

# NATIONAL Assessment Centre Services

Form 1 (Jan 09) **MAY 19 2019**

Date In: <b>17/06/2019 20:35</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/Inc/90107914</b>	SAS e-illing		
Veh No: <b>45C 3121A</b>	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: <b>15/06/2019 10:00</b>	I-Motor Claim Form	<b>mt1049411-001</b>	<b>17/06/2019</b>
OD: <b>TP / Reporting Only</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkst		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: <b>SBS 8162P</b>	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%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

<b>X/191904572</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. I: Cat. 2/3: 1/1/1	<b>Invoice Preparation Checklist</b>		Amt (\$) In Bill	Amt (\$) Add Bill
	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) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2015)			
	6) TR: TR Inspection \$75			
	7) NI: (dau DA + SMRT Survey) \$160			
	8) NTUC Additional Services:			
* N3: Courtesy Car / Tpl Allowance \$5 * N6: Repair Co-ordination \$10 * N7: Post Repair Inspection \$25 * N8: DV / Collect Excess Coordination \$5 * TP (N11): TP (Non INC) against INC \$20 * N12: Idm Mobils \$0				
Invoice dated: _____ Invoice dated: _____		Pen Charged: Pen Charged:		

07-MAY-2019 16:39

## 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	17/06/2019 20:35
Date Of Accident	15/06/2019 10:00
Exact Location Of Accident	ALONG JALAN RUMAH TINGGI NEAR BLOCK 28
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC3121A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	RAVIRAM015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90560102
Alternative Phone No	OFFICE-90560102

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	

### Driver

Name of Driver	SANNASI RAVICHANDHIRAN
Passport No/FIN	G8489674N
Date Of Birth	15/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90560102
Fax Number	
Contact Number	OFFICE-90560102
EMail Address	RAVIRAM015@GMAIL.COM



Address -  
 Postcode -  
 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 - 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? 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 CLEMENTI NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190615/2135

#### 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 SBS8162P  
 Vehicle Make/Model/Colour SCANIA KUB4X2  
 Details Of Properties  
 Vehicle Category BUS  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	SANNASI RAVICHANDHIRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC3121A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

*S. Ravi Chandran*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*17/06/2019*  
*Rishi Vithal*  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A) FB C3121A

B) SBS 8162P



Jalan Rumah Tinggal Rumah

BLR 28

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten note across the section:* PLS REFER TO POLICE REPORT 1/9090615/2135

DECLARATION

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



Policyholder's Signature  
Date & Time:

*S. Low Chuan Heng*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 17/06/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190615/2135

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20190615/2135

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/06/2019 18:02		Vide Report No.:		Station Diary No.: 99	
<b>Informant's Particulars</b>					
Name of Informant: SANNASI RAVICHANDHIRAN			Address:		
ID Type / ID No.: FIN NO / G8489674N			Contact No.: Home/Office: Mobile: 90560102		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 15/05/1988	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2019 10:00	Type of Location: Straight Road
Location: Along Road 1 JALAN RUMAH TINGGI  Near to Block 28				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC3121A	Motorcycle	YAMAHA	T135	White	Slightly Damaged	0
SBS8162P	Bus/Coach/Mi nibus	SCANIA	KUB4X2	Multi-Colored	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190615/2135

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20190615/2135

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date, time and location, I was riding my motorbike bearing the said registration plate number, heading out for my breakfast.

At the point of time, I was travelling along Jalan Rumah Tinggi and came to a complete stop behind a SBS Bus, bearing the said registration plate number. At the point of time, I was unable to see any traffic in front of the bus and suddenly the bus reversed. Due to the reverse, I was unable to avoid in time and the bus collided straight into my motorbike, which caused me to fall off the bike.

Traffic police shortly came down to scene and I went to seek medical treatment. I was then given 3 days MC prior to the accident. This is the first time such incident happened to me and I am not sure whether is there any CCTV around the vicinity.





**SINGAPORE  
POLICE FORCE**



T/20190615/2135

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20190615/2135

**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 /  
Sgt 2 CLEMENT CHEE WEI JUN

Signature Of Informant:

*S. Pan Chuanling*

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/06/2019 18:02

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

## Claim Handling

\* The premium on this policy has not been linked.

Accident MT/1049411

Policy No.	508645204-02	Vehicle No.	TRC3121A	GST Registration No.	
Certificate No.					
Policyholder Name	ALRODE PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201629944W
Product Code	FLEET INSURANCE	Contact No.(Office)		Leading	3
Contact No.(Mobile)	90501102	Special Remarks		Contact No.(Home)	
Driver Address		TCA	No Yes	eCode	No *
NRIC	No Yes	NCD Endorsement No.	3	eCode Region	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	17/06/2019 20:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	15/06/2019	Time of Accident (hh:mm)	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BUKIT MERAH TINGGI NEAR BLOCK 28				
Excess					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed 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 Registration No.		GST Status verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	11 ALEXANDRA ROAD	Address 2	405-05 ALESSANDREA	Address 3	SINGAPORE 159657
Address 4		Address Type	Singapore address	Post Code	159657
Unit No.	04-08	Related Policy Number	5085945204-02		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/05/1995
Unnamed driver Name	SARINAST RAVICHANDRAN	Driver NRIC	Q488974H	Driving Experience	7
Register Date of Driver License	11/08/2017	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	90501102	Contact No.(Office)		Address 3	SINGAPORE 159657
Address 1	11 ALEXANDRA ROAD	Address 2	405-05 ALESSANDREA	Post Code	159657
Address 4		Address Type	Foreign address		
Unit No.	05-01				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	TRC3121A	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

## Modification History

Claim 000 **New**

Claim Type *	OD-MR	Injured Name	ALRODE PTE. LTD.	Injured NRIC	201629944W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		TP		Vehicle Number	3888182P
Claim Description	TRC3121A / 0858182P ON 15 Jun 2019				Name of Preferred Workshop
Preferred Workshop	Sealed Liability	Not at Fault			
Reported by	Preferred	Repair	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/06/2019 20:34	Claim Close Date		Date Received	17/06/2019 00:00
Report Taken By	RODRIK WIRAHAS				

Print All Letter

Save Submit

## Attachment

Accident No.	MT/1049411	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/06/2019 20:00
File *		Category *	Confidential
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
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Board			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Req Sent (GDI)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:05	Photos	Normal	Photos 2019-6-17	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:05	Photos	Normal	Photos 2019-6-17	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:05	Photos	Normal	Photos 2019-6-17	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:55	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:55	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:55	Photos	Normal	Photos 2019-6-17
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:54	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:54	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 20:54	SAS	Normal	SAS 2019-6-17

[Video List](#)

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



## ACCIDENT STATEMENT

ACCIDENT DATE: (15/06/2019) (DD/MM/YYYY), TIME: (10:00) (HH:MM)

LOCATION: JALAN RUMPH TINGGI

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 5121A  
b) INSURANCE COMPANY: IN COME  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMHA T135  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: BUYING  
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: ALI RIZKI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

#### DRIVER

- a) NAME: SANJAY RAJCHANDIRAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G 8489674N CONTACT: 90560102  
c) ADDRESS:

\* d) DATE OF BIRTH: (15/05/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS CLASS 2B

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

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: CENGATI

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SRS 8162 P MODEL: SCAMIA KUB4X2  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

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

email = RAJCHANDIRAN@gmail.com

VIDEO



SB Transmission Ref No:9077371

### Check your employment details

If you find a problem, please contact your employer or employment agent.

உங்களுடைய வேலைவாய்ப்பு விவரங்களைச் சரிபார்க்கவும்

நீங்கள் ஒரு பிரச்சனையைக் கண்டறிந்தால், உங்களுடைய முதலாளியை அல்லது வேலைவாய்ப்பு நிறுவனத்தைத் தொடர்புகொள்ளுங்கள்.

YOUR NAME உங்கள் பெயர் <b>SANNASI RAVICHANDHIRAN</b>	DATE OF BIRTH / SEX பிறந்த தேதி / பாலினம் <b>15 MAY 1988 / MALE</b>	NATIONALITY தேசிய இனம் <b>INDIAN</b>
PASSPORT NUMBER பாஸ்போர்ட் எண் <b>P1537648</b>	WORK PERMIT NUMBER / FIN வேலை அனுமதி எண் / FIN <b>0 34600481 / G8489674N</b>	DATE OF APPLICATION விண்ணப்ப தேதி <b>28 MAY 2019</b>
NAME OF EMPLOYER முதலாளியின் பெயர் <b>CHOY CONSTRUCTION &amp; TRADING PTE. LTD.</b>	INDUSTRY தொழில்துறை <b>CONSTRUCTION</b>	OCCUPATION தொழில் <b>CONSTRUCTION WORKER</b>
BASIC MONTHLY SALARY அடிப்படை மாத சம்பளம் <b>S\$ 800</b>	FIXED MONTHLY ALLOWANCES நிலையான மாதாந்திர ஈட்டுப்பாடுகள் <b>S\$ 0</b>	FIXED MONTHLY SALARY நிலையான மாதச் சம்பளம் <b>S\$ 800</b>
MONTHLY HOUSING, AMENITIES AND SERVICES DEDUCTIONS மாதாந்திரக் குடியிருப்பு வசதிகள் மற்றும் சேவைகளுக்கான பிடித்தங்கள் <b>S\$ 0</b>	MONTHLY DEDUCTION FOR OTHERS பிற மாதாந்திரப் பிடித்தங்கள் <b>S\$ 0</b>	MONTHLY SALARY AFTER TAKING INTO ACCOUNT FIXED MONTHLY ALLOWANCES AND DEDUCTIONS நிலையான மாதாந்திர ஈட்டுப்பாடு மற்றும் பிடித்தங்களைக் கணக்கில் எடுத்துக் கொண்ட பிறகுள்ள மாதச் சம்பளம் <b>S\$ 800</b>
HOUSING PROVIDED வீட்டுவசதி வழங்கப்பட்டு உள்ளது <b>YES</b>	SPORE EMPLOYMENT AGENCY (SEA) சிங்கப்பூர் வேலைவாய்ப்பு முகவா <b>N.A.</b>	AGENCY FEE TO BE PAID TO SPORE EA (EXCLUDE FEES FOR OVERSEAS TRAVEL) சிங்கப்பூர் வேலைவாய்ப்பு முகவருக்கான ஏஜன்ஸி கட்டணம் ஊழியரால் செலுத்தப்பட்டது (வெளிநாட்டு செலவுகளுக்கான கட்டணங்கள் நீங்கலாக) <b>N.A.</b>

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#### ▲ IMPORTANT

Get a copy of your employment contract. It should state your job scope, working days and hours, basic monthly salary and terms such as deductions and leave entitlements.

உங்கள் வேலைவாய்ப்பு ஒப்பந்தத்தின் நகல் ஒன்றைப் பெற்றுக்கொள்ளுங்கள். அதில் உங்கள் வேலையின் வரையறை, வேலைநாட்கள் மற்றும் மணிநேரங்கள், அடிப்படை மாதாந்திர ஊதியம் மற்றும் கழிப்புத்தொகைகள் மற்றும் விடுமுறைக்கான உரிமைகள் போன்ற நிபந்தனைகள் குறிப்பிடப்பட்டிருக்க வேண்டும்.

Do not pay any fees for the \$5000 security bond, levy, work permit application or renewal or cancellation, medical insurance or examinations, training courses and the cost of your journey home. These fees are to be paid by your employer.

\$5000 பிணைப் பத்திரம், தீர்வை, வேலை அனுமதிக்கீட்டு விண்ணப்பம் அல்லது புதுப்பித்தல் அல்லது இரத்து மருத்துவக் காப்பீடு அல்லது பரிசோதனைகள், பயிற்சி வகுப்புகள் மற்றும் நீங்கள் தாய்நாட்டிற்குச் செல்வதற்கான பயணக் கட்டணம் ஆகியவற்றுக்காக நீங்கள் எந்தக் கட்டணங்களையும் செலுத்த வேண்டாம். இக்கட்டணங்கள் உங்களுடைய முதலாளியால் செலுத்தப்பட வேண்டும்.

REPUBLIC OF SINGAPORE DRIVING LICENCE

002591156J

G8489674N

SANNASI RAVICHANDHIRAN

Birth Date: 15 May 1988  
Issue Date: 22 Jul 2016  
Valid Till: 30/06/2021




For LKK/NAC Use Only

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

		EFFECTIVE DATE
C C 3 C	Class 2B Class 2	31 Aug 2011 31 Aug 2011
	Motorcycles <= 250 CC Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	

G8489674N

S / No. 9000267266

NP 428A

Licence No: G8489674N



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Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/06/2019 14:47"/>
Vehicle No. (For Motor)	<input type="text" value="FBC3121A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085645204-02		ALORIDE PTE. LTD.	201629994W	GFT	Third Party	FBC3121A	FBC3121A	02/11/2018	

## Policy Information

Policy No.	5085645204-02	Policyholder Name	ALORIDE PTE. LTD.	Policyholder NRIC	201629994W
Certificate No.					
Address	31 ALEXANDRA ROAD #05-05 ALESSANDREA SINGAPORE 159967				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/10/2018	Effective Date	02/11/2018 00:00	Expiry Date	01/11/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	
Additional Excess		OS Premium	521.12		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	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		

## Insured Object: FBC3121A

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	02/11/2018 00:00	Basic Information Endorsement	000001286935055	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. F8B4878Z 02-11-2018 \$442.53 2. FQ6014K 02-11-2018 \$526.61 3. FX4333R 02-11-2018 \$442.53 In view of this amendment, a refund of \$1,411.89 (inclusive of GST) will be adjusted against the outstanding premium.
2	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 05-11-2018 \$ In view of this amendment, a refund of \$x (inclusive of GST) will be adjusted against the outstanding premium.
3	05/11/2018 00:00	Basic Information Endorsement	000001286937513	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 02-11-2018 \$442.53 In view of this amendment, a refund of \$442.53 (inclusive of GST) will be adjusted against the outstanding premium.
4	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2018, the following amendment(s) is/are made to this policy:
5	05/11/2018 00:00	Basic Information Endorsement	000001286937461	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4472Y 05-11-2018 \$438.89 In view of this amendment, a refund of \$438.89 (inclusive of GST) will be adjusted against the outstanding premium.
6	13/11/2018 00:00	Basic Information Endorsement	000001286942318	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FU7937U 19-11-2018 \$421.92 In view of this amendment, an additional premium of \$421.92 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of 'NTUC Income' with your