

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 118047148

Date In: 914118 16:14	Job description	Date & Time Completed	Done by
Ref No: MMA/CTZ 18006508/44	SAS e-filing		
Veh No: YN 6053 M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 714118 20:30	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: WC 6290 B.	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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Pat 1:			
Pat 2 / 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 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	09/04/2018 16:14
Date Of Accident	07/04/2018 20:30
Exact Location Of Accident	JUNC OF JLN BUROH & PANDAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6053M
Insured/Policyholder	
Name Of Registered Owner	M/S KIAN KA CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67695961

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1803651800
Cover Note Number	-

Driver

Name of Driver	THANIKKODI MURUGESAN
NRIC No	F7992216K
Date Of Birth	19/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84374569
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 140 UPPER BUKIT TIMAH RD, SINGAPORE
 Postcode 588176
 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 COLLISION - CROSS JUNCTION
 Weather Conditions CLOUDY
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 7
 Passenger 1 NAME: : BACHITTER SINGH
 GENDER: : MALE
 Passenger 2 NAME: : ADAIKKALAM BOOMINATHAN
 GENDER: : MALE
 Passenger 3 NAME: : RAKESH KUMAR
 GENDER: : MALE
 Passenger 4 NAME: : RETHINAM DESTONIS AMUDHAN
 GENDER: : MALE
 Passenger 5 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 6 NAME: : UNKNOWN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7759999 - FAX NO: 67764246
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 WC6290B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver WANG WENQIANG
NRIC/Passport Number G8584540W
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BACHITTER SINGH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN6053M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ADAIKKALAM BOOMINATHAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN6053M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name RAKESH KUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN6053M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name RETHINAM DESTONIS AMUDHAN
Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

YN6053M

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Refer to attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police
Report

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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

A: 7N6053H.

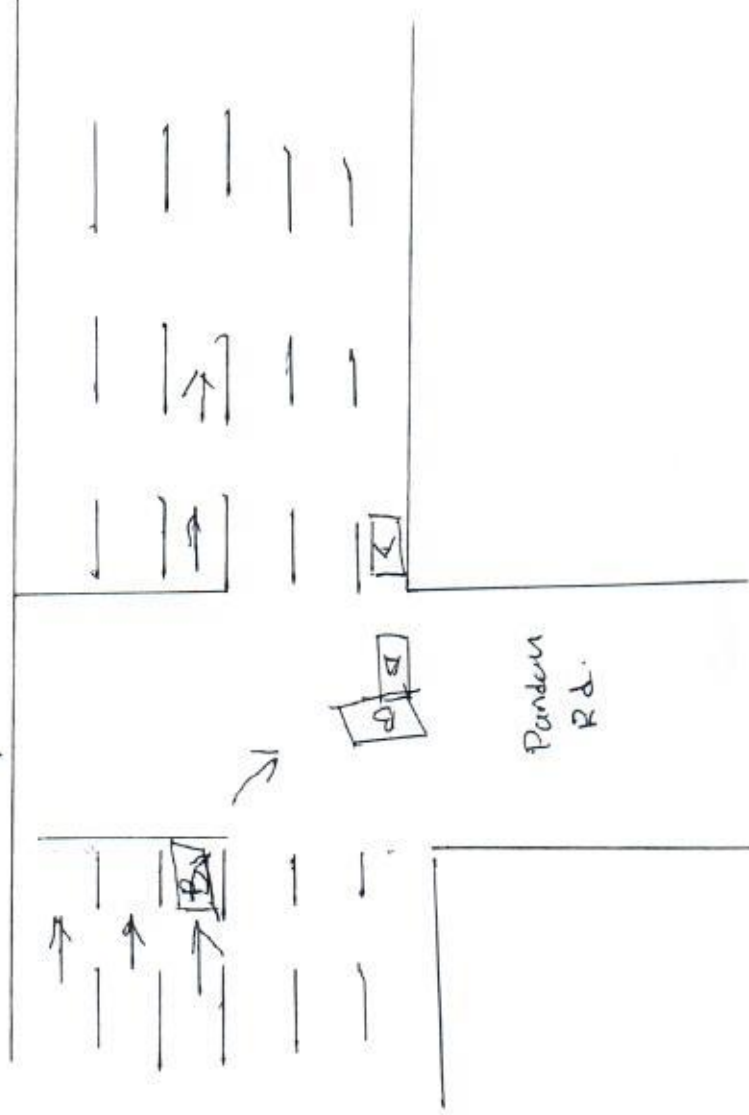
B: WC6290B.

THANIKKODI MURUGESAN, Manuf.



F. 7992216K

Talan Burch.



Towards Pioneer Rd.

Pondem Rd.



SINGAPORE POLICE FORCE



T/20180408/2041

1 of 5

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

Report No. T/20180408/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2018 12:53		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: THANIKKODI MURUGESAN			Address:		
ID Type / ID No.: NRIC NO / F7992216K			Contact No.: Home/Office: Mobile: 84374569		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 19/05/1977	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/04/2018 20:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JALAN BUROH PANDAN ROAD Along Jln Buroh and the junction of Pandan near to Kobe Welding				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WC6290B	Truck				Slightly Damaged	0
YN6053M	Lorry				Seriously Damaged	6

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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

Report No. T/20180408/2041

CONTINUATION OF REPORT

Driver			
Name	WANG WENQIANG	ID No.	G8584540W
Related Vehicle	WC6290B (Truck)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 18/01/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	BACHITTER SINGH	ID No.	G2294054L
Related Vehicle	YN6053M (Lorry)	Contact No.	93900691
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	THANIKKODI MURUGESAN	ID No.	F7992216K
Related Vehicle	YN6053M (Lorry)	Contact No.	84374569
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 09/08/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	ADAIKKALAM BOOMINATHAN	ID No.	G7514882N
Related Vehicle	YN6053M (Lorry)	Contact No.	98071041
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20180408/2041

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

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Report No. T/20180408/2041

CONTINUATION OF REPORT

Passenger			
Name	RAKESH KUMAR	ID No.	G8213604K
Related Vehicle	YN6053M (Lorry)	Contact No.	82664718
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	RETHINAM DESTONIS AMUDHAN	ID No.	G2596792K
Related Vehicle	YN6053M (Lorry)	Contact No.	82647628
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/04/2018 at about 2030hrs I was driving company's lorry (YN6053M) along Jln Buroh towards Pioneer Rd direction. I was having 6 passenger on my vehicle (4 at the rear and 2 at the front). At this junction when I was driving towards the traffic light of Jln Buroh and Pandan Rd near to Kobe Welding when I noticed a truck (WC6290B) on the opposite direction intending to turn right into Pandan Rd; as the traffic light was green, I continued driving because I have the right of way. However at this instance, the truck suddenly drove through, as I was unable to stop in time, our vehicle collided at the front of my lorry to the front left-side of the truck.

Due to the collision, the truck was only damaged at the front left corner, while my lorry was damaged at the front and the driver's door.

The truck driver was alone and he does not seem to be injured. I am also not injured, however at that point of time 4 of my passenger (2 from the front and 2 from the back) was injured. The police was at scene, no ambulance came down. After I had sorted the details out with the other driver, my supervisor (Muthu, HP: 93899440) who had came down earlier then send the injured passenger to Raffles Hospital for treatment. All the 4 passengers were given 3 days medical leave. I wish to state that one of my two other passengers who did not revealed to be injured at the point of the accident, had complaint of pain at the elbow and knee area and might be seeking medical attention too.

My vehicle does not have any in-car camera, I also did not take the contact of the other driver.



**SINGAPORE
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Tel No: 1800-7759999



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Report No. T/20180408/2041

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180408/2041

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

Report No. T/20180408/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 CHONG ZHEN LOON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD

YUSOF

Contact No: 65476358

SN 40

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

G. Muthu

Date/Time:

08/04/2018 12:53

Classification Of Case:

J. N. M.



Passenger Hassan K Amrul, male. G8453043W.

Passenger. Gofur Md. Abul

G6884210H Male.

Date of Accident : 07/04/2018 Accident Time: 20:30. (24-HR-Format)
 Accident Place : T: Junction. Jalan Borch Padan Rd.
 Vehicle. No. (Car Plate No.) : YN6058M Make/Model: "
 Insurance Company : China. Taiping. Policy No: DHCVSN1803651802
 Owner or Company Name /IC No. : Kian Ka Construction Pte Ltd.
 Owner or Company Contact No. : Owner's Hp 67695966 Company Tel
 DRIVER'S Name / IC No. : Thanikkodi Murugesan.
 DRIVER'S Date Of Birth : 14/05/1977. DRIVER'S License Pass Date 06/11/2017.
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : 140 Buiher Bukit Timah Rd #03-15.
 DRIVER'S Contact No./ Alt No. : 1) 84374569. 2) Bantay World Plaza 5528171
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 7 including driver.
 Was there any video Captured by car camera: YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): yes.

