NATIONAL Asses	sment Centre	Services	(reef 1 Jan 703)	MAY YUN	180267		
Date 11:05 (07/206	10:27.	Job description		Date &Time Con	npleted	Done b	Ž,
Ref No XBA July	9/2233/4	SAS e-filing					
Veh No FBE SOUCH		E-mail (within t	Bhrs, AIC 2hraj				
DOA 30/06/20	(8 09:15	i-Motor Clair	m Form	m/100/31	02-002	05/07	2018
00 10 10		i-Motor W/O	(Within: OD 2hr	-1-11-1		11:27	
OD TP- Reporting Or	11×	i-Photo Uplo:	aded	1		1	
TP Insurer		Assessment/Su	rvey Report				
1 - Hisures		Ass't Report b	y Fax / Hand t	o Owner/Wksp		encesiii:	SAND FO
Preferred Wksp / INC Assig	n Wksp / QW: (Tet:	Fax:		
TP Particulars:	Veh No: SB	1654	, INC () / Non-INC (j .		+†
Owner / Driver: (*		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability:	(%) [N	ote-Est Status (V	VO): N: 0-2	0%; P: 21-79%.	F: 80-100%]	
Year of Registration: (arranty: YES ()/NO()			
Excess: (\$)	Loading: \$1,000	- Control of the Cont			- m - d - 10 - 1	-,	
General Remarks:-	Charles of	STATES SERVE			- Mar 19	- 11	
() Walk-In Customer	: Customers inform	nation strictly Co	ntidential & St	netly NO taler of	epaner,		
Remarks:- (INC hot	ine: 6788 6616)			Date&Time Con	nple od	Done	бу
Remarks:- (INC horl	RECURSORIST STATE OF THE CO.	urtesy Car ()	Date&Time Con	nple od	Done	by
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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,
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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

	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
The little of the particular o	ETAILS 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)

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/2018b703/2156 (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 Vehicle Make/Model/Colour

SHB7654L

Details Of Properties

TAXI

Vehicle Category Name of Driver

NG HUNG TIONG

NRIC/Passport Number

S1244183E

Contact Number

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1 DILIP BALAKRISHNAN KANJANIYIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode SLIGHT INJURY

FBE8014H

NO

DETAILS OF INJURED PERSON 2

Name NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SLIGHT INJURY

FBE8014H

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

- 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 dertain 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
- 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 dollected 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:

Ramanado

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Jux. Port Rod -> JIn Ahmed Ibron 4 Conformation Road A) MOTOR CYCLE
(FBE8014 H)

B) TAXI CAR
(SHB 7654 L) Pamanudb 03/07/2018 av oslo7/2018 ROSLI WARAB

,





1 of 4

Report No. T/20180703/2156

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

REPORT	OF A	TDACE	CACC	IDENT
REPORT	DF A	IRAFFI	LALL	IDENI

Date/Time Report Made: 03/07/2018 20:21		lade:	Vide Report No.:	Station Diary No.: 166	
Informa	nt's Partici	ulars	BANKING MARINE	W. 体影 0 多 图 到 2 3 3 4 5 1 0 2 5	
Name of Informant: NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER			Address: APT BLK 521 JURONG V SINGAPORE 640521	VEST STREET 52 #10-207	
ID Type			Contact No.: Home/Office:	Mobile: 98313051	
	Nationality:		Email:		
Sex: Male	Age: 35	Date of Birth: 07/05/1983	Type of Informant: Rider		
Race:	Race:		Language: English	Institution / School Name:	
Occupation: CONSTRUCTION SUPERINTENDENT		IT	Driving Licence Information Class: 2B,3	on; Date of Expiry;	

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 30/06/2018 07:15	Type of Location X-Junction	
CORPORAT	Road 1 and Road 2 ION ROAD AD IBRAHIM Road Towards Jurong	Port Rd Road S Dry	Surface:		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Colli		To Side			Anyone conveyed by ambulance:	

	ehicle Involve		Madel	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIDI		Ito of a descrige
FBE8014H	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Slightly Damaged	1
SHB7654L	Car	OTILITAR			Slightly Damaged	0

Details of Vi	ehicle 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





2 of 4

Report No. T/20180703/2156

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

	Involved					
Any Pedestrian In			Use of Pe	deetrian	Cross	ing: NA
No. of Pedestrians	s Injured: NIL		USE OF FE	cuestilaii	01033	ing, rev
Pillion			A N 113 / 11	ID No.	T	NIL
Name	DILIP BALAKRISHNAN KANJANIYIL			ID No.		INIL
Related Vehicle	FBE8014H (Motorc	ycle)		Contac	t No.	98361196
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Data Taratmont	NIL		Date Dis	charge	NIL	
Date Treatment	ed Medical Leave	NIL		of Injury	NIL	
	eu Medical Leave					
Rider Name		NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER				G6016370M
Related Vehicle	FBE8014H (Motorcycle)			Conta	ct No.	98313051
Hospital/Clinic	NG TENG FONG	GENERAL I	Class Driving Licens Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	30/06/2018		Date Dis	ischarge 30/06		5/2018
	ted Medical Leave	14	Degree	of Injury	Sligh	it
Driver Days gran	ica mealeur zeure					
Name	NG HUNG TIONG			ID No	(4)	S1244183E
Related Vehicle	SHB7654L (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivir Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
Date Treatment	nted Medical Leave	NIL	Secretary and application of the	of Injury	-	

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





3 of 4

Report No. T/20180703/2156

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

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.





0.00.

4 of 4

Report No. T/20180703/2156

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

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S	ke	to	h l	ΡI	ar	۱

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 Informant: Romandle 3/07/18
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2018 20:21
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	

Claim Handling Accident MT/1001362 Policy No. 5055637301-05 Vehicle No PRESCLAN GST Registration No. Policyholder Name KETTIYATHI) PUTHENMADHAM RAMANADH SANKARARAMA IYER Policyholder NRIC G6618370M Product Code MOTORCYCLE INSURANCE Cover Type Loading Third Party, Fire & Theft Contact No./Mobiati Contact Na (Office) Contact No.(Home) Email Address Special Remark No. * KFR. - No Yes TGA a No: Yes eCade Reason NCO Protection NCO Entitlement(%) 10 Private rine No. P Accident Details 03/07/2018 12:25 Accident Report Within 24 hrs Accident Type Unknown Date of Accident 30/06/2018 Time of Accident hhomm-Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location 140 W Benefits · Excess Own damage Tacess 11.00 Additional Excess Windscreen Expess Unnamed Driver Excess Outside Singapore CO Excuss Tried Party Excess. Outside Siegapore TP Excess 0.00 GST Registered Information GST Registration Date GST Registered GST Regulation No. 257 Status verified Tes Montheation History Policyhoider Hailing Address Address 1 BLK 200 #04-245 Address 2 BOOM LAY PLACE Addison 3 BOON LAY PLACE Address 4 SINGAPORE 540209 Address Type Singapore address Frist Code 840309 Unit No. 10-207 Related Policy Number 5055637301-05 OI Driver Info Driver Name Driver Type Onnamed driver Name Dover NRS Driver DOS Aggister Date of Driver License Driver Age Driving Experience Contact No.(Motion) Contact No. (Office) Contact No.(Home) Address 1 Address Z Address 3 Address 4 Address Type Foreign appress Post Code Unit No. Does he own a Singepore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Hodification History Claim 002 OD-HX New Claim Type * DO-MX Insured Name NETTLYATHU PUTHENMADHAM B THEATER NATE Dep163708 Contact No. (Motorle) Contact No.(Home) Contact No.(Office) 98313051 Email Address Of Vehicle Number RAMNADHNS@GMAIL.COM FBES014H TE Vehicle Number Claim Description FBE8014H ON 30 Jun 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Lightly * ٠ Partially at Fault. Require Finalisation Yes Preferend Repair Octoon Preferred Workshop, Name union GSA report Date Registered Claim Close Date 05/07/2016 11:38 05/07/2018 00:00 Report Taken By Workshop Repairer ROSLI WAHAB Total Loss but Repaired Print AK letter Save Submit Attachment Acodent No. MT/1001362 Claim No. Last Don, Received Upload Date 05/07/2018 00:00 € Yes □ NO Category 4 Dispersey . * NO * Normal Choose File No file chosen Clear Please Select . Chaose File No file chosen Clear Place Select F. MO * Normal . Choose File No file chosen Clear Please Select * 140 Numel Choose File No file chosen Clear Please Select * NO Choose File No lile chosen * NO Clear Please Select Normal Choose File No file chosen Clear Please Select * 100 * Normal ٠ Message Roso Send Message | Upload ▽ Attachment List Msg Senc? Action (CO) Attachment Unipaded By/Date EMPOUVE Limporery Description NAC_BUKIT_MERAH_BODDYS; NATIONAL ASSESSMENT CENTRE SERVICES (B. LIKIT MERAH)) on 05 Jul 2018 11:27 NRIC/ Driving License - 0 Normal NRIC/ Driving Ucense 2018-7-5 Edit NAC_BUKIT_HERAH_BODGYG; NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT HERAH)) on 05 Jul 2018 11;27 SAS-7018-7-5 Edit NAC_BUKIT_MEHAH_BOOR76(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 05 Jul 2018 11: 24 Protes 2015-7-5 Edit NAC_BURIT_MERAH_BORE76(NATIONAL ASSESSMENT CENTRE DESVICES (B. UKIT MERAH)) IN DE JUI 2018 11-26. Photoe Seemal Photos 2016-7-5

