

NATIONAL Assessment Centre Services [ver 1 Jan 08] 190419053773

Date In: 25/04/2019 17:42	Job description	Date & Time Completed	Done by
Ref No: N88/mc19007354	SAS e-illing		
Veh No: FBH 5256E	E-mail (e-Data sheet, AIC sheet)		
D.O.A: 24/04/2019 13:00	I-Motor Claim Form	ml1041671-002	26/04/2019
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:34
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: Vch No: 8KB5370H 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: _____

NA1903059	Invoice to Client	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idas Mobile	
	10) NI: DV / Collect Excess Coordination \$35	
	11) NI: Repair Coordination \$23	
	12) NI: Post Repair Inspection \$23	
	13) NI: TP (Nil) / TP (Non-INC) \$10	
	14) NI: TP (Nil) / TP (Non-INC) \$10	
	15) NI: TP (Nil) / TP (Non-INC) \$10	
	16) NI: TP (Nil) / TP (Non-INC) \$10	
	17) NI: TP (Nil) / TP (Non-INC) \$10	
	18) NI: TP (Nil) / TP (Non-INC) \$10	
	19) NI: TP (Nil) / TP (Non-INC) \$10	
	20) NI: TP (Nil) / TP (Non-INC) \$10	
	21) NI: TP (Nil) / TP (Non-INC) \$10	
	22) NI: TP (Nil) / TP (Non-INC) \$10	
	23) NI: TP (Nil) / TP (Non-INC) \$10	
	24) NI: TP (Nil) / TP (Non-INC) \$10	
	25) NI: TP (Nil) / TP (Non-INC) \$10	
	26) NI: TP (Nil) / TP (Non-INC) \$10	
	27) NI: TP (Nil) / TP (Non-INC) \$10	
	28) NI: TP (Nil) / TP (Non-INC) \$10	
	29) NI: TP (Nil) / TP (Non-INC) \$10	
	30) NI: TP (Nil) / TP (Non-INC) \$10	
	31) NI: TP (Nil) / TP (Non-INC) \$10	
	32) NI: TP (Nil) / TP (Non-INC) \$10	
	33) NI: TP (Nil) / TP (Non-INC) \$10	
	34) NI: TP (Nil) / TP (Non-INC) \$10	
	35) NI: TP (Nil) / TP (Non-INC) \$10	
	36) NI: TP (Nil) / TP (Non-INC) \$10	
	37) NI: TP (Nil) / TP (Non-INC) \$10	
	38) NI: TP (Nil) / TP (Non-INC) \$10	
	39) NI: TP (Nil) / TP (Non-INC) \$10	
	40) NI: TP (Nil) / TP (Non-INC) \$10	
	41) NI: TP (Nil) / TP (Non-INC) \$10	
	42) NI: TP (Nil) / TP (Non-INC) \$10	
	43) NI: TP (Nil) / TP (Non-INC) \$10	
	44) NI: TP (Nil) / TP (Non-INC) \$10	
	45) NI: TP (Nil) / TP (Non-INC) \$10	
	46) NI: TP (Nil) / TP (Non-INC) \$10	
	47) NI: TP (Nil) / TP (Non-INC) \$10	
	48) NI: TP (Nil) / TP (Non-INC) \$10	
	49) NI: TP (Nil) / TP (Non-INC) \$10	
	50) NI: TP (Nil) / TP (Non-INC) \$10	
	51) NI: TP (Nil) / TP (Non-INC) \$10	
	52) NI: TP (Nil) / TP (Non-INC) \$10	
	53) NI: TP (Nil) / TP (Non-INC) \$10	
	54) NI: TP (Nil) / TP (Non-INC) \$10	
	55) NI: TP (Nil) / TP (Non-INC) \$10	
	56) NI: TP (Nil) / TP (Non-INC) \$10	
	57) NI: TP (Nil) / TP (Non-INC) \$10	
	58) NI: TP (Nil) / TP (Non-INC) \$10	
	59) NI: TP (Nil) / TP (Non-INC) \$10	
	60) NI: TP (Nil) / TP (Non-INC) \$10	
	61) NI: TP (Nil) / TP (Non-INC) \$10	
	62) NI: TP (Nil) / TP (Non-INC) \$10	
	63) NI: TP (Nil) / TP (Non-INC) \$10	
	64) NI: TP (Nil) / TP (Non-INC) \$10	
	65) NI: TP (Nil) / TP (Non-INC) \$10	
	66) NI: TP (Nil) / TP (Non-INC) \$10	
	67) NI: TP (Nil) / TP (Non-INC) \$10	
	68) NI: TP (Nil) / TP (Non-INC) \$10	
	69) NI: TP (Nil) / TP (Non-INC) \$10	
	70) NI: TP (Nil) / TP (Non-INC) \$10	
	71) NI: TP (Nil) / TP (Non-INC) \$10	
	72) NI: TP (Nil) / TP (Non-INC) \$10	
	73) NI: TP (Nil) / TP (Non-INC) \$10	
	74) NI: TP (Nil) / TP (Non-INC) \$10	
	75) NI: TP (Nil) / TP (Non-INC) \$10	
	76) NI: TP (Nil) / TP (Non-INC) \$10	
	77) NI: TP (Nil) / TP (Non-INC) \$10	
	78) NI: TP (Nil) / TP (Non-INC) \$10	
	79) NI: TP (Nil) / TP (Non-INC) \$10	
	80) NI: TP (Nil) / TP (Non-INC) \$10	
	81) NI: TP (Nil) / TP (Non-INC) \$10	
	82) NI: TP (Nil) / TP (Non-INC) \$10	
	83) NI: TP (Nil) / TP (Non-INC) \$10	
	84) NI: TP (Nil) / TP (Non-INC) \$10	
	85) NI: TP (Nil) / TP (Non-INC) \$10	
	86) NI: TP (Nil) / TP (Non-INC) \$10	
	87) NI: TP (Nil) / TP (Non-INC) \$10	
	88) NI: TP (Nil) / TP (Non-INC) \$10	
	89) NI: TP (Nil) / TP (Non-INC) \$10	
	90) NI: TP (Nil) / TP (Non-INC) \$10	
	91) NI: TP (Nil) / TP (Non-INC) \$10	
	92) NI: TP (Nil) / TP (Non-INC) \$10	
	93) NI: TP (Nil) / TP (Non-INC) \$10	
	94) NI: TP (Nil) / TP (Non-INC) \$10	
	95) NI: TP (Nil) / TP (Non-INC) \$10	
	96) NI: TP (Nil) / TP (Non-INC) \$10	
	97) NI: TP (Nil) / TP (Non-INC) \$10	
	98) NI: TP (Nil) / TP (Non-INC) \$10	
	99) NI: TP (Nil) / TP (Non-INC) \$10	
	100) NI: TP (Nil) / TP (Non-INC) \$10	

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	25/04/2019 17:42
Date Of Accident	24/04/2019 13:00
Exact Location Of Accident	JUNCTION OF YIO CHU KANG ROAD/ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5256E
Insured/Policyholder	
Name Of Registered Owner	ALOYSIUS ALWIN S/O MICHAEL
NRIC No	S8625760B
Email Address	ALOYSIUS_ALWIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83282421
Alternative Phone No	OTHERS-83282421

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	REPORTING ONLY
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	5084467804-02
Cover Note Number	

Driver

Name of Driver	ALOYSIUS ALWIN S/O MICHAEL
NRIC No	S8625760B
Date Of Birth	09/09/1986
Occupation	INDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83282421
Fax Number	
Contact Number	OTHERS-83282421
Email Address	ALOYSIUS_ALWIN@YAHOO.COM

Address	BLK 682B WOODLANDS DRIVE 62 #10-79
Postcode	732682
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 - CROSS JUNCTION
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	3
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB5370H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIAP HUN PENG
NRIC/Passport Number	S1816378J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
-----------------------------	---------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHNG SAM KENG

NRIC/Passport Number

S7105357A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.



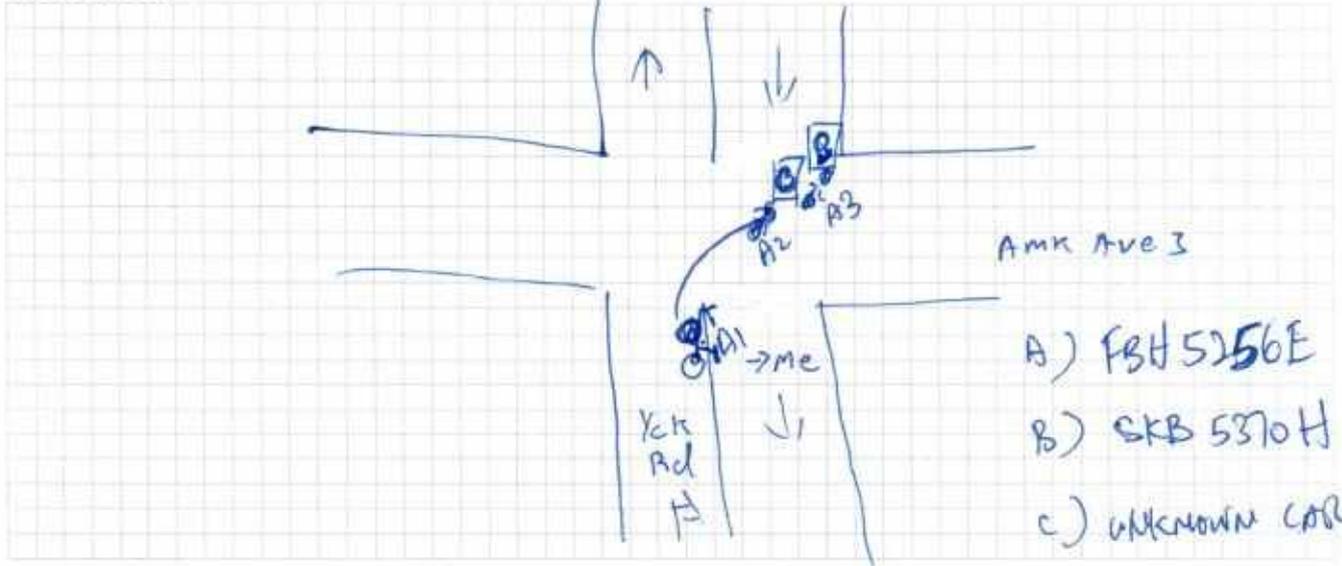
Policyholder's Signature
Date & Time: 25/4/2019
4:30 pm

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

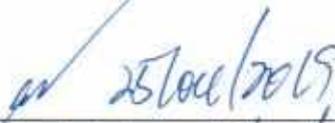
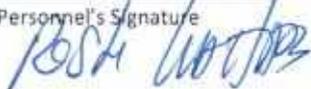
I ~~was~~ made a right turn into Amk Ave 3, failed to notice the red arrow. ~~2 cars going~~ I hit 2 cars that were going straight on Yek Rd. Time of accident was 1pm on 24th April 2019.

DECLARATION

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


Policyholder's Signature
Date & Time: 23/4/2019
4:35pm

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


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

Claim Handling

Accident MT/1041677

Policy No.	3084467804-02	Vehicle No.	FBH1256E	GST Registration No.	
Certificate No.					
Policyholder Name	ALOYSIUS ALWIN S/O MICHAEL			Policyholder NRIC	S8625740B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	NA	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(%)	20	Private Hire	No
Accident Details					
Report Date	25/04/2019 13:23	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/04/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	CROSS JUNC OF YIO CHU KANG RD.				
Excess					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History					
Policyholder Mailing Address					
Address 1	BLA 562B #10-79	Address 2	WOODLANDS DRIVE 63	Address 3	SINGAPORE 732682
Address 4		Address Type	Singapore address	Post Code	732682
Unit No.		Related Policy Number	3084467804-02		
OT 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	
Notification History					

Policyholder Mailing Address

Address 1	BLA 562B #10-79	Address 2	WOODLANDS DRIVE 63	Address 3	SINGAPORE 732682
Address 4		Address Type	Singapore address	Post Code	732682
Unit No.		Related Policy Number	3084467804-02		
OT 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	

Notification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ALOYSIUS ALWIN S/O MICHAEL	Insured NRIC	S8625740B
Contact No.(Mobile)	83282421	Contact No.(Home)	8847293	Contact No.(Office)	
Email Address	ALOYSIUS_ALWIN@YAHOO.COM	OS	FBH1256E	TP	S8625740B
Claim Description	FBH1256E / S8625740B ON 24 Apr 2019				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Estimate No.		Referred Workshop, Name unknown			
Date Registered	25/04/2019 10:34	Claim Close Date		Date Received	25/04/2019 00:00
Report Taken By	ROSLI WAHAB				
Print Ack letter					

Save Submit

Attachment

Accident No.	MT/1041677	Claim No.	002
Last Doc. Received	Yes No	Upload Date	26/04/2019 10:34
Path *			
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 (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26	
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	Photos	Normal	Photos 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:34	SAS	Normal	SAS 2019-4-26

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (24/04/2019) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: Junction of yio chu kang Rd & Ang mo kio Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 5256E
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5084467804-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Bajaj Pulsar 200NS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: Aloysius Alwin s/o Michael (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8625760B CONTACT: 83282421
c) ADDRESS: Blk 682B Woodlands Drive 62
#10-79 SP 732682

* 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: (09/09/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1/10/2015

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown MODEL: unknown
b) DRIVER'S NAME: Chng Sam Keng
c) NRIC/FIN/PASSPORT: S7105357A CONTACT: unknown (C)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKR 5370H MODEL: SKR 537 unknown
e) DRIVER'S NAME: Hiep Hun Peng
f) NRIC/FIN/PASSPORT: S1816378J CONTACT: unknown (B)

*No of passenger
(Including driver)
(4)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

email = Aloysius - Alwin @ Yahoo.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8625760B



Name

ALOYSIUS ALWIN S/O
MICHAEL

Race

INDIAN

Date of birth

09-09-1986

Sex

M

Country of birth

SINGAPORE

S8625760B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8625760B

Name

ALOYSIUS ALWIN S/O MICHAEL

Birth Date: 09 Sep 1986

Issue Date: 03 Oct 2015



002479678D

SG
50



3713503

NRIC No: S8625760B



Date of issue

25-04-2006

APT BLK 882B WOODLANDS DRIVE 62 #10-79
SINGAPORE 732682

S8625760B

15/12/2013

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 01 Oct 2015
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 14 Jul 2006

NP 426A



Licence No: S8625760B

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084467804-02		ALOYSTIUS ALWIN S/O MICHAEL	S8625760B	GMC	Third Party, Fire & Theft	FBH5256E	FBH5256E	08/07/2018	07/07/2019

Continue