

NATIONAL Assessment Centre Services			
Date In: 03/07/2019 09:49	Job description	Date & Time Completed	Done by
Ref No: NBA/MC190117504	SAS e-filing		
Veh No: FBD1305M	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 28/06/2019 11:45	I-Motor Claim Form	MT/1051648-001	03/07/2019 10:49
OD: TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SUM 96985	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

NBA/MC190117504		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		In Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2015)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idm DA + SMRT Survey \$160			
1/1/19		8) NTUC Additional Services:			
		* N3: Courtesy Car / Tpt 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 Mobile \$0			
		Invoice dated		Pen Charged	
		Invoice dated		Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	03/07/2019 09:41
Date Of Accident	28/06/2019 11:45
Exact Location Of Accident	ALONG BUKIT BATOK ROAD TOWARDS CHOA CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1305U
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83080875
Alternative Phone No	OFFICE-83080875

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (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	RAMAMOORTHY BALACHANDRAN
NRIC No	G2431925W
Date Of Birth	02/05/1991
Occupation	INDOOR
Date Of Driving Pass	13/09/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83080875
Fax Number	
Contact Number	OTHERS-83080875
Email Address	NOEMAIL

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 - 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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190629/2064

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	SLM9698S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW KAY YONG MOSES
NRIC/Passport Number	S7936186J
Contact Number	88289698
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RAMAMOORTHY BALACHANDRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD1305U
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:

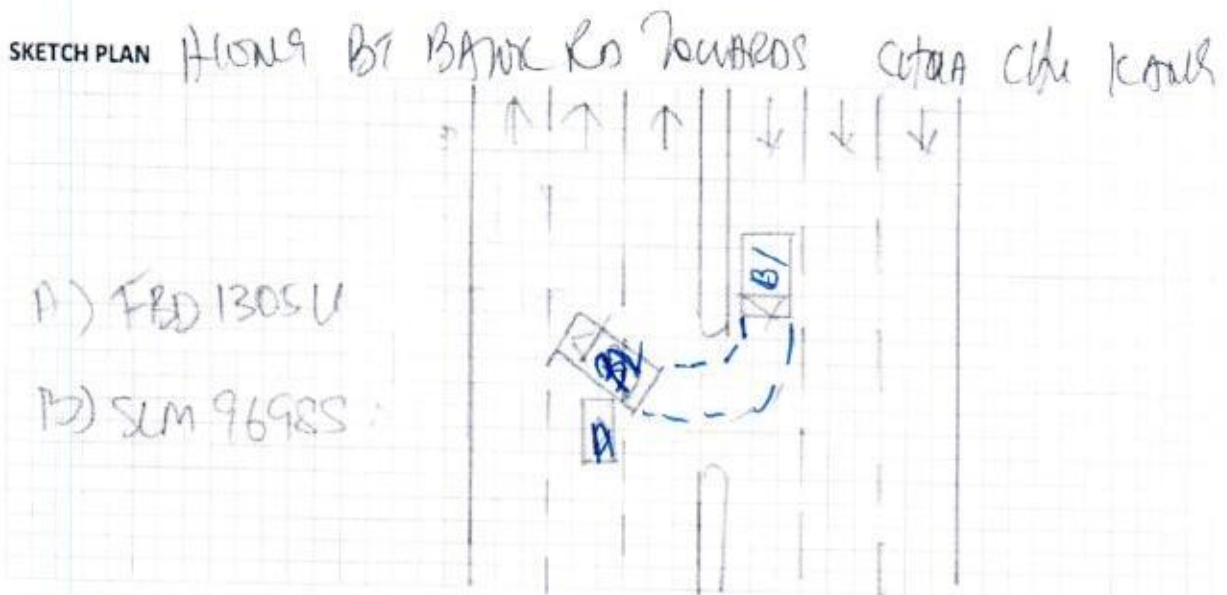


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

03/07/2019
[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/90629/2064

DECLARATION

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

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.:

03/07/2019
Roslina



SINGAPORE POLICE FORCE



T/20190629/2064

1 of 3

Report No. T/20190629/2064

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/06/2019 12:52

Vide Report No.:

Station Diary No.:
9

Informant's Particulars

Name of Informant:

RAMAMOORTHY BALACHANDRAN

Address:

ID Type / ID No.:

FIN NO / G2431925W

Contact No.:

Home/Office:

Mobile: 83080875

Email:

Nationality:

INDIAN

Sex:

Male

Age:

28

Date of Birth:

02/05/1991

Type of Informant:

Rider

Race:

Indian

Language:

English

Institution / School Name:

Occupation:

CONSTRUCTION SUPERVISOR

Driving Licence Information:

Class: 2B,3C

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
28/06/2019 11:45

Type of Location:
Straight Road

Location:
Along Road 1
BUKIT BATOK ROAD

Along Bukit Batok Road towards Choa Chu Kang

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:
70 Km/h

Traffic Flow:
Dual Carriage Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1305U	Motorcycle				Slightly Damaged	0
SLM9698S	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190629/2064

2 of 3

Report No. T/20190629/2064

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT

Rider Name	RAMAMOORTHY BALACHANDRAN	ID No.	G2431925W
Related Vehicle	FBD1305U (Motorcycle)	Contact No.	83080875
Hospital/Clinic	JURONG CHINESE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	29/06/2019	Date Discharge	29/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28/06/2019 at about 2345hrs, I was riding my motorcycle bearing registration number FBD1305U along Bukit Batok Road towards Choa Chu Kang on the 2nd lane. Subsequently, I saw one vehicle bearing registration number SLM9698S from the opposite road wanting to make a U-turn onto my direction. Eventually, as I got closer, the said vehicle then drove out and took the 2nd lane. I tried to evade the collision but there was not enough time. I then collided with the left side of the vehicle. I was thrown off my motorcycle.

The driver stopped on the road shoulder and attended to me. We exchanged particulars and left the area. I sustained some abrasions on my right knee. I am unsure if the said car has any in built camera. On 29/06/2019, I got myself checked at Jurong Chinese Medical Clinic and got 3 days Medical Certificate.

My vehicle sustained some scratches on the side. The said car however got a dent on the left side.



**SINGAPORE
POLICE FORCE**



T/20190629/2064

3 of 3

Report No. T/20190629/2064

Police Station Of Origin:

Clementi NPP

427 Clementi Avenue 3 #01-456

SINGAPORE 120427

Tel No: 1800-7759999

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 KHAIRUL ANWAR LLOVIDO BIN JOHARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

P. Balachandran

Date/Time:

29/06/2019 12:52

Classification Of Case:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1051648

Policy No.	805645204-02	Vehicle No.	FBD1305U	GST Registration No.	
Certificate No.					
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC	201629994W
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83080875	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	03/07/2019 10:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	28/05/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUKIT BATOK ROAD TOWARDS CHOA CHU KANG				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered Information

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

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	5065045204-02		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/05/1991
Unnamed driver Name	KAMAMOORTHY BALACHANDRAI	Driver NRIC	G2431925W	Driving Experience	1
Register Date of Driver License	13/09/2017	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	83080875	Contact No.(Office)		Contact No.(Home)	
Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 159967
Address 4		Address Type	Foreign address	Post Code	159967
Unit No.	05-05				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBD1305U	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	201629994W
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	FBD1305U	TP Vehicle Number	SLM96985
Claim Description	FBD1305U / SLM96985 ON 28 Jun 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Workshop Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered	03/07/2019 10:48	Claim Close Date		Date Received	03/07/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1051648	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	03/07/2019 10:49
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:49	Photos	Normal	Photos 2019-7-3	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:49	Photos	Normal	Photos 2019-7-3	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:49	Photos	Normal	Photos 2019-7-3	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:49	Photos	Normal	Photos 2019-7-3
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:48	Photos	Normal	Photos 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 10:48	SAS	Normal	SAS 2019-7-3

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 28/06/2019 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: Straight Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD1305 U
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: R. A. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: A CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: R. BALACHANDRAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 172431925W CONTACT: 83080875
c) ADDRESS: 56 PANDAN ROAD

* d) DATE OF BIRTH: 02/05/1991 (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) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SLM96985 MODEL: RAV4
b) DRIVER'S NAME: LOW KAY YONG MOSES
c) NRIC/FIN/PASSPORT: 579861867 CONTACT: 88229698

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

VIDEO



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
CHOY CONSTRUCTION & TRADING PTE LTD

For LK/MAC Use Only



Name
RAMAMOORTHY BALACHANDRAN
Work Permit No.
0 36370785

Sector
CONSTRUCTION



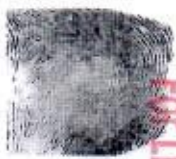
K1436317

VISIT PASS

Immigration Regulations

07-01-2015

Name
RAMAMOORTHY BALACHANDRAN



FIN
G243928W
Date of Birth
02-06-1991
Sex
M

Nationality
INDIAN

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



Download SGCheckPass
App to check status



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G 243 1925 W

Name: RAMAMOORTHY BALACHANDRAN

For LKK/NAC Use Only

Birth Date: 02 May 1991

Issue Date: 13 Sep 2017

Valid Till: 12/09/2022

002723519G

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	13 Sep 2017
Class 3C Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	13 Sep 2017

For LKK/NAC Use Only

NP 428A



▼ 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	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	148.72		
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: FBD1305U

▼ 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. FBB4878Z 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	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.
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 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.
5	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:
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