SHB 7654L	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

XNA/1004248		Invoice Preparation Checklist		Ant (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):		8) NTUC Additional Services:-			
		OD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5			
Cat 1:		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idac Mobile 30			
Cat 2 / 3:		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	05/07/2018 10:27
Date Of Accident	30/06/2018 07:15
Exact Location Of Accident	JUNCTION OF CORPORATION RD TOWARDS JURONG PORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8014H
Insured/Policyholder	
Name Of Registered Owner	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER
Passport No/FIN	G6016370M
Email Address	RAMRAMNADHNS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98313051
Alternative Phone No	OTHERS-98313051
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200-199CC DTS-I
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5055637301-05
Cover Note Number	
Driver	
Name of Driver	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER
Passport No/FIN	G6016370M
Date Of Birth	07/05/1983
Occupation	INDOOR
Date Of Driving Pass	07/06/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98313051
Fax Number	
Contact Number	OTHERS-98313051
EMail Address	RAMRAMNADHNS@GMAIL.COM

Address	BLK 209 BOON LAY PLACE
	#04-245
Postcode	640209
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : FRIEND
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180703/2156 (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	SHB7654L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG HUNG TIONG
NRIC/Passport Number	S1244183E
Contact Number	
Address	

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

DETAILS OF INJURED PERSON 1

Name	DILIP BALAKRISHNAN KANJANIYIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE8014H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE8014H
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:

04/07/18
1500 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Refer to Attachment 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
7/70180708/2156

DECLARATION

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

Ramanadib

Policyholder's Signature

Date & Time: 04/07/18
1500 Hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/07/2018

Asst. WAHAB

Jur. Port Rod →

Jln Ahmed Ibrahim

← Corporation Road

A B

- A)  MY MOTOR CYCLE (FBE8014H)
- B)  TAXI CAR (SHB 7654L)

Ramanda
03/07/2018

05/07/2018
Rohli WAHAB



SINGAPORE POLICE FORCE



T/20180703/2156

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180703/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2018 20:21			Vide Report No.:		Station Diary No.: 166
Informant's Particulars					
Name of Informant: NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER			Address: APT BLK 521 JURONG WEST STREET 52 #10-207 SINGAPORE 640521		
ID Type / ID No.: FIN NO / G6016370M			Contact No.: Home/Office:		Mobile: 98313051
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 07/05/1983	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION SUPERINTENDENT			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2018 07:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CORPORATION ROAD JALAN AHMAD IBRAHIM Corporation Road Towards Jurong Port Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8014H	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Slightly Damaged	1
SHB7654L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8014H	NTUC Income Insurance Co-Operative Limited	5055637301-05	23/09/2017	22/09/2018



SINGAPORE POLICE FORCE



T/20180703/2156

2 of 4

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20180703/2156

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	DILIP BALAKRISHNAN KANJANIYIL	ID No.	NIL
Related Vehicle	FBE8014H (Motorcycle)	Contact No.	98361196
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
Rider			
Name	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER	ID No.	G6016370M
Related Vehicle	FBE8014H (Motorcycle)	Contact No.	98313051
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/06/2018	Date Discharge	30/06/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	NG HUNG TIONG	ID No.	S1244183E
Related Vehicle	SHB7654L (Car)	Contact No.	NIL
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 the 30/06/2018 at around 0715hrs, I was travelling along Corporation Rd towards Jurong Port Rd in my vehicle FBE8014H. There was a pillion rider on my bike. At the Junction of Jurong Port Rd, I was turning right into Jalan Ahmad Ibrahim and the yellow box at the said junction was empty. The Traffic was congested. I then started turning right into Jalan Ahmad Ibrahim. All of a sudden a vehicle SHB7654L came out from first lane out of Jurong Port Rd and I hit onto the right side of the vehicle.

I then fell on the road together with my bike and pillion rider. There were some damages on the right front side of the taxi. There were some damages at the front of my bike and the storage box was broken . I



**SINGAPORE
POLICE FORCE**



T/20180703/2156

3 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180703/2156

CONTINUATION OF REPORT

suffered pain at my back. My pillion rider suffered some pain on his left leg.

After that I went to seek medical treatment at west point hospital and was referred to Ng Teng Fong Hospital where I received 14 days Hospitalization Leave. My Pillion rider received one day MC. There was no in car cameras in both my vehicles.



**SINGAPORE
POLICE FORCE**



T/20180703/2156

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180703/2156

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:

J /

SI SARAVANAN S/O BALA SUPURU MANIAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Rammanab
03/07/18

Date/Time:
03/07/2018 20:21

Classification Of Case:

• Exit:

7/5/2018

Claim Handling(Claim Task 002 OD-MX)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 05 Jul 2018 11:26	Photos	Normal	Photos 2018-7-5	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 05 Jul 2018 11:26	Photos	Normal	Photos 2018-7-5	Edit
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Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
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Display in New Window	Scan and uploading
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ACCIDENT STATEMENT

ACCIDENT DATE: (30/06/2018) (DD/MM/YYYY), TIME: (07:15) (HH:MM)

LOCATION: JURONG PORT ROAD / JLN AHMED IBRAHIM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 8014H
b) INSURANCE COMPANY: NTUC-INCOME
c) POLICY NUMBER: 5055637301-05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BAJAJ PULSAR 200 DESI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WAY 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: NETTIYATHU PUTHENMADHAM RAMANADH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6016370M CONTACT: 98313051
c) ADDRESS: BLK 209, 04-245, BOON LAY PLACE, SINGAPORE - 640209

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NETTIYATHU PUTHENMADHAM RAMANADH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6016370M CONTACT: 98313051
c) ADDRESS: BLK 209, 04-245, BOON LAY PLACE, SINGAPORE - 640209

*d) DATE OF BIRTH: (07/05/1983) (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: SELF

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: JURONG WEST NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 7654L MODEL: TAXI CAR
b) DRIVER'S NAME: NG HUNG TIONG
c) NRIC/FIN/PASSPORT: S1244183E CONTACT: NIL

9. THIRD PARTY VEHICLE

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

Email = RAMNADHNS @ GMAIL . COM

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6016370M**

Name: **NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER**

Birth Date: **07 May 1983**

Issue Date: **09 May 2015**

Valid Till: **06 Jun 2020**

002425378F

SG 50

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 07 Jun 2010
 Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 07 Jun 2010

NP 428A



EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **AMEC FOSTER WHEELER ASIA PACIFIC PTE. LTD.**

Name: **NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER**

Occupation: **CONSTRUCTION SUPERINTENDENT**

FIN: **G6016370M**

Date of Application: **27-09-2015**

Date of Issue: **11-10-2015**

Date of Expiry: **18-11-2018**

L7287929

VISIT PASS

Immigration Regulations

Name: **NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER**



Date of Birth: **07-05-1983** Sex: **M** Nationality: **INDIAN**

FIN: **G6016370M** Date of Issue: **11-10-2015** Date of Expiry: **18-11-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy; and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5055637301-05
The Policyholder	: NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER BLK 209 #04-245 BOON LAY PLACE BOON LAY PLACE SINGAPORE 640209

Period of Insurance	: 23 Sep 2017 To 22 Sep 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$254.53

Interest Insured

Cover Type	: Third Party, Fire & Theft	
Named Driver (1)	: NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER	
Named Driver (2)	: N/A	
Make/Model	: BAJAJ/PULSAR 200 DTSI	
Capacity	: 200cc	Number of Seater : 2
Registration Number	: FBE8014H	Registration Date : 23 Sep 2010
Chassis Number	: MD2DHJCZZ5CE45173	Insure with COE : YES
Excess (Section 1)	: N/A	NCD Entitlement : 10%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: UNIVERSAL MOTORS PTE LTD	

Memo A : N/A

Endorsement Operative: M2

Agency	: COMMERCIAL AGENCY PTE LTD (00000614425)
Date of Issue	: 06 Sep 2017 12:47 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBE8014H	Vehicle Scheme:	Normal
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	BAJAJ	Vehicle Model:	PULSAR 200 DTS-I
Chassis No.:	MD2DHJCZZSCE45173	Engine No.:	JCGBSE74665
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	199 cc	Power Rating:	-
Unladen Weight:	145 kg	Maximum Laden Weight:	280 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	23 Sep 2010	Original Registration Date:	23 Sep 2010
Manufacturing Year:	2009	Open Market Value:	\$1,628.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0		

Owner Particulars

Owner Name:	NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER
Owner ID Type:	Foreign Passport
Owner ID:	G1351205
Country:	India
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	516
Registered Street Name:	JURONG WEST STREET 52
Registered Unit No.:	# 05 - 41
Registered Building Name:	-
Registered Postal Code:	640516
COE No. / Expiry Date:	2010100106000568R / 22 Sep 2020
COE Bid Category:	D - Motorcycle
QP Paid:	\$1,452.00

Transaction Details

Business Transaction Ref. No.:	20100923165351554521
Business Transaction Date:	23 Sep 2010
Business Transaction Time:	16:53:51

Message

The above vehicle has been successfully registered.

Please note that \$1,669.00 will be deducted from your GIRO account.

Please note that the name you have entered is different from LTA's record.

The notification delivery date will be subject to validation of address with source agency.

OK