Date In: 18/11/19 - 17:41	Jeb description		Date &Time Complete	d	Done	p.y.
Rei No: NA INCHONOSONA	SAS e-filing					-T 64 E-752 - 552
Veh No: F361617	E-mail (within 8	ihrs, AIC 2hrs)				
D.O.A: 27/11/19-18:07	i-Motor Clair	n Form	M711073410-00	1/28	11/19 1	1:59
	i-Motor W/O	(Within: OD 2hr				
OD (TP) ! Reporting Only	i-Photo Uploaded					Market 155
	Assessment/Su	rvey Report				
TP Insurer:	to Owner/Wksp		77500000			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars:   Veh No: (1)		. INC(	)/Non-INC( )			
Owner / Driver: (			Tel:	0.19134	)	
Policy No: (	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %	) [Note-Est. Status (W	VO): N: 0-2	0%; P: 21-79%. F: 8	0-100%	]	
Year of Registration: ( )		)/NO(	)	100		
	1,000 ( )/\$2,000	( )				
General Remarks;-		* * * * * * * * * * * * * * * * * * * *		12 COM	3.00	- notati
( ) Walk-In Customer : Customer's						
			Date&Time Completes	1	Done	hy
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car (	)	Date&Time Completed	1 5 6	Done	by
The state of the s	/ Courtesy Car (	)	Date&Time Completed	1 0	Done	by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car (	)	Date&Time Complete	1	Done	by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car (	)	Date&Time Completes		Done	by
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car (	)	Date&Time Completes		Done	hy
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car (	)	Date&Time Completes		Done	hy
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car (	)	Date&Time Completes		Done	hy
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car (		Date&Time Completes		Done	hy
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	/ Courtesy Car (	)			Anit(s)	(U) ama
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time: Actions	/ Courtesy Car (	200 A 200 STORY OF THE REAL PROPERTY.	eparation Checklist			(U) ama
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time: Actions	/ Courtesy Car (	1) AR : Accider 2) DA : Damage	eparation Checklist at Reporting (\$30); Assessment (\$100); INC	C (\$80)	Anit(s)	Amt
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time Actions    Actions	/ Courtesy Car (	1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow-	eparation Checklist  at Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey	C (\$80) \$40/\$45 \$120	Anit(s)	(U) ama
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time Actions	/ Courtesy Car (	1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow-	eparation Checklist  at Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)	C (580) S40/\$45 \$120 \$30	Anit(s)	(U) ama
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	/ Courtesy Car (	1) AR : Accides 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For cleiming 6) TR : Re-insp	eparation Checklist  at Reporting (\$30);  Assessment (\$100); INC  Fee Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan ection	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75	Anit(s)	(U) ama
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time Actions	/ Courtesy Car (	1) AR : Accides 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idao DA	eparation Checklist  At Reporting (\$30);  Assessment (\$100); INC  Fee Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan  ection  4 + SMRT Survey	C (\$80) \$40/\$45 \$120 \$30 2005)	Anit(s)	Amt
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions    Actions	/ Courtesy Car (	1) AR: Accides 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For cleiming 6) TR: Re-iusp 7) N1: Idao DA 8) NTUC Addit OD*	eparation Checklist at Reporting (\$30); s Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan section at + SMRT Survey tional Services:-	C (\$80) \$40/\$45 \$120 \$30 \$2905) \$75 \$160	Anit(s)	(U) ama
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date Time   Actions    Actions	/ Courtesy Car (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For cleiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD* *N5: Courtes	eparation Checklist  at Reporting (\$30);  Assessment (\$100); INC  Fee Through Survey (Resurvey)  against INC Only (wef 10 Jan  cetion  (+ SMRT Survey  lional Services:-  by Car / Tpt Allowance	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75	Anit(s)	(U) ama
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Lamant's Particulars :- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	/ Courtesy Car (	1) AR: Accides 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For cleiming 6) TR: Re-iusp 7) N1: Idao DA 8) NTUC Addit OD*  *N5: Courtes *N6: Repair *N7: Fost Re	eparation Checklist  At Reporting (\$30);  Assessment (\$100); INC  Fee Through Survey (Resurvey)  against INC Only (wef 10 Jan  ection  A + SMRT Survey  tional Services:-  by Car / Tpt Allowance  Co-ordination  spair Inspection	C (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$55 \$10 \$25	Anit(s)	Amt (3
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For cleiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD* *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C TP (N11): T	eparation Checklist  At Reporting (\$30);  Assessment (\$100); INC  Fee Through Survey (Resurvey)  against INC Only (wef 10 Jan  cetion  4 + SMRT Survey  lional Services:-  by Car / Tpt Allowance  Co-ordination  pair Inspection  ollect Excess Coordination  TP (Non INC) against INC	C (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$25 \$5 \$20	Anc(s)	Amt (3 Add Bi
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For cleiming 6) TR: Re-iusp 7) N1: Idao DA 8) NTUC Addit OD*  *N5: Courter *N6: Repair *N7: Fost Re *N8: DV/C	eparation Checklist  At Reporting (\$30);  Assessment (\$100); INC  Fee Through Survey (Resurvey)  against INC Only (wef 10 Jan  cetion  4 + SMRT Survey  lional Services:-  by Car / Tpt Allowance  Co-ordination  pair Inspection  ollect Excess Coordination  TP (Non INC) against INC	C (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$25 \$3 \$20 30	Amt (5)	Amt (3

### 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 witholding 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.
- 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.

altifesald.					
Park Supplied to No. 1 to the second of	ACCIDENT STATEMENT				
Date Of Report	28/11/2019 13:41				
Date Of Accident	27/11/2019 18:00				
Exact Location Of Accident	CLEMENCEAU AVE				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	FBL1611T				
Insured/Policyholder					
Name Of Registered Owner	KAJAKAMAL KIYATHUL NASAR				
NRIC No	S7868323F				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-91698569				
Alternative Phone No	OFFICE-91698569				
Vehicle Particulars					
Manufacturer	YAMAHA				
Model	FZN150				
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE				
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	5111122041				
Cover Note Number					

Name of Driver KAJAKAMAL KIYATHUL NASAR

 NRIC No
 \$7868323F

 Date Of Birth
 27/05/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/01/2010

Driving Experience 9 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91698569

Fax Number

Contact Number OFFICE-91698569

EMail Address NOEMAIL

BLK 10 JALAN KUKOH Address

#08-59

162010 Postcode

Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191127/7019.

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** 

SHD3508S Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

KAJAKAMAL KIYATHUL NASAR Name

Approximate Age

BODY Injuries Sustain

FBL1611T Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

#### SKETCH PLAN

# IMPORTANT NOTICE

. 1.

- i. Please report <u>entractly</u> the details of the accident to speed up the claims process.
- 1. This form must be completed by the Polleyholder and/or the Authorited Delvas.
- Information provided must be as purified and accurate as possible. Any withit misrepresentation or withholding of material facts may allow theorems companies to repudiate public flability.
- The losse and acceptance of this form by inturance companies is not an admission of policy liability on the cost of the incurance companies.
- 3. Any felse recommensary be referred to the Police for investigation.
- The report will be focuseded by the laserers of the GIA Pecceds Management Control 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.
- By the lodgment of this report to the insurers, you hareby consent to the architing of this report at the centre and to copies of the report being made available aforessid.
- 5. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (s) My insurer, my workshop and the General insurence 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/jaw firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of:
  - processing, hendling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the secident and/or my cialms;
  - (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, involves, 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, francising and/or dealing with my claims. (collectively the "Purposes")
- (E) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (awyers/law firms, may/are permitted to object, use, disclass and/or process my Personal information for one or more of the above Personal and
- (r) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or against Information may/can be disclosed by any or great and or great an
- (b) my Personal Information will also be collected and used to compile dalms history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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.

Policykoleans Signature Oste & Times Driver's Signature

(If driver is not the policyholds!)

Date & Time:

Réparting Contre Personnelle A Rama:

RRIC/FIN No.:

SCRIBE CIRCUMSTANCES OF THE ACCIDENT  Refer to police report.
SCRIBE CIRCUMSTANCES OF THE ACCIDENT
Refer to police report.
The state of the s
and the state of t
ARATION
declars the foregoing particulars are true in every respon.
V ) there is
College Asignature Personne Seniture Reporting Contro Personne Seniture
Time (If driver is not the policyholder) Name:  Date & Time: KRIC/FIN No.:

Date of Accident Time: 1800 Hrs (24-HR-F					
occident Place	: Clemenceau Ave				
Vehicle Reg. No. (Car Plate No.)	e No.) FB116117				
Vehicle Make/Model	Yamaha FZ150i				
Lisurance Company	Ntu C Policy No				
Owner or Company Name /IC No.	: Kajatamal kiyathul Nosar (57868323F)				
Owner or Company Contact No.	Gompany Tel				
DRIVER'S Name / IC No.	: kajakamal kiyathul nasar				
DRIVER'S Date Of Birth	27 05 1948 DRIVER'S License Pass Date 22 01 2010				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:				
DRIVER'S Address	: BIK 10 Jalan rukd #08-59 \$162010				
DRIVER'S Contact No./ Alt No.	:1) 91698569 2)				
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)				
Email Address	: Aamin @ mycar &g				
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET				
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance				
Number of Passengers (Including D	priver): 0				
Was there any video Captured by ca Exact purpose for which vehicle wa	nr camera: YES \ NO is being used at the time of accident: Private use \ Work purpose				
Other l	Party Driver's Particular (if anv)				
Vehicle Reg. No: SHO35085	Vehicle Reg. No:				
Vehicle Make\Model:Taxi	Vehicle Make\Model:				
Name Driver:	Name Driver:				
IC No. Driver:	IC No. Driver:				
Driver's Contact & Add:	Driver's Contact & Add:				
* injuries 7 Da	4s				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191127/7019

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2019 21:21		fade:	Vide Report No.: Station Dia		
Informa	nt's Particu	ulars			
Name of Informant: KAJAKAMAL KIYATHUL NASAR			Address: APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010		
ID Type / ID No.: NRIC NO / S7868323F		23F	Contact No.: Home/Office: Mobile: 91698569		
Nationali INDIAN	Nationality: NDIAN		Email: jnasar15@yahoo.co.in		
Sex: Age: Date of Birth: 27/05/1978			Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Despatch worker			Driving Licence Information: Class: 2B Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/11/2019 18:00	Type of Location: T-Junction
Location: CLEMENCEA	AU AVENUE	Road Surface:	T s	
	Weather: Clear			koad Speed Limit:
Weather: Clear		Dry		Road Speed Limit: 60 Km/h
		The state of the s	5	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1611T	Motorcycle	YAMAHA	FZ150i	Black	Seriously Damaged	0
SHD3508S	Car	HYUNDAI	140	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

2 of 3 Report No. T/20191127/7019

#### CONTINUATION OF REPORT

Rider						
Name	KAJAKAMAL KIYATHUL NASAR			ID No	),	S7868323F
Related Vehicle	FBL1611T (Motorcycle)			Conta	ct No.	91698569
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licen Expin	g	Class: 2B Date of Expiry: NIL	
Date Treatment	27/11/2019 Date D		Date Disc	harge	27/11	/2019
No. of Days gran	ranted Medical Leave 07		Degree of	Injury	Sligh	

# Brief Details.

I was riding on my bike bearing vehicle number FBL1611T along Unity street towards Clemenceau Ave. I stopped at the end of unity street to check for oncoming traffic before proceeding to Clemenceau Avenue. Suddenly I felt a huge impact on my rear causing me to fall off from the motorbike. After I fall, I realise that vehicle SHD3508S has collided onto my bike. I wish to state that I was stationary at the point of time before impact. There is a witness behind the taxi who saw the accident as well, his contact number is 98895714. Ambulance attended to me and advise me to consult a doctor at the hospital afterwards and traffic police attended the accident as well. I consulted a doctor at Mount Alvernia Hospital and was given 7 days MC. 7 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191127/7019

### CONTINUATION OF REPORT

Sketch Plan							
Informant	is	not	able	to	provide	sketch	pla

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 27/11/2019 21:21
Classification Of Case:

eBaoTech		GeneralClaim										
Hello, NAC_PAYA_UBI_80	0601					• Change	Languag	e • Chan	ge Password	, Log Out		
My Desktop	Policy Query											
Notice of Loss	Policy No.				Date of Accident			27/11/2019	18:00	3:00		
	Vehicle No.(For Motor)	FBL1611T			Certificate Number		1					
				1	Search							
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	5111122041		KAJAKAMAL KIYATHUL NASAR	S7868323F	GMC	Third Party	FBL15117	FBL1611T	15/07/2019	14/07/2020		
					Continue							

Policy No.	5111122041	Policyholder Name	KAJAKAMA	AL KIYATHUL NASAR	Policyholder NRIC	57868323F	
Certificate No.							
Address	BLK 10 #08-59 JALAN KUKOH SI	NGAPORE 16	2010				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/07/2019	Effective Date	15/07/201	9 00:00	Expiry Date	14/07/2020	23:59
xcess Type	Per Accident	All Claims Excess					
Third Party Excess	Ó	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETING	Agent Tel.			GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	nolder Mailing Address						
Address 1	BLK 10 #08-59	Addre	ss 2	JALAN KUKOH	5	Address 3	SINGAPORE 162010
Address 4		Addre	ss Type	Singapore address	8	Post Code	162010
Unit No.		Relate	d Policy	E1111222041			
		Numb	er	5111122041			
	d Object: FBL1611T		er	5111122041			
	**************************************		er	5111122041			
) Insure	ements	Numb	er Endorsemei	nt Type	Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We note that you have not cancelled your insurance policy with your previous insurer. Hence, we are unable to accord you the NCD of 20% in your policy with us. In view of the reduction of NCD, an additional premium of \$37.95 (inclusive of GST) is payable under your present 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 name

Claim Handling						
ocident MT/1073420						
Policy No.	5111122041	Vehicle No.	FBL1611T	GST Registration No.		
Certificate No.						
folicyholder Name	KASAKAMAL KIYATHUL NASAR			Policyholder NRIC	S7868323F	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Therd Party	Loading	0	
ontact No.(Mobile)	91698569	Contact No. (Office)	0	Contact No.(Home)	0	
mat Address		Special Remark		eCode	5 V	
PK	® No ○Yes	TCA	® No ○ Yes	eCode Reason		
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No	
Accident Details	1000	ness containent, wy	M-		(77)	
	Page 17 (1992) 18 (1992) 18 (1992)	ITTO CONTRACTO C	Nazir	WOOD COMPONE	wasternament access	
eport Date	28/11/2019 13:57	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear	
ate of Accident	27/15/2019	Time of Accident hh:mm	L8:00	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.		
codent Location	CLEMENCEAU AVE					
<ul> <li>Total Excess Applicable</li> </ul>	E.					
xcess Type	Per Accident	Windscreen Excess				
D Standard Excess	0.00	TP Standard Excess	0.00			
IED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Not Covered	
dditional Excess						
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
▽ Benefits						
GST Registered Inform	ation					
ST Registered	No		GST Registration Date			
ST Registration No.	0.450		GST Status Verified	Yes		
odification History						
Policyholder Malling Ad	Idress					
ddress 1	BLK 10 #08-59	Address 2	JALAN KUKOH	Address 3	SINGAPORE 162010	
ddreas 4		Address Type	Singapore address	Post Code	162010	
mit No.		Related Policy Number	5111122041			
		resides rancy number	311112041			
OI Driver Info			1400 W 200			
river Name	KAJAKAMAL KIYATHUL NASAR	Driver Type	Main Driver	W. C. (1995)	038287845	
nnamed driver Name		Oriver NRIC	\$7868323F	Driver DOS	27/05/1978	
egister Date of Driver License	22/01/2010	Driver Age	41	Driving Experience	9	
ontact No.(Mobile)	91698569	Contact No. (Office)	0	Contact No. (Home)	0	
ddress 1	8LK 10	Address 2	JALAN KUKOH	Address 3	SINGAPORE 162010	
ddress 4		Address Type	Singagore address	Post Code	162010	
Init No.	08-59					
locs he own a Singapore				Ballon Santon Barrer		
legistered car?	Tes (#) No	Driver Variable No.		Driver Insurer Company		
5445-00EU1						
oclaration Sreathalyser or Blood Test			2 2			
reating?	0 mg	Any injury?	Yes O No.			
odification History						
puncasion regiony.						
Claim 001 New						
30000000000 pp. 1000000000000000000000000						
laim Type *	OD-MX	Insured Name	KAJAKAMAL KIYATHUL NASAR	Insured NRIC	57868323F	
ontact No.(Mobile)	91598569	Contact No.(Home)		Contact No.(Office)	0	
mail Address	JNASAR15@YAHOO.CO.IN	DI Vehicle Number	#BL1611T	TP Vehicle Number	SHD3508S	
lamant Type Claimant Type *		Type of Senefit *	Please Select			
lament Name +	Presse select	Claimant NRIC +	110			
laiment Address	-			3		
laim Description	FBL16117 / SHD3508S ON 27 Nov 2019			Name of Preferred Workshop		
referred Workshop Contact	27 Nov 2013	2000020002000	Desire and Section 1975	and the state of t	***	
0.		Insured Liebility *	Not at Fault.			
equire Finalisation	yes v	Preferend Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
ate Registered	28/11/2019 13:59	Claim Close Date		Date Received	28/11/2019 00:00	
eport Taken By	Jeckson					
Print AK letter						
THE PERSON NAMED IN						
			Save Submit			
Attachment			tar the same take			
, and the same of						
ccident No.	MT/1073420	Claim No.	901			
ast Doc. Received	● Yes ○ No	Upload Date	28/11/2019 14:00			
	Path *	01500300154	Category *	Confidential Lingui	A TOTAL CONTRACTOR OF THE PROPERTY OF	
		Browse	Clear Please Select	▼ Normal	<u> </u>	
		Browse	Clear Mease Select	V Normal	¥	
		Browse	Clear Please Select	V Normal	¥	
				▼ IID	×	
		Browse	- Control of the cont			
		Browse	Clear Please Select	▼ Normal	V	

