

NATIONAL Assessment Centre Services

SMO92217000Y

Date In: 07/01/2021 15:18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/SMO22000232/Y	E-mail (within 24hrs. After 2hrs):		
Veh No: FBM 6065 G	i-Motor Claim Form		
DDA: 06/01/2022 22:30	i-Motor W/O (within 101. 2hrs. 1P 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkst		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SA 7468X	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

NA2200059	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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) NI: idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) NI: Blue Mobile \$30			
	10) NI: Blue Mobile \$30			
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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 Submission	07/01/2022 15:15 (SGT)
Date of Accident	06/01/2022 22:30 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6065G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BALASUBRAMANIAN NANDHAGOPAL
Passport No/FIN	GXXXX714P
Email Address	nandhuaero@gmail.com
Mobile Phone No	(Phone) +65-81387005
Alternative Phone No	+65-81387005

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb190x
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	184

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01005768
Cover Note Number	-

DRIVER

Name of Driver	BALASUBRAMANIAN NANDHAGOPAL
Passport No/FIN	GXXXX714P



Date Of Birth	27/03/1989
Occupation	Outdoor
Date Of Driving Pass	23/09/2016
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81387005
Alt. Phone Number	+65-81387005
Email Address	nandhuaero@gmail.com
Address	BLK 230 PASIR RIS STREET 21 #05-52
Address complement	-
Postcode	510230
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHERMILA D/O N KUMAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210107/2002

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	SH7468X
Vehicle Manufacturer	Hyundai

Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN AH HAI
NRIC No	SXXXX913H
Contact Number	(Phone) +65-97833121
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BALASUBRAMANIAN NANDHAGOPAL
Gender	Male
Phone No	(Phone) +65-81387005
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBM6065G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHERMILA D/O N KUMAR
Gender	Female
Phone No	(Phone) +65-91811506
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBM6065G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

BAJUNG 7/1/2022
2.15 PM

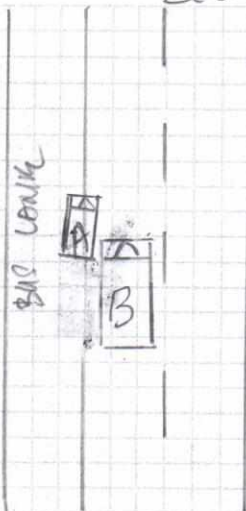
Policyholder's Signature / Date & Time

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

gu 07/01/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

SCOTT'S ROAD



A) FBM6065 G

B) SH 7468 X

Describe Circumstances of the Accident

REFER to POLICE REPORT 7/20210107/2002

Declaration

We declare the foregoing particulars are true in every respect.

BADNY 7/1/22
2:15 PM
Policyholder's Signature / Date &
Time

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

[Signature] 07/01/2022
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 01 / 2022) (DD/MM/YYYY), TIME: (10 : 20 PM) (HH:MM)

LOCATION: SCOTTS ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM6065G
b) INSURANCE COMPANY: SOMPO INSURANCE
c) POLICY NUMBER: D21MTMC01005768
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CB190X (HONDA)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 10:30 PM
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: NANDHAGOPAL BALASUBRAMANIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3156714P CONTACT: 81387005
c) ADDRESS: BLK 220 # 05-52 PASIR RIS STREET 21
SINGAPORE - 510230

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NANDHAGOPAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (27 / 03 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 26/08/2021

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 CLR)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO) YES

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

IF YES, PLEASE STATE WHICH POLICE STATION: QUEENSTOWN POLICE STATION

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH7468X MODEL: HYUNDAI (AEIONIQ HEV 1.6)
b) DRIVER'S NAME: TAN AH HAT
c) NRIC/FIN/PASSPORT: S1309913H CONTACT: 97833121

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = NANDHUAERO@GMAIL.COM

VIDEO



SINGAPORE POLICE FORCE



T/20220107/2002

1 of 4

Report No. T/20220107/2002

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2022 00:43		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: NANDHAGOPAL BALASUBRAMANIAN			Address: APT BLK 230 PASIR RIS STREET 21 #05-52 SINGAPORE 510230		
ID Type / ID No.: FIN NO / G3156714P			Contact No.: Home/Office:		Mobile: 81387005
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 27/03/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Technical Engineer			Driving Licence Information: Class: 2B,3C		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2022 22:30	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBM6065G	Motorcycle	HONDA	CB190X MANUAL	Red	Totally Damaged	1
SH7468X	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220107/2002

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220107/2002

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM6065G	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01005768	17/09/2021	16/09/2022

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	Shermila D/O N Kumar	ID No.	S9030634J
Related Vehicle	FBM6065G (Motorcycle)	Contact No.	91811506
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	NANDHAGOPAL BALASUBRAMANIAN	ID No.	G3156714P
Related Vehicle	FBM6065G (Motorcycle)	Contact No.	81387005
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Tan Ah Hai	ID No.	S1309913H
Related Vehicle	SH7468X (Car)	Contact No.	97833121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220107/2002

3 of 4

Report No. T/20220107/2002

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Brief Details.

On the 06/01/2022 at about 2230hrs I was riding my motorbike with my fiancé along Scotts Road after I exited the roundabout I was on the bus lane and I wanted to switch to the lane 1. When I looked at my motorbike's side mirror I did not see any car coming so I turned to lane 1. As I was entering lane 1 the Taxi hit me on the rear. After the collision the right handle, right foot rest as well as the motorbike handbrake were damaged. The traffic police were at the scene and suggested to go to the nearest Police station to make a police report regarding the matter. I have slight scratches on my right leg and my fiancé has slight scratches on her right leg as well. I am writing this report for me to claim insurance for the incident that happen. SCDF Paramedics were at scene and they advised both my wife and I to see a doctor tomorrow if any pain on our leg persists.



**SINGAPORE
POLICE FORCE**



T/20220107/2002

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

4 of 4

Report No. T/20220107/2002

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 1 REECE LOW JIAJUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ISMAIL BIN AMZAH

Contact No.: 65476185

Signature Of Informant:

Date/Time:

07/01/2022 00:43

Classification Of Case:

Authentication Stamp

NP168

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D21MTMC01005768
Insured : BALASUBRAMANIAN NANDHAGOPAL
Motor Vehicle (Regn No.) : FBM6065G
Cover : Third Party, Fire & Theft
Policy Commencement Date : 17 SEPTEMBER 2021 15:40
Policy Expiry Date : 16 SEPTEMBER 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : BALASUBRAMANIAN NANDHAGOPAL
Named Driver 2 : SARATH KRISHNAN S/O SRIDHARAN
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
BALASUBRAMANIAN NANDHAGOPAL, SARATH KRISHNAN S/O SRIDHARAN

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purposes and
(a) by the Insured in person in connection with his business or profession or
(b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

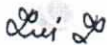
Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.04)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 17 SEPTEMBER 2021 15:40

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 DRDZOS4P4FL0MYAJ

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0122170004 Vehicle Registration No: FBM 6065 G
Name (as shown in NRIC): BAHASUBRAMANIAM NRIC/FIN/Passport No: GT XXXX 714P
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 06/01/2022 Time of Accident: 22:30
Place of Accident: SCOTS ROAD
Insurance Company: SONPAC

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE MEMBER 2 FBM 6065 G

Policyholder / Driver's Signature
Date:

07/01/2022

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