Other Party Driver's Particular (if any)

Vehicle. No: <u>W6240B</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Passenger Bachiter. Singh. G2244034L. male. whiplash.
 Passenger Adakkalam Boominathan. G7514882N. male. whiplash.
 Passenger Rakesh Kumar. G8213604K. male. whiplash.
 Passenger. Rethinam Pestonis. Amudhan male. whiplash.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number **F7992216K**

THANIKKODI MURUGESAN

Birth Date **19 May 1977**

Issue Date **01 Aug 2017**

Valid Till **05/08/2022**

SG2709233H




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 250 CC	19 Aug 2017
Class 2	Motor cars <= 3500 kg with not more than 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Nov 2017

S / No. 9000275324

F7992216K

NP 425A

Licence No: F7992216K



THANIKKODI MURUGESAN
KIAN KA CONSTRUCTION PTE LTD
140 UPPER BUKIT TIMAH ROAD
#03-15 BEAUTY WORLD PLAZA
SINGAPORE 588176



Card Registration Completed!
Please show your employer this letter.
We will deliver your card to the authorised
recipient(s) 4 to 5 working days later.
They will get the delivery details via SMS
the day before.



MINISTRY OF
MANPOWER

Emily Kian

CO.

05 APR 2018



031436583280312

For Immigration Use (To clear by FIN)



F7992216K

29 Mar 2018

You need to make an appointment for Card Registration

Dear THANIKKODI MURUGESAN

We have received a request to renew your work permit on 29 Mar 2018. Now you need to come to the MOM Services Centre - Hall C by **05 Apr 2018** for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your new card. It is valid from 29 Mar 2018 till 28 Apr 2018.

Yours sincerely

Mdm Chow Choon Yet
for Controller of Work Passes

YOUR NAME
THANIKKODI MURUGESAN
FIN
F7992216K
WORK PERMIT NO.
0 31436583
DATE OF APPLICATION
28 Mar 2012
DATE OF RENEW
29 Mar 2018
WORK PERMIT EXPIRY DATE
18 Mar 2020
DATE OF BIRTH
19 May 1977
SEX
MALE
NATIONALITY
INDIAN
TRAVEL DOCUMENT NO.
M6466725
TRAVEL DOCUMENT EXPIRY DATE
25 Feb 2025
YOUR EMPLOYER'S NAME
KIAN KA CONSTRUCTION PTE LTD
SECTOR
CONSTRUCTION
OCCUPATION
CONSTRUCTION WORKER
SALARY
\$600

IMPORTANT

- If you fail to report to the MOM Services Centre - Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave or enter Singapore, you will have to show this letter at the Immigration Checkpoint.



Your card registration checklist

(FIN: F7992216K /

DOA: 28 Mar 2012)

Bring the following documents to the MOM Services Centre on the appointment date:

- ☒ This Notification Letter
- ☒ Your latest original travel document (e.g passport)
- ☒ Your existing Card to be returned to us (card taken in 05 APR 2018)
- ☒ Your completed Work Permit Renewal Notice
- ☒ The original completed Security Bond Form and The Schedule printed from the Security Bond Status function in WPOL or MOM website

Take note of the following

- During photo-taking, no headgear should be worn unless normally worn for religious purpose. Glasses worn should not have tinted lenses and frames should not cover any part of the eyes.

Things to note about card delivery

(FIN: F7992216K

DOA: 28 Mar 2012)

- Either the authorised recipient(s), or the pass holder himself / herself must be present to receive the card(s). We will check his / her photo ID (e.g.NRIC, work pass card, travel document of the pass holder, etc.) upon delivery
- We cannot allow changes in delivery schedule / address / authorised recipient(s) due to the short turnaround time from pass issuance to card delivery.
- If delivery is not successful, we will try again on another day. The authorised recipient(s) will receive an SMS / email regarding the next delivery date.
- If both delivery attempts fail, the card will have to be collected from the MOM Services Centre – Hall C.
- To check your card delivery status, go to *Work Permit Online > Renew > Check Status – Renewal Request*. For more information on card delivery, you may visit www.mom.gov.sg/card-delivery

Mobile Application :

- The pass holder's work pass details will be displayed when the card is scanned using MOM's work pass mobile application.



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200206384E

MS300/C
N SN
AN0482A

Cov. Type: C

PLM 308606

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1960 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVEN1803651800

Engine No :4P10B29559

ChasNo:FE821EA00690

1. Index Mark and Registration
Number of Vehicle

YM6053M

2. Name of Policy Holder

M/S KIAN KA CONSTRUCTION PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

14 February 2018 Excess Sect I S\$550.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

13 February 2019

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

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.

6. Limitations as to use*

- (1) Use in connection with the Policyholder's business.
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
(3) Use for social, domestic or pleasure purposes.
The Policy does not cover:
(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : ARWIN PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory