

MAH49043920

FOR: IC-DEC-2018 MON 08:09



## 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	04/04/2019 15:51
Date Of Accident	24/03/2019 13:30
Exact Location Of Accident	PETIR ROAD TOWARDS JELEBU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC9427D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83321201
Alternative Phone No	OFFICE-83321201

### Vehicle Particulars

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

### Insurance Company

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	

### Driver

Name of Driver	THAVAMANI PRASATH
Passport No/FIN	G2725827T
Date Of Birth	26/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83321201
Fax Number	
Contact Number	OTHERS-83321201
Email Address	NOEMAIL

Address	BLK 456 CHOA CHU KANG AVENUE 4 #05-91
Postcode	680456
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	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190403/2092

#### 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	SLZ168X
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARCUS LOY JINWEI
NRIC/Passport Number	S9050992F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name THAVAMANI PRASATH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBC9427D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

*C. Pans-RS*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*oeloe/2019*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*Reza Wafar*



SKETCH PLAN

PERK ROAD TOWNS JHABU ROAD



A) FBC 9427 D

B) SLZ 168X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PERK ROAD TO JHABU ROAD*  
*7/20/2019 10:03*  
*7/20/2019 10:02*

DECLARATION

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



Policyholder's Signature  
 Date & Time:

*G. P. S. H.*  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

*7/20/2019*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No:



# SINGAPORE POLICE FORCE



T/20190403/2092

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190403/2092

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 13:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: THAVAMANI PRASATH			Address: APT BLK 456 CHOA CHU KANG AVENUE 4 #05-91 SINGAPORE 680456		
ID Type / ID No.: FIN NO / G2725827T			Contact No.: Home/Office: Mobile: 83321201		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 26/05/1992	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2019 13:30	Type of Location:
Location: Along Road 1 PETIR ROAD  TOWARDS JELEBU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9427D	Motorcycle	YAMAHA	X-1R		Slightly Damaged	0
SLZ168X	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV			0



# SINGAPORE POLICE FORCE



T/20190403/2092

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190403/2092

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	THAVAMANI PRASATH	ID No.	G2725827T
Related Vehicle	FBC9427D (Motorcycle)	Contact No.	83321201
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
<b>Driver</b>			
Name	MARCUS LOY JINWEI	ID No.	S9050992F
Related Vehicle	SLZ168X (Car)	Contact No.	NIL
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 STATED TIME, DATE AND LOCATION,  
I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MOST RIGHT LANE OF 2 LANES  
WANTED TO GO STRAIGHT. OUT OF A SUDDEN, THIS SAID M/CAR MADE A SUDDEN BRAKE  
(EMERGENCY BRAKE) AND MADE A U TURN WITHOUT TURN ON HIS RIGHT SIGNAL LIGHT. I  
HAD NO TIME TO REACT. I SWERVED MY VEHICLE TO THE RIGHT AND FALL DOWN. NO  
VEHICLE WAS INVOLVE AND I DID NOT COLLIDE ONTO ANY OTHER VEHICLES. I SUFFERED  
SOME CUTS ON MY HAND AND LEG. WE DECIDED TO SETTLE PRIVATELY BUT THE DRIVER  
WANTED TO CLAIM INSURANCE AGAINST ME CLAIMING THAT I HAD DAMAGED HIS VEHICLE. I  
AWARE THAT WHEN THE ACCIDENT HAPPENED, I DID NOT HIT OR COLLIDED ONTO ANY OTHER  
VEHICLE INCLUDING THE VEHICLE INFRONT ME. THE INCIDENT WAS ATTENDED BY TRAFFIC  
POLICE BUT HE SAID " NO PROBLEM" THATS WHY I CAME BACK HOME.





**SINGAPORE  
POLICE FORCE**



T/20190403/2092

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190403/2092

**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:  
TP /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Informant:

*T. P. 2019 28*

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/04/2019 13:08

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Classification Of Case:

*[Signature]*  
SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature:



**SINGAPORE  
POLICE FORCE**



J/20190402/2039

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20190402/2039

Police Station Of Origin  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Date/Time Report Made 02/04/2019 11:14	Vide Report No.	Station Diary No. 42
Name Of Informant THAVAMANI PRASATH	Address APT BLK 456 CHOA CHU KANG AVENUE 4 #05-91 PPT LODGE 1B SINGAPORE 680456	
ID Type / ID No. FIN NO / G2725827T	Contact No. Home/Office Mobile 83321201	
Nationality INDIAN	Email Address	
Occupation GRAB RIDER	Sex Male	Age 26
Institution/School Name	Date of Birth 26/05/1992	Race Indian
Date/Time Of Incident 24/03/2019 13:30	Location Of Incident PETIR ROAD SINGAPORE Towards Jelebu Road	

**Brief details.**

On the 24/03/2019, at around 1330hrs, I was riding my motorbike namely V1) FBC9427D along Petir Road towards Jelebu Road behind a car namely V2) SLZ168X when V2 came to an abrupt stop. In order to avoid collision, I swerved to the right of V2 and did not collide with the vehicle. However, I was informed by my company that the owner of V2 had made an insurance claim against me, claiming that I had damaged his vehicle. The incident was attended by Traffic Police vide incident number ref: J/20190324/0069.

Signature Of Officer Recording The Report: J / YAP WEI XUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2019 11:14
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 BALJIT SINGH GREWAL Contact No.: 67910000	Classification Of Case:

Authentication Stamp



SN 114







**SINGAPORE  
POLICE FORCE**



J/20190402/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190402/2039

I wish to state that I am making this report by request of my company for record purposes.

Signature Of Officer Recording The Report:

J / YAP WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
J / Jurong Police Divisional Investigation Branch /  
Sgt 2 BALJIT SINGH GREWAL  
Contact No.: 67910000

Signature Of Informant:

Date/Time:  
02/04/2019 11:14

Classification Of Case:

Authentication Stamp



SN 114

SINGAPORE POLICE FORCE

## Claim Handling

The premium on this policy has not been corrected.

Accident MT/1037537

Policy No.	5085645204-02	Vehicle No.	7BC9427D	GST Registration No.	
Certificate No.					
Policyholder Name	ALORIDE PTE. LTD.	Driver Type	Third Party	Policyholder NRIC	101629994W
Product Code	FLEET INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remarks		Contact No.(Home)	
Email Address		TCA	- NA - 001	eCode	No *
KFK	- No - Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	Not available		

## Accident Details

Report Date	26/03/2019 13:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	26/03/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Change Force		SDM No.	
Accident Location	PETIR ROAD (OPP SITE MAYS SPRINGS CONDO)				

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,000.00	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 3	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 159967
Address 4		Address Type	Singapore address	Post Code	159967
Unit No.	04-08	Related Policy Number	5085645204-02		

## Q1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

## Modification History

Claim 002 **New**

Claim Type *	CD-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	101629994W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	7BC9427D	TP Vehicle Number	SLT168X
Claim Description	7BC9427D / SLT168X ON 24 Mar 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop	Preferred Repair Option	Preferred Workshop, Name unknown			
Date Registered		Claim Close Date	04/04/2019 16:18	Date Received	04/04/2019 00:00
Report Taken By			ROSLI WANAB		

Save Submit

## Attachment

Accident No.	MT/1037537	Claim No.	002
Last Doc. Received	* Yes - No	Upload Date	04/04/2019 16:18
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent (CD)	A
	NAC_BUKIT_MERAH_000676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 04 Apr 2019 16:18	Photo	Normal	Photos 2019-4-4		
	NAC_BUKIT_MERAH_000676E NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 04 Apr 2019 16:18	Photo	Normal	Photos 2019-4-4		
	NAC_BUKIT_MERAH_000676F NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 04 Apr 2019 16:18	Photo	Normal	Photos 2019-4-4		
	NAC_BUKIT_MERAH_000676G NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 04 Apr 2019 16:18	Photo	Normal	Photos 2019-4-4		



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	Photos	Normal	Photos 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	SAS	Normal	SAS 2019-4-4
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Apr 2019 16:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-4

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: 24/08/2019 (DD/MM/YYYY). TIME: 01:30 (HH:MM)

LOCATION: Along Road 1, after road towards Jeldu roads

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FR 9427 D  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 01:30 pm  
 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: T. Saisaith (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 62725827 CONTACT: 8332121  
 c) ADDRESS: 450 Jalan Chu Leng, Ampang  
04-71, 680456

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

### DRIVER

- a) NAME: ALORION (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 26/05/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27/03/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

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: TRAFFIC POUK

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 917168X MODEL: BMW X-1R  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: 5905992F CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(including driver)

(1)

\* No of passengers  
(including driver)

( )

\* No of passengers  
(including driver)

( )

Email = Saisaith804@gmail.com

VIDEO



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

Employer  
AMV PTE. LTD.

Name  
THAVAMANI PRASATH

Occupation  
CHAUFFEUR, PRIVATE MOTOR CAR

File  
G2725827T

Date of Application  
15-12-2017

Date of Issue  
25-01-2018

Date of Expiry  
25-01-2020

 L8587646

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



Vehicle Category  
G2725827T

THAVAMANI PRASATH

Birth Date: 26 May 1992

Issue Date: 28 May 2018

Valid Till: 27/03/2022

 002807383H

**VISIT PASS**  
Immigration Regulations

Name  
THAVAMANI PRASATH



Date of Birth: 26-05-1992

Sex: M

Nationality: INDIAN

File: G2725827T

Date of Issue: 25-01-2018

Date of Expiry: 25-01-2020

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 CLASSIES**

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	28 Mar 2017
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	28 May 2018

NP 428A

Licence No: G2725827T



## 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** : 5085645204-02

**Cover** : Third Party

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : FBC9427D          |
| Chassis Number   | : 4S3301311         |
| 2. Name of Policyholder  | : ALORIDE PTE. LTD. |
| 3. Effective Date of Insurance   | : 02 Nov 2018       |
| 4. Expiry Date of Insurance  | : 01 Nov 2019       |
| 5. Persons or Classes of Persons entitled to drive#  |                     |
| (a) The Policyholder.  |                     |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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 or Hirer's business.<br>This Policy does not cover   |                     |
| (a) Use for racing, pace-making, reliability trial or speed-testing.   |                     |
| (b) Use for the carriage of goods (other than samples) in connection with any trade or business.   |                     |
| (c) 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)	: S\$1,500
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)  
 Date of Issue : 27 Oct 2018 11:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive