

NATIONAL Assessment Centre Services (over 1000) **NBA/18045882**

Date In: 06/01/2018 12:10	Job description	Date & Time Completed	Done by
Ref No: NBA/18045882	S&S e-mailing		
Veh No: XB 2243H	E-mail (while there, A/C etc)		
D.O.A: 05/04/2018 18:50	1-Motor Claim Form	18/08/2018 10:00	06/01/2018
OO / TP / Reporting Only	1-Motor TP/O (if involved with TP claim)		12:29
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'n Report by Fax/Hand to Owner/VW etc		

Preferred Wksp / INC Assign Wksp / OWI:	Tell:	Fax:
TP Particulars:	Yell No: 857914	INC () / Non-INC ()
Owner / Driver:	Tell:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: BSL Stand (WO): NI 0-20%, PI 21-79%, PI 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 later of repair.

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

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

Remarks:	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury:

Driver/Ten:

NBA1802763	Invoice Preparation Checklist	Bill	Hand Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC ()		
3) TP: Towing Fee	\$100		
4) PT: Follow Through Survey	\$100		
5) FT: Follow Through Survey (Recovery)	\$100		
6) TR: Re-inspection	\$100		
7) NI: NI/DA + SMRT Survey	\$100		
8) NTUC: Additional Survey (only)			
9) Q11			
10) NI: Courtesy Car / Tpl Allowance	\$10		
11) NI: Repair Coordination	\$10		
12) NI: Post Repair Inspection	\$10		
13) NI: BY / Collision/Unass Coordination	\$10		
14) TP (NI) / TP (Non-INC) / Contact INC	\$10		
15) NI: NI/DA + SMRT	\$10		
16) NI: NI/DA + SMRT	\$10		
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100) NI: NI/DA + SMRT	\$10		

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 ability.
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	06/04/2018 12:10
Date Of Accident	05/04/2018 08:50
Exact Location Of Accident	ALONG PORTSDOWN AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB2243H
Insured/Policyholder	
Name Of Registered Owner	SKV CONSTRUCTION & TRANSPORT PTE. LTD.
Co Reg No	200501038W
Email Address	SKV_LINGAN2005@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91093688
Alternative Phone No	OFFICE-86720561
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FV51SJD2DEA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073604748-02
Cover Note Number	
Driver	
Name of Driver	RAMAN NANDHAKUMAR
Passport No/FIN	G3038511Q
Date Of Birth	23/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093688
Fax Number	
Contact Number	OTHERS-86720561
Email Address	SKV_LINGAN2005@YAHOO.COM

Address	33 JURONG WEST STREET 41 #04-57 THE LAKESHORE
Postcode	649413
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SKS791U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW YEW MING CLARENCE
NRIC/Passport Number	S72445301
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ8765S
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Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM THIAN CHOR
NRIC/Passport Number	S6806912B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.



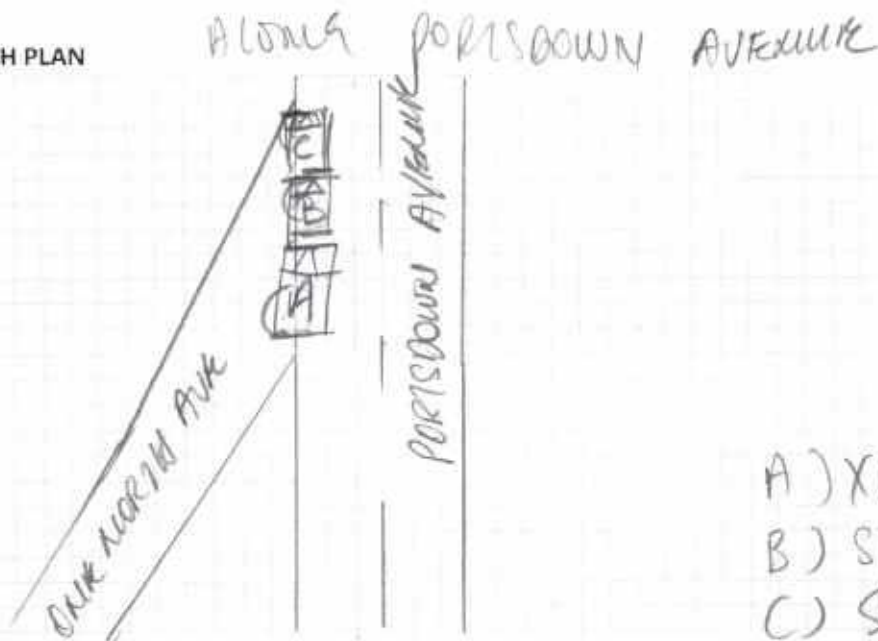
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6-4-18

9:45 Am

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

SKETCH PLAN



A) XB 2243H
B) SKS 7914
C) SLQ 8765S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A going to One North Ave and take the Portstown Ave ON ^{THE} way Merge place SLQ 8765S Car suddenly stop AT THE Merge Place & another car SKS 7914 also very near gap suddenly stop ready, we also following behind, so this suddenly stopping XB 2243 H Bang to SKS 7914 & this car kissing in front SLQ 8765S.

DECLARATION

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



Policyholder's Signature
Date & Time:

D. Naething.

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

6-4-18
9:45PM

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

06/04/2018
Rafli Widiastika

Claim Handling

The premium on this policy has not been collected.

Accident MT/0989190

Policy No.	5073004748-02	Vehicle No.	XB2243H	GST Registration No.	200501038W
Policyholder Name	SKV CONSTRUCTION & TRANSPORT PTE. LTD.			Policyholder NRIC	200501038W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	05/04/2018 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/04/2018	Time of Accident (h:mm)	05:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PORTSDOWN AVENUE				

Benefits

Excess

Own damage Excess	2,300.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2017
GST Registration No.	200501038W	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	11 JURONG WEST STREET 41	Address 2	404-57 THE LAKESHORE	Address 3	SINGAPORE 649413
Address 4		Address Type	Singapore address	Post Code	649413
Unit No.		Related Policy Number	5075780649-02		

OI 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 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	SKV CONSTRUCTION & TRANSP	Insured NRIC	200501038W
Contact No. (Mobile)	91093688	Contact No. (Home)	NA	Contact No. (Office)	
Email Address	skv_ungan2005@yahoo.com	OI Vehicle Number	XB2243H	TP Vehicle Number	SK5791U
Claim Description	XB2243H / SK5791U On 5-Apr-2018				
Referred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/04/2018 12:18	Claim Close Date		Date Received	06/04/2018 00:00
Report Taken By	BDLS1 WAHAB				

Print AK letter

Save Submit

Attachment

or

Accident No.	MT/0989190	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	06/04/2018 12:29
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen		Urgency *
Choose File	No file chosen		Description *
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_80676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 06 Apr 2018 12:29	SAS	Normal	SAS 2018-4-6		Edit
	NAC_BUKIT_MERAH_80676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 06 Apr 2018 12:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-6		Edit
	NAC_BUKIT_MERAH_80676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 06 Apr 2018 12:18	Photos	Normal	Photos 2018-4-6		Edit
	NAC_BUKIT_MERAH_80676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 06 Apr 2018 12:18	Photos	Normal	Photos 2018-4-6		Edit

4/6/2018

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 12:16	Photos	Normal	Photos 2018-4-6	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 05/04/2018 (DD/MM/YYYY), TIME: 08:50 (HH:MM)

LOCATION: Portdown Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XB 2243 H
 b) INSURANCE COMPANY: INGOMO
 c) POLICY NUMBER: 5033604748-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: _____
 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: SKV Construction & Transport Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91093688
 c) ADDRESS: _____

* CONTINUE TO 3.1 IF DRIVER ALSO POLICY HOLDER

DRIVER

No of passengers
(including driver)
(1)

- a) NAME: Ramon Nardhakumar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3038511Q CONTACT: 86720561
 c) ADDRESS: 33, Jurong West St-41, #04-57 THE LATITUDE
Singapore 64013

d) DATE OF BIRTH: 29/03/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: CLASS 4

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: _____

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
(1)

- a) VEHICLE NUMBER: SKS 711U MODEL: _____
 b) DRIVER'S NAME: LOW YAW MINA CLARENCE
 c) NRIC/FIN/PASSPORT: S7245301 CONTACT: _____

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
(2)

- a) VEHICLE NUMBER: 91Q 87658 MODEL: HONDA VETAL
 b) DRIVER'S NAME: LIM THIAN HOK
 c) NRIC/FIN/PASSPORT: S6806912B CONTACT: _____

Email: SKV_lingan2005@yahoo.com

Fax: 6292 2241

V1030

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
SKV CONSTRUCTION & TRANSPORT PTE. LTD.

Sector: **CONSTRUCTION**

Name:
RAMAN NANDHAKUMAR

Occupation:
ASSISTANT SITE ENGINEER

S Pass No.
0 35475584

Date of Application
02-05-2017

Date of Issue
07-05-2017

Date of Expiry
06-04-2019





L7920633

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G3038511Q**

Name:
RAMAN NANDHAKUMAR

Birth Date **23 Mar 1994**

Issue Date **31 Oct 2014**

Valid Till **30 Oct 2019**




VISIT PASS
Immigration Regulations

Name:
RAMAN NANDHAKUMAR

Date of Birth **23-03-1994** Sex **M** Nationality **INDIAN**

FIN **G3038511Q** Date of Issue **11-05-2017** Date of Expiry **06-04-2019**

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.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3	MOTOR CAR AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	31 Oct 2014
Class 4	HEAVY MOTOR CAR AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	24 Jul 2015

S / No 9000222115

Licence No: **G3038511Q**



NP 425A

THE SCHEDULE

Fleet Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5073604748-02
The Policyholder	: SKV CONSTRUCTION & TRANSPORT PTE. LTD. 420 NORTH BRIDGE ROAD #06-11/12 NORTH BRIDGE CENTRE SINGAPORE 188727

Period of Insurance	: 07 Sep 2017 To 06 Sep 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$13,163.47

Interest Insured

Cover Type	: Comprehensive
Number of Insured Vehicle(s)	: 6
Detail of Insured Vehicles	: Refer to List Attached

Memo A: N/A

Endorsement Operative: N/A

Agency	: AWG INSURANCE BROKERS PTE LTD (00000690436)
Date of issue	: 06 Sep 2017 16:56 hrs
Print	: 06 Sep 2017 16:57 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors:



Chief Executive