



### 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 12/02/2019 19:45  
Date Of Accident 21/12/2018 10:15 ✓  
Exact Location Of Accident PIE (CHANGI) BEFORE JALAN BAHAR EXIT 36  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL4716E  
**Insured/Policyholder**  
Name Of Registered Owner VEERAMANI BOOPALAN ✓  
Passport No/FIN G2280616K  
Email Address BOOPALANV3@GMAIL.COM  
Mobile Phone No (LOCAL) +65-81721705  
Alternative Phone No OTHERS-81721705

#### Vehicle Particulars

Manufacturer BAJAJ  
Model PULSAR-200CC DTS-I (M)  
Exact Purpose for which vehicle was being used at time of accident GOING TO OFFICE  
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  
Fleet Policy NO  
Policy Number 5085983423-01 ✗  
Cover Note Number

#### Driver

Name of Driver VEERAMANI BOOPALAN ✓  
Passport No/FIN G2280616K ✓  
Date Of Birth 07/12/1989 ✓  
Occupation INDOOR  
Date Of Driving Pass 03/09/2013  
Driving Experience 5 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81721705  
Fax Number  
Contact Number OTHERS-81721705  
EMail Address BOOPALANV3@GMAIL.COM

Address	BLK 836 JURONG WEST STREET 81 #09-65
Postcode	640836
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	SIDE SWIPE
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190112/2133

#### 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	SHB3366U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NOR AMANINA JAMIL
NRIC/Passport Number	
Contact Number	97243362
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name

VEERAMANI BOOPALAN

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBL4716E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## SKETCH PLAN

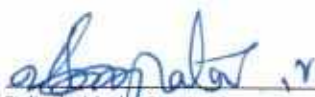
### IMPORTANT NOTICE

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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:

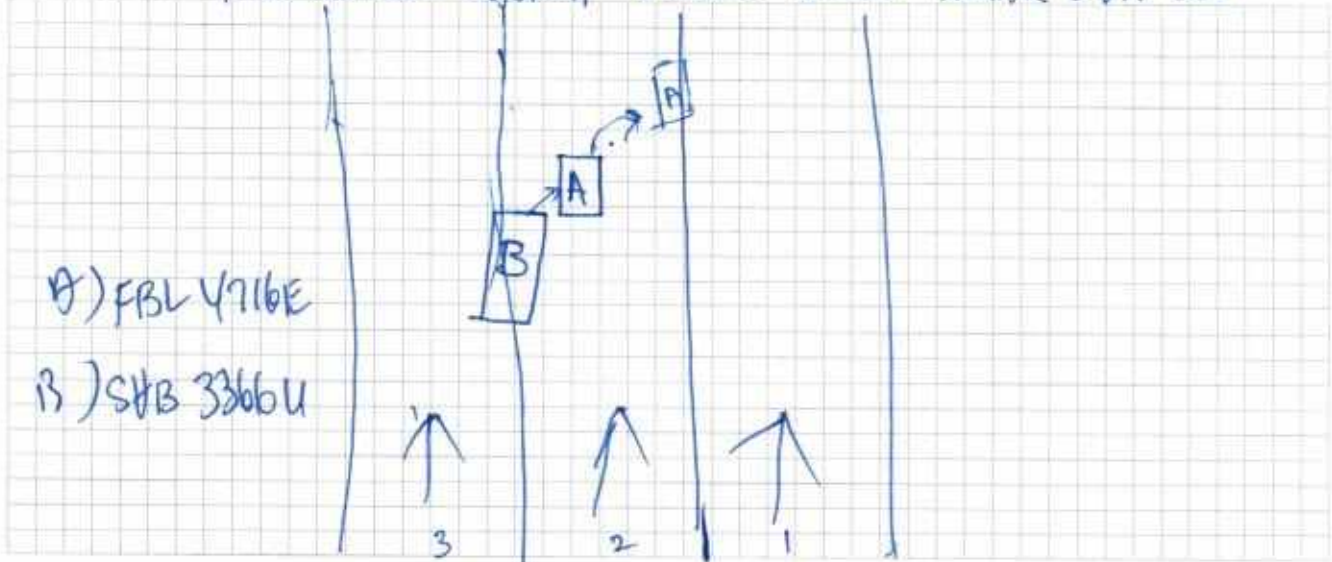
  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PIE Roadside Camera Break Jalan Bahar Exit 36



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section:

PLS Refer to Police Report  
T/20190112/2133

DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time:

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

*[Signature]* 12/01/2019  
Reporting Centre Personnel's Signature  
Name: Roshni Umthars  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20190112/2133

1 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20190112/2133

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2019 19:59		Vide Report No.:		Station Diary No.: 142	
<b>Informant's Particulars</b>					
Name of Informant: VEERAMANI BOOPALAN			Address: 836 JURONG WEST STREET 81 #09-65 SINGAPORE 640836		
ID Type / ID No.: FIN NO / G2280616K			Contact No.: Home/Office:		Mobile: 81721705
Nationality: INDIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 07/12/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PRODUCTION CONTROLLER			Driving Licence Information: Class: 2B,3C		Date of Expiry: 02/09/2023

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2018 10:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (CHANGI), BEFORE JALAN BAHAR EXIT 36				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4716E	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue	Slightly Damaged	0
SHB3366U	Car	HYUNDAI	I40	Yellow	Slightly Damaged	3

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL4716E	NTUC Income Insurance Co-Operative Limited	5085983423-02	26/12/2018	25/12/2019



**SINGAPORE  
POLICE FORCE**



T/20190112/2133

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20190112/2133

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	VEERAMANI BOOPALAN	ID No.	G2280616K
Related Vehicle	FBL4716E (Motorcycle)	Contact No.	81721705
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 02/09/2023
Date Treatment	21/12/2018	Date Discharge	21/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Passenger</b>			
Name	NOR AMANINA JAMIL	ID No.	NIL
Related Vehicle	SHB3366U (Car)	Contact No.	92743362
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 21/12/18 at about 1015hrs, I was riding my motorcycle (FBL4716E) along PIE (Changi) before the Jalan Bahar (Exit 36). I was on the second lane. I then noticed that a taxi (SHB3366U) coming from my left on the third lane. The taxi was seen coming nearer to my motorcycle. I then swerved to the middle of the second and first lane to avoid colliding with the taxi. The taxi then kept on coming towards my motorcycle and I shouted. Subsequently, the front of the taxi hit onto my handlebar and caused me to fall off my motorcycle.

The taxi had stopped after the accident and the driver came down. One of his passenger namely Nor Amanina Jamil Hp: 92743362 had approached me and handed me her name card and informed that she can be contacted to provide any information regarding the accident. Another driver from behind us had also stopped to assist. The driver had helped to call for Ambulance. I sustained abrasions on my left knuckle, the left side of my face and my back. I also sustained a deep cut on my left knee.

The ambulance came and conveyed me in a conscious state to Ng Teng Fong General Hospital. Traffic Police had also came down. The deep cut on my left knee has to be stitched. I was given MC from 21/12/18 to 29/12/18, 31/12/18 to 05/01/19, 07/01/19 and 10/01/19 to 14/01/19.

On 05/01/19, my house owner handed over a letter from Traffic Police advising me to lodge a Traffic Accident report with ref to TP/IP/69961/2018 under Traffic Police Investigating Officer Rashidah Binte Azman Tel: 65476216.



**SINGAPORE  
POLICE FORCE**



T/20190112/2133

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20190112/2133

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190112/2133

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

4 of 4

Report No. T/20190112/2133

**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 /

Staff Sgt NORIMAWATI BINTI ABDULLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

Signature Of Informant:

Date/Time:

12/01/2019 19:59

Classification Of Case:

SN 127

Authentication Stamp

NP168

Signature :

Singapore Police Force

## Claim Handling

## Accident MT/1031753

Policy No.	SD8983423-01	Vehicle No.	FBL4716E	GST Registration No.	
Certificate No.					
Policyholder Name	VEERAMANI BOOPALAN			Policyholder NRIC	G2280618K
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	8
Contact No.(Mobile)	81721705	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	<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	No
<b>Accident Details</b>					
Report Date	12/02/2019 19:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/12/2018	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE (CHANGE) BEFORE JALAN BAHAR EXIT 3E				
<b>Excess</b>					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefit</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 836 #09-05	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640836
Address 4		Address Type	Singapore address	Post Code	640836
Unit No.	09-05	Related Policy Number	SD8983423-02		
<b>OT Driver Info</b>					
Driver Name	VEERAMANI BOOPALAN	Driver Type	Main Driver	Driver DOB	07/12/1989
Unnamed driver Name		Driver NRIC	G2280618K	Driving Experience	3
Register Date of Driver License	03/06/2013	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	81721705	Contact No.(Office)		Address 3	SINGAPORE 640836
Address 1	BLK 836 #09-05	Address 2	JURONG WEST STREET 81	Post Code	640836
Address 4		Address Type	Singapore address		
Unit No.	09-05			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBL4716E		
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

## Modification History

Claim 001

Claim Type *	OD-NX	Insured Name	VEERAMANI BOOPALAN	Insured NRIC	G2280618K
Contact No.(Mobile)	81721705	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	FBL4716E	TP Vehicle Number	GHB3166J
Claim Description	FBL4716E / SHB3366J ON 21 Dec 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair No.	Yes	Repair Option	Preferred Workshop, Name unknown	GCA report	Received
Date Registered	12/02/2019 19:44	Claim Close Date		Date Received	12/02/2019 00:00
Report Taken By	RDSLJ WANAS				

☐ Print AK letter 

## Attachment

Account No.	MT/1031753	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2019 20:05
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)	A
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 20:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 20:05	SAS	Normal	SAS 2019-2-12		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:45	Photos	Normal	Photos 2019-2-12		

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:45	Photos	Normal	Photos 2019-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:45	Photos	Normal	Photos 2019-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:44	Photos	Normal	Photos 2019-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:44	Photos	Normal	Photos 2019-2-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:44	Photos	Normal	Photos 2019-2-12
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:44	Photos	Normal	Photos 2019-2-12

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

## ACCIDENT STATEMENT

ACCIDENT DATE: (21/12/2018) (DD/MM/YYYY), TIME: (10:15) (HH:MM)

LOCATION: ALORNI ROAD 1 - PIE (MAIN RD), Before TALAN BAHAR EXIT 36

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL4716E  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5085983423-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BAJAJ PULSAR 200 DTS-1  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Gro OFFICE  
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: VEERAMANI BOOPALAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G2280616K CONTACT: 81721705  
c) ADDRESS: BLK 836 - 09-65 JURONG WEST STREET 81,  
SINGAPORE - 640836

\* 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: (07/12/1989) (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: SHB33660 MODEL: HYUNDAI i40  
b) DRIVER'S NAME: ABR AMANINA JAMIL  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92743362

### 9. THIRD PARTY VEHICLE

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

Email = boopalanv3@gmail.com

VIDEO

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

Employer:  
**REVOLUTION COSMETICS USA PTE. LTD.**

Sector: **MANUFACTURING**

Name:  
**VEERAMANI BOOPALAN**

Occupation:  
**PROCESS (CONTROL) ENGINEER**

S Pass No.  
**0 36070277**

Date of Application  
**17-04-2017**

Date of Issue  
**04-05-2017**

Date of Expiry  
**10-06-2020**

**L7892723**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

**G2280616K**

**VEERAMANI BOOPALAN**

Birth Date: **07 Dec 1989**

Issue Date: **27 Aug 2018**

Valid Till: **02/09/2023**

**002838924E**

**VISIT PASS**  
Immigration Regulations

Name:  
**VEERAMANI BOOPALAN**

Date of Birth: **07-12-1989** Sex: **M** Nationality: **INDIAN**

FIN: **02280616K** Date of Issue: **04-05-2017** Date of Expiry: **10-06-2020**

**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)			EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc		03 Sep 2013
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver		27 Aug 2018

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="21/12/2018 10:07"/>							
Vehicle No. (For Motor)	<input type="text" value="FBL4716E"/>	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"/>	5085983423-01		VEERAMANJ BOOPALAN	G2280616K	GMC	Third Party	FBL4716E	FBL4716E	26/12/2017	25/12/2018
<input type="button" value="Continue"/>										