に入るのでのできるのでは、日本には、日本のでは、

Claim Handling(Claim Task 002 OD-MX)

Upfracted By/Date	Frider Date	And Address		+55-W(4):	(0)4F04
CIKIT MER.	NATIONAL ASSESSMENT CENTRE SERVICES (8 AHI] on (15 Jul 2018 11-25	Photos	Normal	Photos 2018-7-5	Ean
NAC_BURTT_MERAH_BOOKFAC LIKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on DB-Jul 2018 31:28	Photos	Normal	Phonos 2018-7-5	Edit
NAC_BUKIT_MERAH_BDD6760 UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AHV): pr. 05 Jul 2018 11:25	Helics	normal	Phoma 2018-7-5	Edit
NAC_BURTT_MERAH_BDD6762 URTT MER	NATIONAL ASSESSMENT CENTRE SERVICES (8 8H2) on 05-Jul 2018 11:25	Fredux	Normal	Photos 2018-2-5	Edit
NAC_BURIT_MERAH_B00676; URIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 05 Jul 2018 11:25	Phutus.	Normal	Photos 2018-7-5	Edit
NAC_BURTT_MERAH_BID6760 UKIY MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on OS JUL 2018 11:25	Photos	Sermal	Photos 2010-7-5	Edit
NAC_BUKIT_MERAM_B00676(UKIT MEK	NATIONAL ASSESSMENT CENTRE SERVICES (8 AH)) == 05 Jul 2018 11/25	Phytox	Normal	Photos 2018-7-5	Edit
NAC_BURIT_MERAH_800676(URIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AHI) on 05 Jul 2018 11:25	Photos	Tilerm all	Phobus-2018-7-5	Edit
NAC_BURST_MERAH_8006760 UKST MER	NATIONAL ASSESSMENT CENTRE SERVICES (# AH)) on 05 Jul 2018 11: 25	Photos	Normal	Photos 2018-2-5	kain
NAC_RUKIT_MERAH_800676/ UKIT HER	NATIONAL ASSESSMENT CENTRE SERVICES (6 AHI) on 05 Jul 2018 11:25	Photos	Normal	Photos 2016-7-5	Edit
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NAC_BURIT_MERAH_800676(URIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (3 AH)) on US Jul 2018 11:25	Photos	Normal	Photos 2015-7-5	Edit
NAC_BURIT_MERAH_800676(UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICEN () AM); on US Jul 2018: 11:26	Photos	Wormel	Photos 2018-7-5	Edit
NAC_RUKIT_MERAH_800676; UKIT MER	NATIONAL ASSESSMENT CENTRE SERVICES (F AH)) on 05 Jul 2018 11:26	Phytos	Warmell	Photos 2018-7/5	fall
NAC_BUKIT_MERAH_888676/ UKIT_MER	NATIONAL ASSESSMENT CENTRE SERVICES (L AM)) on 05 Jul 2018 11: 26	Photos	Normel	Phone 2018-7-5	Edit
		그렇게 하는 얼마에게 이 [바퀴리 하다라다]	11 (2) (C. T.)		

Display in New Window Scan and uphrading

ACCIDENT STATEMENT

ACCI	DENT DATE: (30/06/2018) (DD/MM/YYYY), TIME: (0+:15) (HH:MM)
1004	TION: JERONG PORT ROAD / JLN AHMED IBRAHIM
LOCA	HON: JEROTOG TOR I MONEY OF THE TOTAL
1.	DETAILS OF VEHICLE
	aJVEHICLE NUMBER: FBE 8014H
	BINSURANCE COMPANY: NTUC-INCOME
59	CIPOLICY NUMBER: 5055637301-05
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: BATAT PULSAR 200 DEST
	()TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	HIPURPOSE 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
977	AINAME: IVE I I I I I I I I I I I I I I I I I I
RIBUD (M)	DINRIC/FIN/PASSPORT: GT 6616376 M CONTACT: 9831305)
KIPMU (100	CIADDRESS: BL K 209, 04-245
6 3 3	BOONLAY PLACE, SINGAPORE - 640209
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
*Ho of passanga	DRIVER GINAME: NETTIVATHU PUTHEN MADHAM RAMANADH MALEZ FEMALE) DINING (STANDASSECRE)
(Including driver)	a)NAME: (V C 1117/F (HV) V (DE/ FEMALE)
(2)	DINKIC/FIN/FASSPORT
(2)	C/ADDITION TO THE STATE OF THE
	*d)DATE OF BIRTH: (07) 05/ 1903 (DD/MM/YYYY)
1 11	e)OCCUPATION: (INDOOR / OUTDOOR)
	F) 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
	WAS ANYBODY INJURED (YES / NO)
7.	DIREPORTED TO POLICE (YES / NO) IF YES PLEASE STATE WHICH POLICE STATION: JURONG WEST-NPC
g .	11 100/1 10/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/100 1/1
*Ho of preconger	THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHB 7654 L MODEL: TAX CAR
	b) DRIVER'S NAME: NG HUNG TIONG
Claduding driver	C) NRIC/FIN/PASSPORT: S12441836 CONTACT: NIL
(, ,	THIRD PARTY VEHICLE
Accordance	d) VEHICLE NUMBER:MODEL:
A ten of houseader	e) DRIVER'S NAME:
(Including driver	NRIC/FIN/PASSPORT:CONTACT:
()	· ·
	16 A Total
	SAL THE SALE AND ADDRESS OF THE PARTY AND ADDR
2)	email = RAMNADHNS @ GMAIL . (OM



EMPLOYMENT PASS

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

AMEC FOSTER WHEELER ASIA PACIFIC PTE. LTD.

NETTIVATHI PITHENMADHAM HAMANADH SANKAHARAMA IVER

CONSTRUCTION SUPERINTENDENT

G8015370M

27-09-2016

11-10-2016

18-11-2018



L7287929

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 07 Jun 2010
of the driver, and other motor vehicles =< 2500kg

NP 428A



VISIT PASS Immigration Regulations

NETTIYATHU PUTHENMADHAM RAMANADH SANKARARAMA IYER

07-05-1983 M

Calle of Issue Gate of Expry

G6016370M 11-10-2016 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.

INDIAN





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 : FBE8014H Number of Seater : 2

Registration Date : 23 Sep 2010

: YES

Chassis Number

: MD2DHJCZZ\$CE45173

Insure with COE NCD Entitlement

10%

Excess (Section 1)

: N/A

Excess (Section 2)

: N/A

Loyalty Discount

: 5%

Registration Number

: UNIVERSAL MOTORS PTE LTD Hire Purchase Company

Memo A: N/A

Endorsement Operative: M2

: 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 Type:

P00 - Passenger

Motorcycle/Autocycle/Moped

No Attachment

Vehicle Attachment 1.

Vehicle Attachment 2:

LALAG

Vehicle Attachment 3: Vehicle Model:

Vehicle Scheme:

PULSAR 200 DTS-I

Vehicle Make: Chassis No :

MD2DHJCZZSCE45173

Engine No.

JCGBSE74865

Motor No.:

Trailer Chassis No.:

Normal

Propellant:

Petrol

Passenger Capacity:

Engine Capacity:

199 €€

Power Rating:

Unladen Weight

145 kg

Maximum Laden Weight: 280 kg

Primary Colour:

Red

Secondary Colour

First Registration Date:

23 Sep 2010

Original Registration

23 Sep 2010

Manufacturing Year

Date:

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

Foreign Passport

Owner ID Type:

Owner 10:

G1351205

Country.

India

516

Registered Address

HDB / HUDC

Registered Block/House

Registered Street Name:

JURONG WEST STREET 52

Registered Unit No.:

05 - 41

Registered Building

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. **Business Transaction**

20100923165351554521

Date

23 Sep 2010 16:53:51

Business Transaction Time:

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