

NATIONAL Assessment Centre Services. [ref: J2005] MAY 18 2006

Date In:	Job description	Date & Time Completed	Done by
16/4/2018 12:39	SAS e-filing		
Ref No: NBATNCD5020810/Y	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FBH 41429	I-Motor Claim Form	MT/1050340001	9/11/2018
D.O.A: 14/4/2018 07:55	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14/38
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wkep / INC Assign Wkep / QW: ()		Tel: ()		Fax: ()	
TP Particulars: ()		Veh No: 960 2882		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: ()

Roll No.	DISE Roll No.	DISE Sample	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury : _____

[illegible]

NA807528		INVOICING PREPARATION CHECKLIST		DATE	BY	REMARKS
Client's Particulars:		1) AR : Accident Reporting (\$30)				
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$50)				
Contact No:		3) TP : Towing Fee \$40/\$45				
Damaged Portion:		4) FT : Follow-Through Survey \$120				
Checked by (Engr-In-Charge):		5) PT : Follow-Through Survey (Resurvey) \$30				
		For claim against INC Only (wef 10 Jan 2005)				
		6) TR : Re-inspection \$75				
		7) NI : Idan DA + SMRT Survey \$160				
		8) NTUC Additional Services:				
		ON:				
		*N5: Courtesy Car / Tpt Allowance \$5				
		*N6: Repair Coordination \$10				
		*N7: Post Repair Inspection \$25				
		*N8: DV / Collect License Coordination \$5				
		TP (N11) : TP (Non INC) against INC \$20				
		9) N12: Idan Mobile \$0				
		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 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	16/11/2018 12:39
Date Of Accident	14/11/2018 07:55
Exact Location Of Accident	ALONG AYER RAJAH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4142G
Insured/Policyholder	
Name Of Registered Owner	AMBALAGAN S/O V ARUMUGAM
NRIC No	S1236734A
Email Address	GOPIBOB59@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91723341
Alternative Phone No	OFFICE-91723341

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5060979361-05
Cover Note Number	

Driver

Name of Driver	AMBALAGAN S/O V ARUMUGAM
NRIC No	S1236734A
Date Of Birth	11/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91723341
Fax Number	
Contact Number	OFFICE-91723341
Email Address	GOPIBOB59@GMAIL.COM

Address	BLK 519 WEST COAST ROAD #09-633
Postcode	021591
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 - HEAD TO REAR
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181114/2143

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	GBD2188J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHNG SWEE HOE
NRIC/Passport Number	S0105901G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AMBALAGAN S/O V ARUMUGAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH4142G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

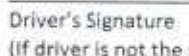
IMPORTANT NOTICE

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:

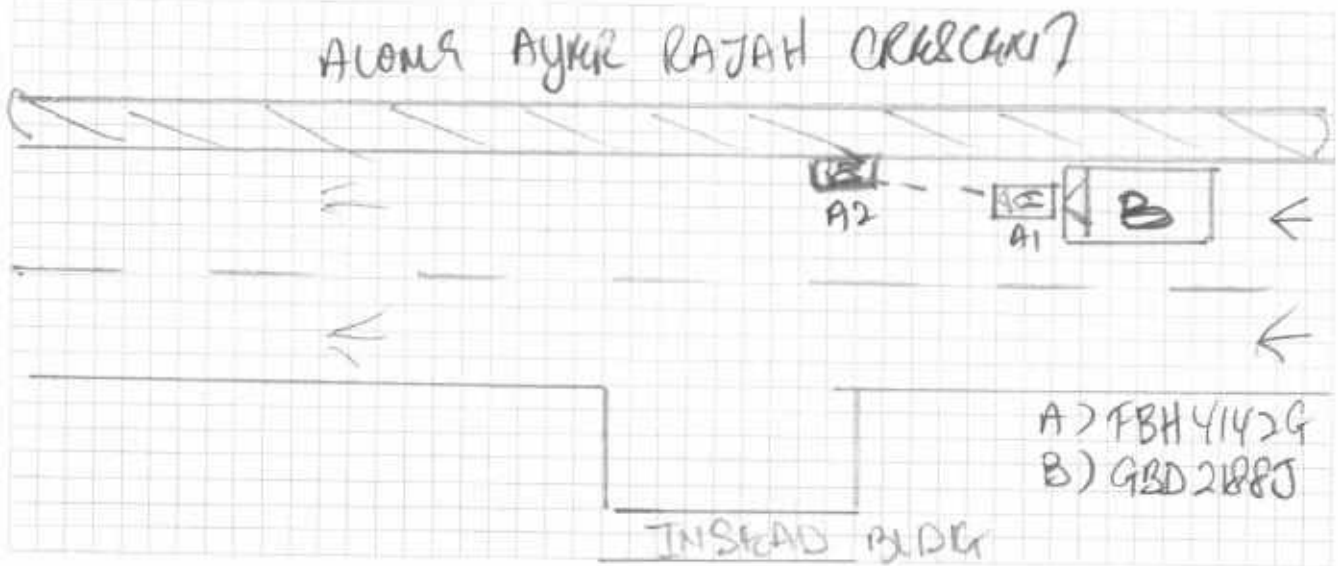
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER NICK REPORT
7/208114 / 2143

DECLARATION

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

1. 4.
Policyholder's Signature
Date & Time:

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

19/11/2018
Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181114/2143

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20181114/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 18:22	Vide Report No.:	Station Diary No.: 112
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Informant's Particulars			
Name of Informant: AMBALAGAN S/O V ARUMUGAM		Address: APT BLK 519 WEST COAST ROAD #09-633 SINGAPORE 120519	
ID Type / ID No.: NRIC NO / S1236734A		Contact No.: Home/Office: Mobile: 91723341	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 11/04/1957	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Electrical engineering technician (general)		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 08:00	Type of Location:
Location: Along Road 1 AYER RAJAR AVENUE				
Along Ayer Rajar Avenue towards one-north, near to Insead Asia Campus				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4142G	Motorcycle	HONDA	ANF125MSS A	Red	Slightly Damaged	0
GBD2188J	Van				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4142G	NTUC Income Insurance Co-Operative Limited	5060979361-05	12/06/2018	11/06/2019



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20181114/2143

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AMBALAGAN S/O V ARUMUGAM	ID No.	S1236734A
Related Vehicle	FBH4142G (Motorcycle)	Contact No.	91723341
Hospital/Clinic	NUHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/11/2018	Date Discharge	14/11/2018
No. of Days granted Medical Leave	01	Degree of Injury	NIL
Driver			
Name	CHNG SWEE HOE	ID No.	S0105901G
Related Vehicle	GBD2188J (Van)	Contact No.	96668316
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 14/11/2018 at about 0800hrs, I was riding my motorbike bearing the registration plate number FBH4142G along Ayer Rajar Avenue towards one-north, near to Insead Asia Campus. I was traveling on the most right lane of the two lane road. At the point of time, the road is wet and it was raining heavily. I came to a complete stop near to Insead Asia Campus.

After the traffic light turned green, I moved off and moments later I felt an impact from the rear. I skidded for about 10-15m and came to a stop. My right ankle was injured and there was laceration on my right ankle. My driver of GBD2188J came and rendered assistance and he apologized to me for hitting me from the rear. We had exchanged particulars and he wished to settle the issue privately.

I am lodging this report as a record purposed. I went to see doctor at NUH and I was given 1 day of MC. I have the recording of what happened prior to the accident. I think the van GBD2188J has an in-car camera. There are multiple scratches on the right side of my bike.



**SINGAPORE
POLICE FORCE**



T/20181114/2143

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 3

Report No. T/20181114/2143

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 NG JIA HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/11/2018 18:22

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 37

Authentication Stamp

NP168

SIGNATURE

Claim Handling

Accident MT/1020340

Policy No.	5060879361-05	Vehicle No.	FBH4142G	GST Registration No.	
Certificate No.					
Policyholder Name	AMBALAGAN S/O V ARUMUGAM	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	91276734A
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91722341	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFR	= No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	19/11/2018 14:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/11/2018	Time of Accident (h:mm)	07:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AYER RAJAH AVENUE				
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			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 519 #09-033	Address 2	WEST COAST ROAD	Address 3	WEST COAST PRIDE
Address 4	SINGAPORE 120519	Address Type	Singapore address	Post Code	120519
Unit No.		Related Policy Number	SGR7232894-02		
OI Driver Info					
Driver Name	AMBALAGAN S/O V ARUMUGAM	Driver Type	Main Driver	Driver DOB	11/04/1957
Unnamed driver Name		Driver NRIC	S1236734A	Driving Experience	16
Register Date of Driver License	01/01/2002	Driver Age	61	Contact No.(Office)	
Contact No.(Mobile)	91722341	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 519 #09-033	Address 2	WEST COAST ROAD	Address 3	WEST COAST PRIDE
Address 4	SINGAPORE 120519	Address Type	Singapore address	Post Code	120519
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBH4142G	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	AMBALAGAN S/O V ARUMUGAM	Insured NRIC	S1236
Contact No.(Mobile)	91722341	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address	AMBALAGANARUMUGAM@SPQR	CI	FBH4142G	TS	GBD21
Claim Description	FBH4142G / GBD21861 DR 14 Nov 2018			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Report No. Finalisation	Yes	Preferred Report Option	Preferred Workshop, Name unknown	GIA Report	Received
Date Registered	19/11/2018 14:37	Claim Close Date		Date Received	19/11/2018
Report Taken By	NCSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1020340	Claim No.	321
Last Doc. Received	Yes No	Upload Date	19/11/2018 14:38
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desc
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	It
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38		Photos	Normal	Photos 2018-11-19	

	File Name	Size	Type	Source
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	Photos	Normal	Photos 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	SAS	Normal	SAS 2018-11-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Nov 2018 14:38	NRIC Driving License	Normal	NRIC Driving License 2018-11-19

[View List](#)

Uploaded By/Date
Folder Date
File Name
?
Source

Display in New Window
Scan and uploading

Police Report

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 11 / 18 (DD/MM/YYYY), TIME: 0755 (HH:MM)

LOCATION: Apt Rupa Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 41429
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: MLHA 2030B 500538
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Wave
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 0755
 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: A. Anandaraman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1236739A CONTACT: 9
 c) ADDRESS: Blk-S19-#09-633

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: AS: ABUVA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 11 / 4 / 1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30 SEP-1983

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

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: Cementi Ave 5

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: FBH GRD 2188J MODEL: NISSAN
 b) DRIVER'S NAME: Chng Sze Hoe
 c) NRIC/FIN/PASSPORT: S61059019 CONTACT: _____

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()


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

email =

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1236734A





NAME
AMBALAGAN S/O V ARUMUGAM

RACE
INDIAN

DATE OF BIRTH
11-04-1957

COUNTRY OF BIRTH
SINGAPORE

REPUBLIC OF SINGAPORE - DRIVING LICENCE

Licence No. S1236734A



NAME
AMBALAGAN S/O V ARUMUGAM

Valid Date 11 Apr 1957
Issue Date 13 Aug 2003



0843645



NRIC No. S1236734A



Race Group Date of Issue
O+ 22-03-1993

NRIC No. 11-12-1999 No. 2018917

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

Class 2B Motorcycles not exceeding 300 cc

PASS DATE
30 Sep 1993

NP 428A

License No: S1236734A




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 : 5060979361-05

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBH4142G

Chassis Number

: MLHJA2030B5000588

2. Name of Policyholder

: AMBALAGAN S/O V ARUMUGAM

3. Effective Date of Insurance

: 12 Jun 2018

4. Expiry Date of Insurance

: 11 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: AMBALAGAN S/O V ARUMUGAM

NAMED DRIVER (2)

: MURUGAN S/O V.A

HIRE PURCHASE COMPANY

: N/A

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 : INCOME-BRANCH SERVICES (00000099613)

Date of Issue : 09 May 2018 12:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive