

NATIONAL Assessment Centre Services		[Ref: 120196] 12 MAY 19 106788	
Date In: 15/08/2019 12:32	Job description	Date & Time Completed	Done by
Ref No: N/A/190/41884	SAS e-filing		
Veh No: FBE 3178B	E-mail (action hrs, AIC hrs)		
D.O.A: 06/08/2019 12:0	i-Motor Claim Form	15/08/2019 12:59	
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/Vikar		

Preferred Wksp MNC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SFY 22104 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: (\$) Lending: \$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: ()

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	IN Bill		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)	\$20		
For claimant against INC Only (wef 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) NI: (Inc DA + SMRT Survey)	\$160		
8) NTUC Additional Services:			
* N3: Courtesy Car / Tpt Allowance	\$3		
* N6: Repair Co-ordination	\$10		
* N7: Post Repair Inspection	\$25		
* N8: DV / Collect Excess Co-ordination	\$3		
TP (N11) : TP (\$110) against INC	\$20		
N12: Idm Mobile	\$0		
Invoice dated		For Charged	
Invoice dated		For 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	15/08/2019 12:32
Date Of Accident	06/08/2019 12:10
Exact Location Of Accident	PIE(CHANGI AIRPORT) LANE 3 BEFORE ENG NEO AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3178B
Insured/Policyholder	
Name Of Registered Owner	HARITHRAN S/O M KRISHNASAMY
NRIC No	S9635134H
Email Address	KHARIS0015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86917131
Alternative Phone No	OTHERS-86917131
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO SCHOOL
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	5095079561-01
Cover Note Number	
Driver	
Name of Driver	HARITHRAN S/O M KRISHNASAMY
NRIC No	S9635134H
Date Of Birth	03/10/1996
Occupation	INDOOR
Date Of Driving Pass	11/06/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86917131
Fax Number	
Contact Number	OTHERS-86917131
Email Address	KHARIS0015@GMAIL.COM

Address	BLK 172 WOODLANDS STREET 13 #12-303
Postcode	730172
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 - 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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	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/20190809/7002

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	SFY2210U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	HARITHRAN S/O M KRISHNASAMY
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBE3178B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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: 13/08/2019

Driver's Signature

(If driver is not the policyholder)

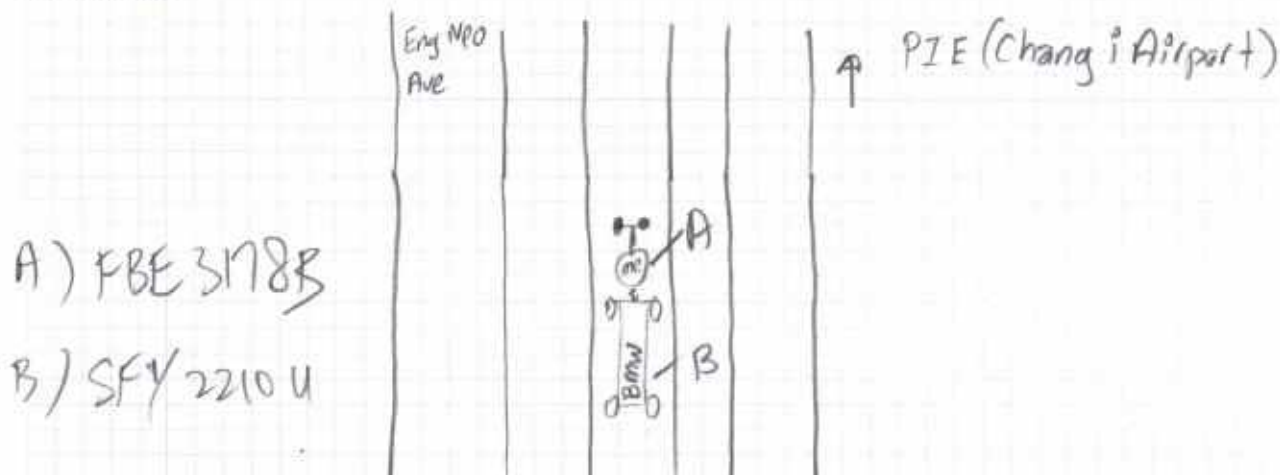
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
 7/20/2008/2002

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.:



SINGAPORE POLICE FORCE



T/20190809/7002

1 of 4

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

Report No. T/20190809/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2019 02:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HARITHRAN S/O M KRISHNASAMY			Address: 172 WOODLANDS STREET 13 #12-303 SINGAPORE 730172	
ID Type / ID No.: NRIC NO / S9635134H			Contact No.: Home/Office:	Mobile: 86917131
Nationality: SINGAPORE CITIZEN			Email: KHARIS0015@GMAIL.COM	
Sex: Male	Age: 22	Date of Birth: 03/10/1996	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2019 12:05	Type of Location: PIE (chang airport) lane 3 before eng neo ave
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3178B	Motorcycle	YAMAHA	R15	Blue	Seriously Damaged	0
	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190809/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE3178B	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	HARITHRAN S/O M KRISHNASAMY		ID No.	S9635134H
Related Vehicle	FBE3178B (Motorcycle)		Contact No.	86917131
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/08/2019		Date Discharge	08/08/2019
No. of Days granted Medical Leave	18	Degree of Injury	Serious	

Brief Details.

My name is Harithran Krishnasamy and I am a full time student, currently pursuing my Bachelors of Honours in Mechanical Engineering and also work as a part time home tutor for 2 Junior College students.

I was on my way to school on 6th August 2019, Tuesday, when I met with this traumatic accident. I was travelling on PIE (Changi Airport) before Eng Neo Avenue Exit, on the third lane, when I was hit from the back of my motorcycle by a car. The force from the hit threw me off my bike, however I was still holding on to my handle bar and crashed to the ground on my left shoulder. I was dragged on the road with my left side bearing the pressure of the bike, myself and the rough surface of the road for about 3 to 4 metres.

Upon releasing my handle bar due to the intense pain on my left arm, I rolled uncontrollably around 4 to 5 times before coming to a stop. I looked up and saw my bike was about 3 metres away from where I stopped. I managed to get up and stop the oncoming vehicles to prevent them from running over me. A chinese passer-by biker assisted me by calling the ambulance and police. I felt giddy, nauseous and could not open my eyes fully. However, I managed to get myself to the side of the road and lay down flat until the ambulance arrived.

The police arrived with the ambulance and took over from there, as I was feeling like I was going to be unconscious and was scared. I was rushed to TTSH where I had to be hospitalized till 8th August 2019. I had to be admitted into Ward 12C, Room 06, Bed 090. I suffered abrasion and friction burn on both my arms, along with shoulder bruises which has caused a tear in my tissue muscles. I had to undergo X-Ray and MRI scans and have ensured that there are no fractures by the hospital.

I have been granted hospitalization from 6 August 2019 to 23 August 2019. And have been examined from 6 August 2019, 12:50 to 8 August 2019, 15:50.

During this period, I was not able to attend my school and would not be able to attend school until I have healed, which will cause me to miss out on a lot of school lessons, which I will have to substitute by paid supplementary classes. Furthermore, now I am not able to do my tutoring job due to these injuries which has affected my source of income to fund my school fees and expenses.

On the site of the incident, I have lost my Sperry shoes and Apple watch series 4 (GPS + cellular) when being struck by the car. Additionally, my Herschel school bag, Iphone XS, ASUS school laptop, Scientific Graphing Calculator, Scientific calculator, writing materials, my attire and my bike gears sustained heavy damage from the accident, along with my motorcycle.

In addition i am currently taking my class 2 license, on top of my class 2B, 2A and 3 which i have



**SINGAPORE
POLICE FORCE**



T/20190809/7002

3 of 4

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

Report No. T/20190809/7002

CONTINUATION OF REPORT

attained over the past 4 years. I am very traumatised and taken by surprise from this accident as I have been a very abiding driver of the traffic rules and regulations for the past 4 years of my driving experience on the road and have never gotten a demerit point due to the safety I give to other road users and myself on the road.
This summary is the best of my knowledge that I can recall from the accident.



**SINGAPORE
POLICE FORCE**



T/20190809/7002

4 of 4

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

Report No. T/20190809/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF
Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
09/08/2019 02:17

Classification Of Case:



HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

HARITHRAN S/O M KRISHNASAMY | S9635134H | 22Y 10M | M | Indian | 1219572992Z | 06-Aug-2019 | 08-Aug-2019

ADMISSION DETAILS

Admission Date: 06-Aug-2019 DOB: 03-Oct-1996 Age: 22Y 10M (as of admission)
Ward: WARD 12C Room: ROOM 06 Bed: BED 090
Patient Type: Inpatient Patient Class: Class B2
Attending Dr: ONG HANG SHYAN (09424B) Medical Service Code: Orthopaedic Surgery

DISCHARGE DETAILS

Discharge Date/Time: 08-Aug-2019 15:45
Discharge Status: Follow Up at SOC Condition at Discharge: Improved - Condition better than at time of admission

DIAGNOSIS

ABRASION AND/OR FRICTION BURN
SHOULDER BRUISE

PROCEDURE

Not Applicable

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy
No drug allergy

Medical Alert
No medical alert

The drug allergy data is accurate as at 08-Aug-2019 15:52

CLINICAL SUMMARY

Follow up
TCU Dr Desmond Team Clinic 1/12

Discharge Medication

The discharge medication data is accurate as at 08-Aug-2019 15:42

<u>Route</u>	<u>Medication Name</u>	<u>Dosage Regimen</u>	<u>Instructions</u>
PO	Paracetamol Tab	1 g every 6 hourly when necessary 1 month	pain
PO	traMADol Tab	50 mg every 8 hourly when necessary 2 weeks	Pain
PO	Metoclopramide Tab	10 mg 3 times per day when necessary 2 weeks	Nausea and/or vomiting
PO	Etoricoxib Tab	90 mg every morning when necessary 2 weeks	breakthrough pain
PO	Omeprazole Cap	20 mg every morning when necessary 2 weeks	With arcoxia

Medical Certificate

By : NG XIN LE(P1436G)

Date : 08-Aug-2019 15:52

This is a computer-generated summary of information available and correct at point of print.
Please refer to your doctor for further information or clarification.

Printed by: NG XIN LE (P1436G)
Printed Date/Time: 08-Aug-2019 15:52



MEDICAL CERTIFICATE

ORIGINAL

TTSH19185148

NAME: HARTHRAN S/O M KRISHNASAMY

NRIC: S9635134H

Type of Medical Leave granted: **HOSPITALIZATION LEAVE**

The above named is unfit for duty for a period of **18**
23-Aug-2019 inclusive

day(s) from **06-Aug-2019** to

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from

06-Aug-2019 12:50 to **08-Aug-2019 15:50**

08-Aug-2019

NG XIN LE (P1436G)

Date Issued by

W11C

Location

Signature

A handwritten signature in black ink, appearing to be "W11C".

Claim Handling

Accident HT/1057508

Policy No.	5095079501-01	Vehicle No.	P8611788	GST Registration No.	
Certificate No.				Policyholder NRIC	S9635134H
Policyholder Name	HARITHRAN S/O M KRISHNASAMY	Cover Type	Third Party	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NA	Special Remarks		eCode	No
Email Address		TCA	- No Yes	eCode Reason	
KPI	- No Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	14/08/2019 09:31	Accident Report within 24 hrs	Yes	Accident Type	Cyclist - Head to Head
Date of Accident	06/08/2019	Time of Accident (Hour)	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TIE TOWARDS CHANGE BETWEEN ENL RED AND LORNE ROAD EXIT				

Excess

Own Damage Excess	0.00	Additional Excess	Within 24 hrs
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 172 #12-303	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730172
Address 4		Address Type	Singapore address	Post Code	730172
Unit No.		Related Policy Number	5095079501-01		

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 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	QD-MX	Insured Name	HARITHRAN S/O M KRISHNASAMY	Insured NRIC	S9635134H
Contact No. (Mobile)	80917131	Contact No. (Home)	87850038	Contact No. (Office)	
Email Address	shurik0015@gmail.com	DI	P8611788	Vehicle Number	SFV2210V
Claim Description	P8611788 / SFV2210V ON 6 Aug 2019				
Preferred Workshop	Insured Utility	Not at Fault			
Customer No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	QIA report	Received
Date Registered		Claim Date	15/08/2019 12:58	Date Received	15/08/2019 00:00
Report Taken By	BOBBI WANAB				

Print All Letter

Save Submit

Attachment

Accident No.	HT/1057508	Claim No.	002
Last Doc. Received	Yes No	Upload Date	15/08/2019 12:58
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
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (00)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 12:59	Photo	Normal	Photos 2019-8-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 12:59	Photo	Normal	Photos 2019-8-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 12:59	Photo	Normal	Photos 2019-8-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 12:59	Photo	Normal	Photos 2019-8-15	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 15 Aug 2019 12:59

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S (BUKIT MERAH)) on 15 Aug 2019 12:59

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 15 Aug 2019 12:59

Photos

Photos

Photos

Photos

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Photos

SAS

NRIC Driving License

Normal

Normal

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Photos 2019-8-15

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Photos 2019-8-15

Photos 2019-8-15

Photos 2019-8-15

Photos 2019-8-15

Photos 2019-8-15

SAS 2019-8-15

NRIC Driving License 2019-8-15

Video List

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

HKL
PHOTO

THIRD PARTY VALUATION
NUMBER

ACCIDENT STATEMENT

ACCIDENT DATE: (06/08/2019) (DD/MM/YYYY), TIME: (12:10) (HH:MM)

LOCATION: PIE (Changi Airport) Lane 3 before Eng Neo Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 31788
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA R15
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: HARITHRAN S/O M KRISHNARAJU (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 2965 59635134H CONTACT: 86917131
C) ADDRESS: Woodlands Street 13, B1K 172, #12-303
SPORE 730172

* 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: (03/10/1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11/06/15

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE and ambulance

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFY 2210 U MODEL: _____
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: _____

SMF57004

email = khari0015@gmail.com

VIDEO

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9635134H



For LKK/NAC Use Only
Name
HARITHRAN S/O M KRISHNASAMY

ஹரிஸ்

Race
INDIAN

Date of birth
03-10-1996

Sex
M

Country/Place of birth
SINGAPORE



5824565



NRIC No. S9635134H

For LKK/NAC Use Only



Date of issue
07-11-2017

Address

APT BLK 172 WOODLANDS STREET 13
#12-303
SINGAPORE 730172

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9635134H

Name

HARITHRAN S/O M KRISHNASAMY

For LKK/NAC Use Only

Birth Date: 03 Oct 1996

Issue Date: 10 Nov 2017



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

EFFECTIVE DATE

DCI

Class 2B
Class 2A
Class 3

Motorcycles up to 250 CC
Motorcycles between 251 CC and 400 CC
Motor cars up to 3500 kg with up to 7 passengers, exclusive of the driver; and motor traders' vehicles up to 2500 kg.

11 Jun 2019
26 Sep 2017
15 Mar 2019

For LKK/NAC Use Only

S / No. 9000278967

S9635134H

NP 428A



Hello, NAC_BUKIT_MERAH_800676

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

06/08/2019 12:18

Vehicle No. (For Motor)

FBE3178B

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"/>	5095079561-01		HARITHRAN S/O M KRISHNASAMY	S9635134H	GMC	Third Party	FBE3178B	FBE3178B	19/10/2018	18/10/2019

Continue