

# NATIONAL Assessment Centre Services

Date In 31/10/2018 13:54	Job description	Date & Time Completed	Done by
Ref No NA/INC 18019809/K4	SAS e-filing		
Veh No GBF 6626A	E-mail (within 8hrs, AIC 2hrs)		
DOA 30/10/2018 10:05	I-Motor Claim Form	MT/1018013-001	01/11/18 10:10
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: Vch No: JSV 8429 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%; P: 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

NA1807073

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Call 1:

Call 2 / 3:

Invoice Preparation Checklist	Am't (\$)	Am't (\$)
1) AR: Accident Reporting (\$30);	1st Bill	Add. Bill
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TF: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idau DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idau Mobile \$0		
Invoice dated	Fees 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 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. 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	31/10/2018 13:54
Date Of Accident	30/10/2018 10:05
Exact Location Of Accident	AYE TWDS CTE BEFORE CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6626A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KRISH NEWSPAPER SERVICES
Co Reg No	53145991L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85254796
Alternative Phone No	OFFICE-85254796

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087596115-01
Cover Note Number	

### Driver

Name of Driver	PANDARINATHAN PATHMANABAN
NRIC No	S7763064C
Date Of Birth	31/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85254796
Fax Number	
Contact Number	OTHERS-85254796
EMail Address	NOEMAIL

Address	BLK 75 WHAMPOA DRIVE #11-350
Postcode	320075
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181030/2066 / T/20181030/2067

#### 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	JSV8429
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD AMMAR BIN MD YUNOS
NRIC/Passport Number	G2293351K
Contact Number	90195729
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:

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

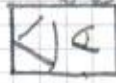
Reporting Centre Personnel's Signature  
Name: 31/10/2018  
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A: GDF 6626A

VEHICLE B: JSV 8429

APR TOWARDS CTE  
BEFORE CLEMENTI  
AVE 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT:

T/20181030/2066

T/20181030/2067

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

31/10/2018





# SINGAPORE POLICE FORCE



T/20181030/2066

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No. T/20181030/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2018 13:19		Vide Report No.:		Station Diary No.: 78	
<b>Informant's Particulars</b>					
Name of Informant: PANDARINATHAN PATHMANABAN			Address: APT BLK 75 WHAMPOA DRIVE #11-350 SINGAPORE 320075		
ID Type / ID No.: NRIC NO / S7763064C			Contact No.: Home/Office: Mobile: 85254796		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 31/05/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DHL DELIVERY MAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/10/2018 10:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY before Clementi Ave 6 exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6626A	Van	TOYOTA	HIACE	Yellow	Slightly Damaged	0
JSV8429	Motorcycle	YAMAHA	135	Black	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181030/2066

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

2 of 3

Report No. T/20181030/2066

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PANDARINATHAN PATHMANABAN	ID No.	S7763064C
Related Vehicle	GBF6626A (Van)	Contact No.	85254796
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	MOHD AMMAR BIN MD YUNOS	ID No.	G2293351K
Related Vehicle	JSV8429 (Motorcycle)	Contact No.	90195729
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 30/10/2018 at 10.05am, I was driving my van, registration no: GBF6626A (Yellow/Toyota) along lane 2 of AYE towards CTE, before Clementi Ave 6 exit. As the traffic was heavy and the cars on lane one had stopped, a Malaysian bike with registration no: JSV8429 (Black/Yamaha) which was on lane one, swerve towards my lane and his left handle bar hit onto my van's center portion. The rider then fell and sat on the floor. I also stopped to make a check. The rider did not have any visible injuries but complaint of pain on his right thigh area. I am not injured. Due to accident, my van's right center portion was scratched with dent.

The bike's side stand and left side mirror was damaged. The throttle and the IU unit was scratched.

I am lodging this report as requested by my insurance agent.





**SINGAPORE  
POLICE FORCE**



T/20181030/2066

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

3 of 3

Report No. T/20181030/2066

**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:  
E /  
Sgt 3 NUR INSYIRAH ANGEL THIA LAY PHING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/10/2018 13:19

Classification Of Case:



# SINGAPORE POLICE FORCE



T/20181030/2067

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20181030/2067

TP

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2018 13:30		Vide Report No.:		Station Diary No.: 79	
<b>Informant's Particulars</b>					
Name of Informant: MOHD AMMAR BIN MD YUNOS			Address:		
ID Type / ID No.: NRIC NO / G2293351K			Contact No.: Home/Office:		Mobile: 90195729
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 19/12/1978	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Other cleaners and helpers in hotels and related establishments			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/10/2018 10:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  AYE towards CTE, before Clementi Ave 6 exit				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6626A	Van				Slightly Damaged	0
JSV8429	Motorcycle				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20181030/2067

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

2 of 3

Report No. T/20181030/2067

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	PANDARINATHAN PATHMANABAN		ID No.	S7763064C
Related Vehicle	GBF6626A (Van)		Contact No.	85254796
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Rider</b>				
Name	MOHD AMMAR BIN MD YUNOS		ID No.	G2293351K
Related Vehicle	JSV8429 (Motorcycle)		Contact No.	90195729
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

**Brief Details.**

On 30/10/2018 at about 1005hrs, I was driving on lane one of AYE towards CTE.

Before the exit of Clementi Ave 6, the traffic was building up and the cars on lane one stopped. I applied emergency brake to avoid colliding into the front vehicle, but my wheels got locked and I swerved towards the left side. My left handle then hit onto a van, registration no: GBF6626A (Yellow/Toyota) right side. I fell but did not sustain any physical injury.

I wish to state that my motorbike sustained some damages as a result of this accident. There were some fresh scratches found on my IU unit, throttle and side mirror. There are also fresh dents on my motorbike's left side stand.

I also wish to add that the other party's van had also suffered some minor scratches.

That is all.



**SINGAPORE  
POLICE FORCE**



T/20181030/2067

3 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

TP

Report No. T/20181030/2067

**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:  
E /  
Sgt 2 CHUA HANRONG WILSON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Signature Of Informant:

Date/Time:  
30/10/2018 13:30

Classification Of Case:

72

Authentication Stamp  
NP168

SIGNATURE



Reported on 31/10/2018  
@ 1330hrs

## ACCIDENT STATEMENT

ACCIDENT DATE: 30/10/2018 (DD/MM/YYYY), TIME: 10:05 AM (HH:MM)

LOCATION: AYE before Clementi Ave 6 Exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G7BF 6626A  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8525 4796  
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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSV 8429 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 = ~~ROLAND.TIONG~~

ROLAND.TIONG 01@gmail.com

VIDEO =

Roland.Tiong01@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7763064C



Name  
**PANDARINATHAN  
PATHMANABAN**  
பி பதிமநாபன்

Race  
**INDIAN**

Date of birth  
**31-05-1977**

Sex  
**M**

Country of birth  
**INDIA**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7763064C**

Name  
**PANDARINATHAN  
PATHMANABAN**

Birth Date: **31 May 1977**

Issue Date: **13 Mar 2012**



002050613A

8856000



NRIC No: **S7763064C**



Nationality  
**INDIAN**

Date of issue  
**19-06-2007**

Address  
**APT BLK 75 WHAMPOA DRIVE #11-350  
SINGAPORE 320075**

NRIC No: **S7763064C**

Date: **21/11/2011**


No: **6934819**

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

EFFECTIVE DATE  
**19 Jul 2003**  
**19 Jul 2003**

Class 2B Motorcycles  $\leq 200$  cc  
Class 3 Motor Cars  $\leq 3000$ kg with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500$ kg

Licence No: **S7763064C**



NP 428A



## 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 :** 5087596115-01

**Cover :** Comprehensive

- |   |                                   |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>GBF6626A</b>                 |
| Chassis Number  | : <b>KDH2015024138</b>            |
| 2. Name of Policyholder   | : <b>KRISH NEWSPAPER SERVICES</b> |
| 3. Effective Date of Insurance  | : <b>24 Jan 2018</b>              |
| 4. Expiry Date of Insurance   | : <b>23 Jan 2019</b>              |
| 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.   |                                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ABWIN PTE LTD (00000614234)

Date of Issue : 26 Dec 2017 08:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



**ABWIN PTE LTD**  
8 KAKI BUKIT ROAD 2  
RUBY WAREHOUSE COMPLEX  
#01-33 SINGAPORE 417841  
TEL: 6842 3332 FAX: 6842 3301 (ADMIN OFFICE)



Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/10/2018 10:05"/>
Vehicle No.(For Motor)	<input type="text" value="GBF6626A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087596115-01		KRISH NEWSPAPER SERVICES	53145991L	GCV	Comprehensive	GBF6626A	GBF6626A	24/01/2018	23/01/2019



## ▼ Policy Information

Policy No.	5087596115-01	Policyholder Name	KRISH NEWSPAPER SERVICES	Policyholder NRIC	53145991L
Certificate No.					
Address	BLK 75 #11-350 WHAMPOA DRIVE WHAMPOA COURT SINGAPORE 320075				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/12/2017	Effective Date	24/01/2018 00:00	Expiry Date	23/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 75 #11-350	Address 2	WHAMPOA DRIVE	Address 3	WHAMPOA COURT
Address 4	SINGAPORE 320075	Address Type	Singapore address	Post Code	320075
Unit No.	11-350	Related Policy Number	5087596115-01		

## ▶ Insured Object: GBF6626A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

## Accident MT/1018013

Policy No.	5087596115-01	Vehicle No.	GBF6626A	GST Registration No.
Certificate No.				
Policyholder Name	KRISH NEWSPAPER SERVICES			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	85254796	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
<b>Accident Details</b>				
Report Date	01/11/2018 10:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/10/2018	Time of Accident hh:mm	10:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TWDS CTE BEFORE CLEMENTI AVE 6 EXIT			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		No
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	BLK 75 #11-350	Address 2	WHAMPOA DRIVE	Address 3
Address 4	SINGAPORE 320075	Address Type	Singapore address	Post Code
Unit No.	11-350	Related Policy Number	5087596115-01	
<b>OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	PANDARINATHAN PATHMANABAI	Driver NRIC	S7763064C	Driver DOB
Register Date of Driver License	19/07/2003	Driver Age	41	Driving Experience
Contact No.(Mobile)	85254796	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 75 #	Address 2	WHAMPOA DRIVE	Address 3
Address 4	SINGAPORE 320075	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KRISH
Contact No.(Mobile)	97332465	Contact No. (Home)	
Email Address		OI Vehicle Number	GBF662
Claim Description	GBF6626A / JSV8429 ON 30 Oct 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/11/2018 10:08
Print AK letter		Workshop Repairer	



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## Attachment



Accident No. MT/1018013 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 01/11/2018 10:10

Path \*

Category \*

Confidential

[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[Choose File](#) No file chosen[Message Read](#)[Clear](#)

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:08	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:07	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 10:05	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name