

# NATIONAL Assessment Centre Services.

[wef 1 Jan 05]

NA 48151187

Date In: 22/11/2018 10:45	Job description	Date & Time Completed	Done by
Ref No: NGA/INC/802113/Y	SAS e-filing		
Veh No: FB3 T72A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 15/11/2018 18:30	I-Motor Claim Form	MI/1020884-001	22/11/2018
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:07
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SG23106P

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 ( ) / Non-INC ( )

Tel:

Date:

Time:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

NA 1807656

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

2/3

Invoice Preparation / Client / Bill

- |   |            |
|---|------------|
| 1) AR: Accident Reporting (\$30)                |            |
| 2) DA: Damage Assessment (\$100)                | INC (\$50) |
| 3) TP: Towing Fee                               | \$40/\$45  |
| 4) FT: Follow-Through Survey                    | \$120      |
| 5) FT: Follow-Through Survey (Resurvey)         | \$30       |
| For claiming against INC Only (wef 10 Jan 2005) |            |
| 6) TR: Re-inspection                            | \$75       |
| 7) N1: Idao DA + SMRT Survey                    | \$160      |
| 8) NTUC Additional Services:                    |            |
| ON:   |            |
| *N5: Courtesy Car / Tpt Allowance               | \$3        |
| *N6: Repair Co-ordination                       | \$10       |
| *N7: Post Repair Inspection                     | \$25       |
| *N8: DV / Collect Excess Coordination           | \$3        |
| TP (N11): TP (N-in INC) against INC             | \$20       |
| 9) N12: Idao 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	22/11/2018 10:45
Date Of Accident	15/11/2018 18:30
Exact Location Of Accident	ALONG WEST COAST ROAD BEFORE ESSO PETROL KIOSK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB7772A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	NAVAMANIBED@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91563471
Alternative Phone No	OFFICE-91563471
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	X-1R-134CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	NATARAJAN NAVANEEDHAN
Passport No/FIN	G3123289P
Date Of Birth	15/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91563471
Fax Number	
Contact Number	OTHERS-91563471
EEmail Address	NAVAMANIBED@GMAIL.COM

Address	BLK 407 SIN MING AVENUE #03-213 FOOD XCHANGE @ ADMIRALTY
Postcode	570471
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -
<b>General Information of the Accident</b>	
Type Of Accident	COLLISION - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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?	YES
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
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
PLEASE REFER TO POLICE REPORT T/20181116/2030 (COLLISION TYPE IS HEAD TO SIDE)	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
<b>DETAILS OF OTHER VEHICLE PROPERTY 1</b>	
Vehicle Registration Number	SGZ3106P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	NATARAJAN NAVANEEDHAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF7772A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



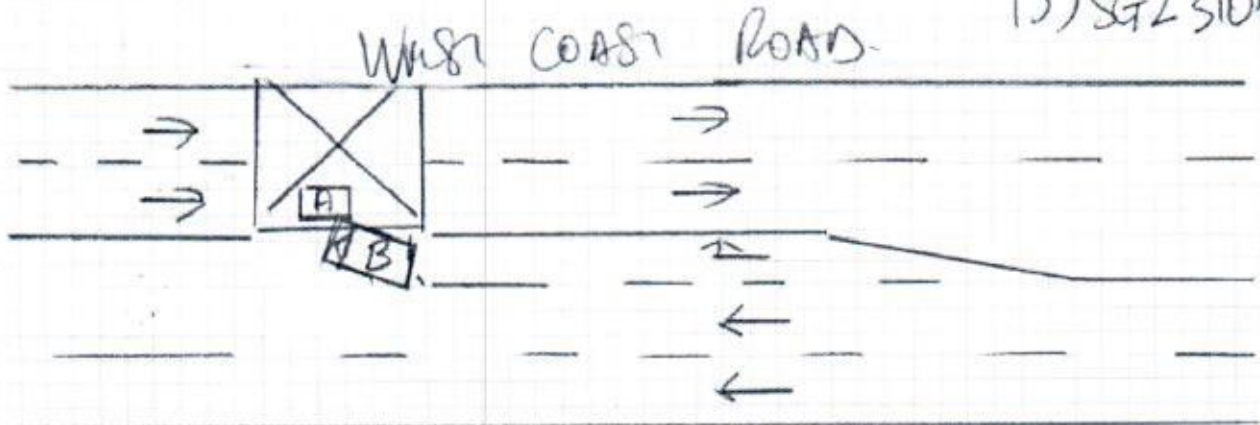
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A) FBB7772A  
B) SG23106P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFERRED TO POLICE REPORT  
7/2018/116/2030

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.:

22/11/2018

Redi Lina Jara





# SINGAPORE POLICE FORCE



T/20181116/2030

1 of 3

Report No. T/20181116/2030

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2018 12:30	Vide Report No.:	Station Diary No.: 69
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### Informant's Particulars

Name of Informant: NATARAJAN NAVANEEDHAN			Address: APT BLK 407 SIN MING AVENUE #03-213 FOOD XCHANGE @ ADMIRALTY SINGAPORE 570407	
ID Type / ID No.: FIN NO / G3123289P			Contact No.: Home/Office:	Mobile: 91563471
Nationality: INDIAN			Email:	
Sex: Male	Age: 30	Date of Birth: 15/06/1988	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 2B,3 Date of Expiry: 20/11/2021	

### General Information of the Accident

General Information of the Accident					
Type of Accident:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 15/11/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 WEST COAST ROAD  before esso petrol kiosk.					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7772A	Motorcycle	YAMAHA	X-1R	Red	Seriously Damaged	0

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20181116/2030

2 of 3

Report No. T/20181116/2030

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

Rider			
Name	NATARAJAN NAVANEEDHAN	ID No.	G3123289P
Related Vehicle	FBF7772A (Motorcycle)	Contact No.	91563471
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 20/11/2021
Date Treatment	15/11/2018	Date Discharge	15/11/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 15/11/2018 at about 1830hrs, I was riding FBF7772A at West Coast Road when I met with an accident. There was a car stationary waiting to do a U-turn at that the opposite direction road. I rode forwards, however, when I rode pass the U-turn, suddenly the car drove and hit me on my right side. I lost conscious after the accident happen. I was conveyed to the hospital from the scene. I suffered laceration on my right foot. I do not have the driver's particulars.





**SINGAPORE  
POLICE FORCE**



T/20181116/2030

3 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20181116/2030

**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 /

Sgt 2. EDWINA CHEW HUI LING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Signature Of Informant:

Date/Time:

16/11/2018 12:30

Classification Of Case:

Authentication Stamp

NP168

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1020884

Policy No.	5085645204-02	Vehicle No.	FBB7772A	GST Registration No.	
Certificate No.					
Policyholder Name	ALDRIDE PTE. LTD.			Policyholder NRIC	201629994W
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91563471	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	22/11/2018 10:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	15/11/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WEST COAST ROAD BEFORE ESSO PETROL KIOSK				
<b>Excess</b>					
Oven damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	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	60 ZION ROAD	Address 2	#06-02 ZENITH	Address 3	SINGAPORE 247785
Address 4		Address Type	Singapore address	Post Code	247785
Unit No.	04-08	Related Policy Number	5085645204-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/06/1988
Unnamed driver Name	NATARAJAN NAVANEEDHAN	Driver NRIC	G3123289P	Driving Experience	1
Register Date of Driver License	21/11/2016	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	91563471	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	570471
Address 4		Address Type	Foreign address		
Unit No.	03-213				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBB7772A	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	ALDRIDE PTE. LTD.	Insured NRIC	201629994W	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		Vehicle Number	FBB7772A	TP Vehicle Number	SGZ31	
Claim Description	FBB7772A / SGZ3106P ON 15 Nov 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Refund No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			
Date Registered	22/11/2018 11:05	Claim Close Date		Date Received	22/11/2018	
Report Taken By	ROSLI WAHAB					
<input type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1020884	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	22/11/2018 11:07			
Path *		Category *	Confidential	Urgency *	Description	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	
<b>Attachment List</b>						
Attachment	Uploaded By/Date	Category	Urgency	Description		
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-22		



S (BUKIT MERAH)) on 22 Nov 2018 11:07



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 22 Nov 2018 11:06

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Photos

Normal

Photos 2018-11-22

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SAS 2018-11-22

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading



### EMPLOYMENT PASS

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

Employer:  
AMV PTE. LTD.



Name  
**NATARAJAN NAVANEEDHAN**  
Occupation  
**CHAUFFEUR, PRIVATE MOTOR CAR**

FIN  
**G3123289P**



Date of Application  
**23-10-2017**  
Date of Issue  
**20-11-2017**  
Date of Expiry  
**21-11-2019**



L8581445



### REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **G3123289P**

Name: **NATARAJAN NAVANEEDHAN**

Birth Date: **15 Jun 1988**

Issue Date: **29 Jan 2018**

Valid Till: **20/11/2021**



### VISIT PASS

Immigration Regulations

Name

**NATARAJAN NAVANEEDHAN**



Date of Birth	Sex	Nationality
<b>15-06-1988</b>	<b>M</b>	<b>INDIAN</b>
FIN	Date of Issue	Date of Expiry
<b>G3123289P</b>	<b>20-11-2017</b>	<b>21-11-2019</b>

**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.**



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

Class 2B  
Class 3

Motorcycles =< 200 cc  
Motor cars with unladen weight =< 3000kg with =< 7  
passengers, exclusive of driver; and other motor  
vehicles with unladen weight =< 2500kg

EFFECTIVE DATE

21 Nov 2016

21 Nov 2016

NP 428A





Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/11/2018 10:43"/>
Vehicle No.(For Motor)	<input type="text" value="FBB7772A"/>	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"/>	5085645204-02		ALORIDE PTE. LTD.	201629994W	GFT	Third Party	FBB7772A	FBB7772A	02/11/2018	

## ▼ Policy Information

Policy No.	5085645204-02	Policyholder Name	ALORIDE PTE. LTD.	Policyholder NRIC	201629994W
Certificate No.					
Address	60 ZION ROAD #06-02 ZENITH SINGAPORE 247785				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/10/2018	Effective Date	02/11/2018 00:00	Expiry Date	01/11/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	
Additional Excess		OS Premium	20218.49		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	60 ZION ROAD	Address 2	#06-02 ZENITH	Address 3	SINGAPORE 247785
Address 4		Address Type	Singapore address	Post Code	247785
Unit No.	04-08	Related Policy Number	5085645204-02		

## ► Insured Object: FBB7772A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	02/11/2018 00:00	Basic Information Endorsement	000001286935055	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBB4878Z 02-11-2018 \$442.53 2. FQ6014K 02-11-2018 \$526.61 3. FX4333R 02-11-2018 \$442.53 In view of this amendment, a refund of \$1,411.89 (inclusive of GST) will be adjusted against the outstanding premium.
2	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2018, the following amendment(s) is/are made to this policy:
3	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 05-11-2018 \$ In view of this amendment, a refund of \$x (inclusive of GST) will be adjusted against the outstanding premium.
4	05/11/2018 00:00	Basic Information Endorsement	000001286937513	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 02-11-2018 \$442.53 In view of this amendment, a refund of \$442.53 (inclusive of GST) will be adjusted against the outstanding premium.
5	05/11/2018 00:00	Basic Information Endorsement	000001286937461	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4472Y 05-11-2018 \$438.89 In view of this amendment, a refund of \$438.89 (inclusive of GST) will be adjusted against the outstanding premium.
6	13/11/2018 00:00	Basic Information Endorsement	000001286942318	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FU7937U 19-11-2018 \$421.92 In view of this amendment,