

NATIONAL Assessment Centre Services.

[ver 1 Jan'05] 19 MAY 19 011149

Date In: 28/01/2019 15:03	Job description	Date & Time Completed	Done by
Ref No: N/A / INC 19001519/4	SAS e-filing		
Veh No: FBJ 2193D	E-mail (ajuda 8hrs, AIC 2hrs)		
D.O.A: 19/01/2019 12:05	I-Motor Claim Form	19/01/2019 10:28:57-002	23/01/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:21
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: SLW 644R	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA/1900.680 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Int. 1: 2/3:	Invoice Ref: 19001519/4	
	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100); INC (\$80)	
	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection For claiming against INC Only (ver 10 Jan 2005) \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
*NS: Courtesy Car / Tpl Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$23		
*N8: DV / Collect Excess Coordination \$3		
TP (N11): TP (N-in INC) against INC \$20		
9) N1: 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	23/01/2019 15:03
Date Of Accident	19/01/2019 12:05
Exact Location Of Accident	ALONG FARRER ROAD TOWARDS LORNIE NEAR LAMPOST 77
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7193D
Insured/Policyholder	
Name Of Registered Owner	KNAGESVARAN S/O THRUNAVAKARASU
NRIC No	S8516484H
Email Address	VARAN786@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93882097
Alternative Phone No	OTHERS-93882097

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RAZL4 HAYABUSA ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094638584-01
Cover Note Number	

Driver

Name of Driver	KNAGESVARAN S/O THRUNAVAKARASU
NRIC No	S8516484H
Date Of Birth	11/05/1985
Occupation	INDOOR
Date Of Driving Pass	01/08/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93882097
Fax Number	
Contact Number	OTHERS-93882097
Email Address	VARAN786@HOTMAIL.COM

Address	BLK 64 COMMONWEALTH DRIVE #07-289
Postcode	140064
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW6144R
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHELSEA CHEN XI
NRIC/Passport Number	S9348652H
Contact Number	81116471
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KNAGESVARAN S/O THRUNAVAKARASU
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ7193D
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.

X 

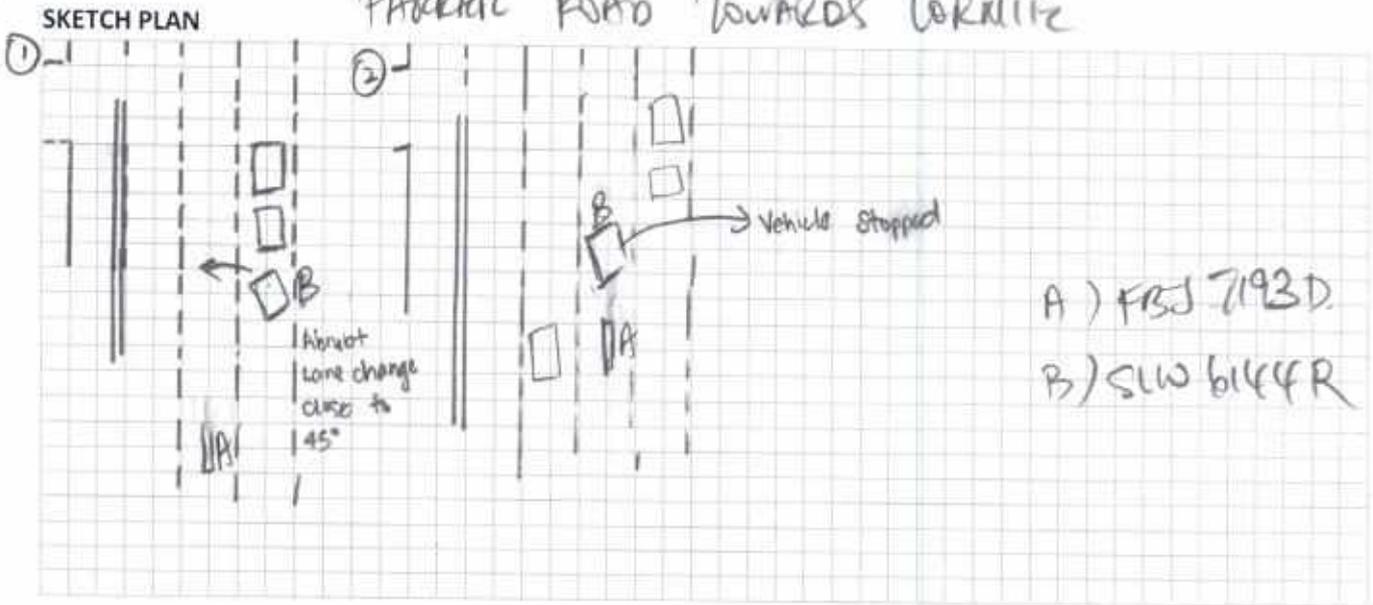
Policyholder's Signature
Date & Time: 22-01-2019 &
1244 hrs

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



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

FARRER ROAD TOWARDS LARKITE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20/19/20/2027*

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 22-01-2019
1244 hrs

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

[Signature] 23/01/2019

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



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190120/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 10:39		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: KNAGESVARAN S/O THRUNAVAKARASU			Address: APT BLK 64 COMMONWEALTH DRIVE #07-289 SINGAPORE 140064		
ID Type / ID No.: NRIC NO / S8516484H			Contact No.:		Mobile: 93882097
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 11/05/1985	Type of Informant: Rider		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Police officer		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/01/2019 12:05	Type of Location: Straight Road
Location: Along Road 1 FARRER ROAD Near Lamp Post number #77. Lamp Post Number: 77				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7193D	Motorcycle	SUZUKI	GSX1300RA ZL4 (HAYABUSA ABS)	Red	Seriously Damaged	0
SLW6144R	Car	VOLKSWAGO N		White		1



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190120/2027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7193D	NTUC Income Insurance Co-Operative Limited	5094638584-01	28/09/2018	27/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KNAGESVARAN S/O THRUNAVAKARASU	ID No.	S8516484H	
Related Vehicle	FBJ7193D (Motorcycle)	Contact No.	93882097	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	19/01/2019	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	CHELSEA CHEN XI	ID No.	S9348652H	
Related Vehicle	SLW6144R (Car)	Contact No.	81116471	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 19/01/2019, I was riding my motorbike FBJ7193D along Farrer Rd as I was heading to my cousin's place. I was riding on the 2nd lane at that time. While I was riding, a white car SLW6144R changed lane from 1st to 2nd lane and subsequently stopped there abruptly. As a result, I was unable to stop on time and my bike hit onto the rear and I flung out from my bike. I was lying on the floor for quite some time before I could get back up on my feet. I then walked over to the pavement and the driver of the car exchanged her particulars with me. Shortly after, the ambulance came to scene. The paramedics checked on me and I was conveyed to NUH for further checks. I was diagnosed with minor abrasions on left elbow and back pain. I was discharged on the same day and was given 5 days of MC.

I wish to state that this is the first time I had encountered with such accident. I had in-built camera on my motorbike and it had captured the whole incident. Based on the footage, the accident happened at 1207hrs.

I will also wish to state that I was unable to stop in time to avoid collision because she encroach my lane



**SINGAPORE
POLICE FORCE**



T/20190120/2027

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Report No. T/20190120/2027

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

abruptly. Based on the video, she changed from extreme right lane to my lane (second lane) abruptly. After changing, she then stopped the vehicle. I think she wanted to turn left as the car was slanted and the car in front had already moved forward. I slowed down at the same time and applied e-brake. It is not my fault.

In the video there was no vehicle in front of the car as such I am affirmative the intention to turn left. if she drove straight this incident would not have happen.

When I was at the road I asked her will you about to turn left and she replied yes. While waiting for ambulance and traffic police, she was talking to few other male and awhile later before conveyed to hospital I asked and she said no she was going straight.



**SINGAPORE
POLICE FORCE**



T/20190120/2027

4 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

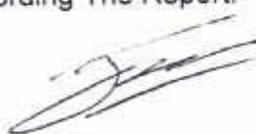
Report No. T/20190120/2027

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 / Staff Sgt TAN WEI JIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2019 10:39
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Claim Handling

Accident MT/103857

Policy No.	5094638584-01	Vehicle No.	F6J7193D	GST Registration No.	
Certificate No.				Policyholder NRIC	S8516484H
Policyholder Name	KNAGESVARAN S/O THIRUNAVAKARASU	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	15	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	22/01/2019 11:47	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collision - Head to Rear
Date of Accident	19/01/2019	Time of Accident (h:mm)	12:20	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	Yes	ICM No.	3854473
Accident Location	ALONG FARRER ROAD				

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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 64 #07-289	Address 2	COMMONWEALTH DRIVE	Address 3	SINGAPORE 140064
Address 4		Address Type	Singapore address	Post Code	140064
Unit No.		Related Policy Number	5094638584-01		

OT Driver Info

Driver Name	KNAGESVARAN S/O THIRUNAVAKARASU	Driver Type	Main Driver	Driver DOB	11/05/1985
Unnamed driver Name		Driver NRIC	S8516484H	Driving Experience	15
Register Date of Driver License	19/11/2003	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	93882097	Contact No. (Office)		Address 3	SINGAPORE 140064
Address 1	BLK 64 #07-289	Address 2	COMMONWEALTH DRIVE	Post Code	140064
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 002 **New**

Claim Handling

Accident MT/103857

Policy No.	5094638584-01	Vehicle No.	F6J7193D	GST Registration No.	
Certificate No.				Policyholder NRIC	S8516484H
Policyholder Name	KNAGESVARAN S/O THIRUNAVAKARASU	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	15	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	22/01/2019 11:47	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collision - Head to Rear
Date of Accident	19/01/2019	Time of Accident (h:mm)	12:20	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	Yes	ICM No.	3854473
Accident Location	ALONG FARRER ROAD				

Total Excess Applicable					
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			
Excess Type		Windscreen Excess			

All Claims Excess		Driver is Covered?	
YTD All Claim Excess			
Total All Claim Excess Applicable			
OD Standard Excess		TP Standard Excess	
YTD OD Excess		YTD TP Excess	Driver is Covered!
Additional Excess			
Total OD Excess Applicable		Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 64 #07-289	Address 2	COMMONWEALTH DRIVE	Address 3	SINGAPORE 140064
Address 4		Address Type	Singapore address	Post Code	140064
Unit No.		Related Policy Number	5094638584-01		

OT Driver Info

Driver Name	KNAGESVARAN S/O THIRUNAVAKARASU	Driver Type	Main Driver	Driver DOB	11/05/1985
Unnamed driver Name		Driver NRIC	S8516484H	Driving Experience	15
Register Date of Driver License	19/11/2003	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	93882097	Contact No. (Office)			



S (BUKIT MERAH) on 23 Jan 2019 15:00

- NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Jan 2019 15:00
- NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Jan 2019 15:00
- NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Jan 2019 15:00
- NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Jan 2019 15:00

Photos

Normal

Photos 2019-1-23

Video List

Uploaded By/Data

Folder Date

File Name:



Source

Apod

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 01 / 2019) (DD/MM/YYYY). TIME: (12 : 07) (HH:MM)

LOCATION: Farrer Road towards Lorrie

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F6J 7193 D
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5094638584-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SUZUKI HAYABUSA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: KNAGESVARAN S/O THIRUNAVAKARHISU (MALE /
b) NRIC/FIN/PASSPORT: S 8516784-H CONTACT: 9388 2097
c) ADDRESS: Block bt Commonwealth Drive #07-289
Postal Code 140064

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (11 / 05 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01 August 2006

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: Queenstown

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 6144 R MODEL: volkswagen
b) DRIVER'S NAME: CHELSEA CHEN XI
c) NRIC/FIN/PASSPORT: S9348652 H CONTACT: 8111 6471

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = varan786@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8516484H



Name

KNAGESVARAN S/O
THRUNAVAKARASU

Race

INDIAN

Date of birth

11-05-1985

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8516484H

Name
KNAGESVARAN S/O
THRUNAVAKARASU

Birth Date 11 May 1985

Issue Date 14 Sep 2013

002224747A

4839723

NRIC No. S8516484H

Date of issue
15-10-2010

Address
APT BLK 64 COMMONWEALTH DRIVE
#07-289
SINGAPORE 140064

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

CLASS	DESCRIPTION	EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	19 Nov 2003
Class 2A	Motorcycles between 201 cc and 400 cc	21 Dec 2004
Class 2	Motorcycles $>$ 400 cc	01 Aug 2006
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	24 Apr 2006
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	29 May 2013
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	14 Sep 2013
	*Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

NP 435A

Licence No: S8516484H

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Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094638584-01		KNAGESVARAN S/O THRUNAVAKARASU	S8516484H	GMC	Third Party, Fire & Theft	FBJ7193D	FBJ7193D	26/09/2018	27/09/2019