

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

MMAY/8093177

Date In: 19/01/2018 12:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/INC/80/31424	E-mail (within 3hrs, AIC 2hrs):		
Veh No: GR 9915V	i-Motor Claim Form: m/1003188-001	19/01/2018	15:19
D.O.A: 17/02/2018 23:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP: Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: KED 523	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

MM804638	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	19/07/2018 12:35
Date Of Accident	17/07/2018 23:15
Exact Location Of Accident	MANDAI ROAD TURNING INTO BKE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR9075Y
Insured/Policyholder	
Name Of Registered Owner	SEALANDSG PTE. LTD.
Co Reg No	201800346M
Email Address	OPERATION@SEALANDSG.NET
Mobile Phone No	(LOCAL) +65-82394339
Alternative Phone No	OFFICE-62913230

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5102158917
Cover Note Number	

Driver

Name of Driver	RAMAMOORTHY DIVAKAR
Passport No/FIN	G7602578P
Date Of Birth	05/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82394339
Fax Number	
Contact Number	OFFICE-62913230
Email Address	OPERATION@SEALANDSG.NET

Address	BLK 659C JURONG WEST STREET 65 #07-347
Postcode	643659
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	KED523 (MOTORCYCLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180718/2073

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	KED523
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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.

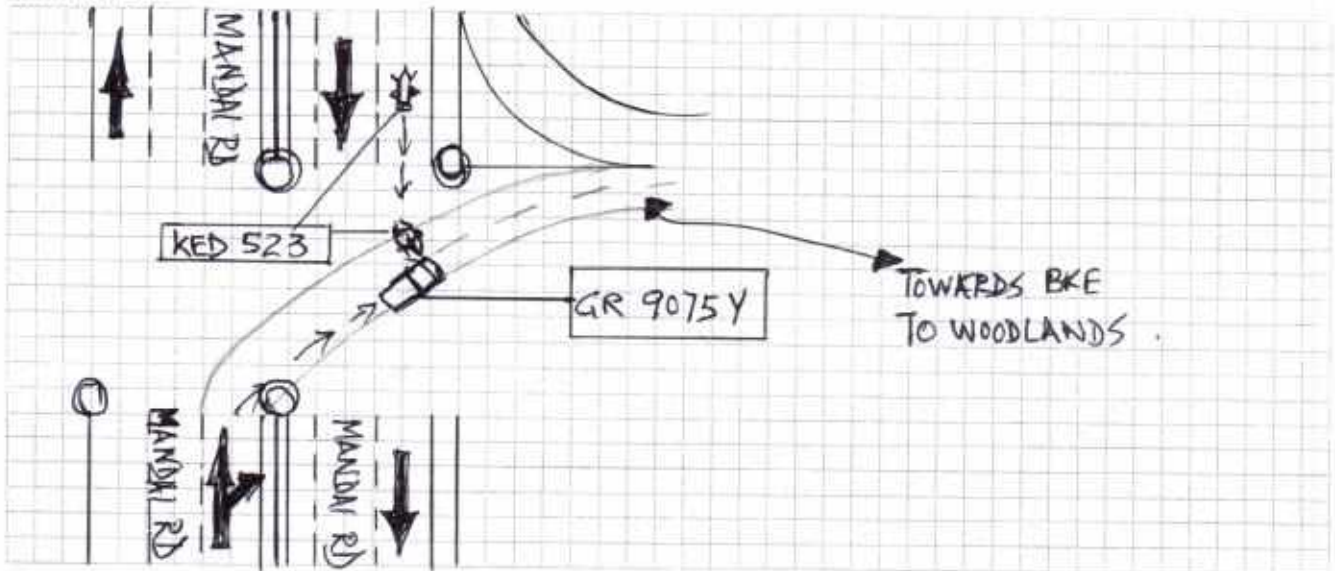


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police report
17080718/2013

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20180718/2073

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20180718/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 12:57		Vide Report No.: J/20180717/0221		Station Diary No.: 78	
Informant's Particulars					
Name of Informant: RAMAMOORTHY DIVAKAR			Address: APT BLK 659C JURONG WEST STREET 65 #07-347 SINGAPORE 643659		
ID Type / ID No.: FIN NO / G7602578P			Contact No.: Home/Office: Mobile: 82394339		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 05/07/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Assistant mechanical engineer			Driving Licence Information: Class: 2B,3 Date of Expiry: 13/06/2020		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2018 23:15	Type of Location: X-Junction
Location: Along Road 1 MANDAI ROAD				
Turning into BKE towards Woodlands				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GR9075Y	Lorry				Slightly Damaged	0
KED523	Motorcycle				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180718/2073

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180718/2073

CONTINUATION OF REPORT

Driver			
Name	RAMAMOORTHY DIVAKAR	ID No.	G7602578P
Related Vehicle	GR9075Y (Lorry)	Contact No.	82394339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 13/06/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/07/2018 at about 2316hrs, as I was travelling along Mandai Rd junction turning into BKE/KJE towards Woodlands, a motorcycle, KED523, came from the opposite direction and hit the left side of my lorry, GR9075Y, at the passenger door side. I stopped my lorry and came down from the lorry. I called for the ambulance as I saw that the rider of the motorcycle is injured. An off duty police officer who was riding along Mandai road also stopped to assist.

Shortly after, the Traffic Police officer arrived together with the Ambulance. I informed the Traffic Police officer that the traffic light was green with the turn right arrow in my favour. I was moving to turn right into the BKE/KJE when the motorcycle suddenly came from the opposite direction. He was coming very fast and I did not have enough time to react before he hit my lorry.

As a result of the accident, the passenger door was slightly dented. the motorcycle rider was conveyed to hospital but I do not know which hospital he was conveyed and he was conscious at that time. I am not sure what are the injuries sustained by the motorcyclist. I am not injured. That is all.



**SINGAPORE
POLICE FORCE**



T/20180718/2073

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20180718/2073

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:

A /

Sgt 2 SAADIAH BTE HAMZAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Signature Of Informant:

Date/Time:

18/07/2018 12:57

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1003688

Exit

Policy No.	5102158917	Vehicle No.	GR9075Y	GST Registration No.	
Policyholder Name	SEALANDSG PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201800346M
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Leading	0
Contact No.(Mobile)	94499973	Special Remark		Contact No.(Home)	
Email Address		TCA	= No / Yes	eCode	No
KFK	= No / Yes	NCD Entitlement(No)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	19/07/2018 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	17/07/2018	Time of Accident (hh:mm)	23:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDAI ROAD TURNING INTO BKE TOWARDS WOODLANDS				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	10 UBI CRESCENT	Address 2	#05-00 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	09-60	Related Policy Number	5102158917		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/07/1979
Unnamed driver Name	RAMADHORTHY DEVAKAR	Driver NRIC	G7602378P	Driving Experience	8
Register Date of Driver License	14/06/2010	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	87394339	Contact No.(Office)		Address 3	SINGAPORE 643659
Address 1	BLK 559C #07-347	Address 2	JURONG WEST STREET 55	Post Code	643659
Address 4		Address Type	Foreign address		
Unit No.	07-347	Driver Vehicle No.	GR9075Y	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	SEALANDSG PTE. LTD.	Insured NRIC	201800346M
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	94467588
Email Address		DI Vehicle Number	GR9075Y	TP Vehicle Number	KED523
Claim Description	GR9075Y / KED523 ON 17 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/07/2018 15:18	Claim Close Date		Date Received	19/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

















Attachment

Accident No.	MT/1003688	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/07/2018 15:19
Path *			
Choose File No file chosen	Category *	Confidential	Urgency *
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Message Read	Clear Please Select	NO	Normal

Attachment List

Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19		Edit
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19		Edit
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 15:19	SAS	Normal	SAS 2018-7-19	Edit

Video List

Uploaded By/Date

Folder/Date

File Name

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 17/07/2018 (DD/MM/YYYY), TIME: 23.15 (HH:MM)

LOCATION: ALONG ROAD 1 - MANDAI ROAD, TURNING INTO
BKE TOWARDS WOODLANDS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GR9075Y
b) INSURANCE COMPANY: NTUC INCOME INSURANCE CO-OPERATIVE LTD.
c) POLICY NUMBER: 5102158917
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN - CABSTAR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY: _____

2. INSURED / POLICY HOLDER

- A) NAME: SEALANDSG PTE. LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S79623052 CONTACT: 94499971
c) ADDRESS: 3, Cuff Road, Singapore - 209714

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAMAMOORTHY DIVAKAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G7602578P CONTACT: 82394339
c) ADDRESS: APT BLK 659C JURONG WEST STREET 65
#07-347 SINGAPORE 643659

*d) DATE OF BIRTH: 05/07/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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) DRY

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: ROCHOR NEIGHBOURHOOD

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: KED 523 MODEL: motor
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = operation@sealandsg.net

VIDEO =

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

Employer
SEA-SHORE TRANSPORTATION PTE LTD

Sector: **SERVICE**

Name
RAMAMOORTHY DIVAKAR

Occupation
SENIOR ASSISTANT MECHANICAL ENGINEER

S Pass No.
0 33020171

Date of Application
18-04-2017

Date of Issue
03-05-2017

Date of Expiry
30-07-2019

L7894515




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licensee's Name: **G7602578P**

Name: **RAMAMOORTHY DIVAKAR**

Birth Date: **05 Jul 1979**

Issue Date: **20 May 2015**

Valid Till: **13-06-2020**

0024292019




VISIT PASS
Immigration Regulations

Name
RAMAMOORTHY DIVAKAR

Date of Birth: **05-07-1979** Sex: **M** Nationality: **INDIAN**

FIN: **G7602578P** Date of Issue: **03-05-2017** Date of Expiry: **30-07-2019**

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 CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	14 Jun 2010
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	14 Jun 2010

NP 429A

0024292019



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, 1959 (MALAYSIA)

Certificate Number : 5102158917

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: GR9075Y

Chassis Number

: JN1SF4F23Z0841056

2. Name of Policyholder

: SEALANDSG PTE. LTD.

3. Effective Date of Insurance

: 10 Jul 2018

4. Expiry Date of Insurance

: 31 May 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1) : N/A

EXCESS (SECTION 2) : N/A

INSURE WITH COE : N/A

HIRE PURCHASE COMPANY : N/A

SUM INSURED : N/A

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)

Agency : MY INSURANCE AGENCY PTE. LTD. (00000573772)

Date of Issue : 10 Jul 2018 15:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive