

# NATIONAL Assessment Centre Services

[wef: 1 Jan 2005]

Date In: 26/7/2018 16:55	Job description	Date & Time Completed	Done by
Ref No: NA/GAI18013661/KY	SAS e-filing		
Veh No: Gx 8263X	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 26/07/2018 08:30	i-Motor Claim Form		
OD 1P Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	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: SJK5053 M 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

NA1804729

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI: 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		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2/3:	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	26/07/2018 16:55
Date Of Accident	26/07/2018 08:30
Exact Location Of Accident	UPPER SERANGOON RD TWDS UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX8263X
Insured/Policyholder	
Name Of Registered Owner	VISION 2 ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83603502
Alternative Phone No	OFFICE-62960185
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVC000006093-00-000
Cover Note Number	
Driver	
Name of Driver	NAINAN MANIKANDAN
Passport No/FIN	G2217143M
Date Of Birth	19/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83603502
Fax Number	
Contact Number	OTHERS-83603502
Email Address	NOEMAIL

Address	VISION 2 ENGINEERING PTE LTD
Postcode	
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	6
Passenger 1	NAME: : RAHMAN SYDUR GENDER: : MALE
Passenger 2	NAME: : VATTAYUTHAM THIRUMURUGAN GENDER: : MALE
Passenger 3	NAME: : ALIMODDIN GENDER: : MALE
Passenger 4	NAME: : KHAN MD MORSHED GENDER: : MALE
Passenger 5	NAME: : MOLLA ABDUL DAVD GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180726/2053

#### 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 SJK5053M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NAINAN MANIKANDAN  
Approximate Age  
Injuries Sustain NECK & SHOULDER  
Injured person in which vehicle? GX8263X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name RAHMAN SYDUR  
Approximate Age  
Injuries Sustain NECK & SHOULDER  
Injured person in which vehicle? GX8263X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name VATTAYUTHAM THIRUMURUGAN  
Approximate Age  
Injuries Sustain NECK & SHOULDER  
Injured person in which vehicle? GX8263X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name ALIMODDIN  
Approximate Age  
Injuries Sustain NECK & SHOULDER  
Injured person in which vehicle? GX8263X  
Were seat belts worn? YES



Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### DETAILS OF INJURED PERSON 5

Name KHAN MD MORSHED

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? GX8263X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### DETAILS OF INJURED PERSON 6

Name MOLLA ABDUL DAVD

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? GX8263X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**IMPORTANT NOTICE**


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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)

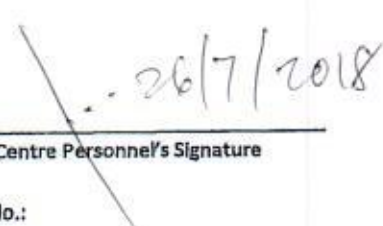
I understand, acknowledge, agree and consent that:

- (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.

VISION 2 ENGINEERING PTE. LTD.  
434 Race Course Road  
#01-01(S) 218680

Fax: 67960036 Tel: 9738 4920  
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.:



Upper Serangoon

Road

towards

Upper Paya Lebar

Road

Vehicle A → 6X8263X

Vehicle B → 55K5053M

A  
A  
A  
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report:

T/20180726/2053

DECLARATION

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

VISION 2 ENGINEERING PTE. LTD.

434 Race Course Road

#01-011571B590

Fax: 2900036 Tel: 9738 4920

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/7/2018





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2018 12:17	Vide Report No.: F/20180726/0079	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NAINAN MANIKANDAN			Address: 434 RACE COURSE RD #01-01 RACE COURSE RD/OWEN RD CON ARE SINGAPORE 218680		
ID Type / ID No.: NRIC NO / G2217143M			Contact No.: Home/Office: Mobile: 83603502		
Nationality:			Email:		
Sex: Male	Age: 27	Date of Birth: 19/07/1991	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Working proprietor (construction)			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Light		
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
8X8263X	Lorry				Slightly Damaged	5
JK5053M	Car				Seriously Damaged	0

**Details of Person Involved**

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





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

Report No. T/20180726/2053

CONTINUATION OF REPORT

Driver			
Name	NAINAN MANIKANDAN	ID No.	G2217143M
Related Vehicle	GX8263X (Lorry)	Contact No.	83603502
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS JUST DRIVING NORMALLY IN THE 3RD LANE OF A 4 LANE ROAD. I WAS JUST GOING STRAIGHT AND THE VEHICLE MENTIONED ABOVE SUDDENLY COLLIDED INTO ME FROM BEHIND. AFTER THE COLLISION I APPLIED MY BRAKES AND STOPPED. I GOT OUT OF THE VEHICLE AND WENT TO CHECK ON THE OTHER PARTY. HE COULD NOT COME OUT OF HIS VEHICLE. SO I CALLED FOR AMBULANCE. AT THE END HE WAS NOT CONVEYED. NO ONE WAS INJURED, ONLY TWO OF MY PASSENGERS FEEL PAIN IN THEIR BACK. POLICE WAS ALSO AT THE SCENE.

THAT'S ALL.



POLICE FORCE



T/20180726/2053

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

3 of 3

Report No. T/20180726/2053

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:  
TP /  
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
P168

Signature Of Informant:

15.1.18

Date/Time:  
26/07/2018 12:17

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

*[Signature]*



Please submit this form to the individual insurance authorised reporting centre.

Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

### ACCIDENT DETAILS

Date of accident	26/07/18	(DD/MM/YY)
Time of accident	0830	(HH:MM)
Contact location of accident	Along upper Serangoon Road twds upper paya lebar Road	

### DETAILS OF VEHICLE

Vehicle registration number	G-X8263X		
Vehicle make and model	Nissan		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input checked="" type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

### INSURANCE INFORMATION

Insurance company	GAI		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

### INSURED / POLICY HOLDER

Name	Vision 2 Engineering PTE LTD		Male <input type="checkbox"/>	Female <input type="checkbox"/>
ID / Fin / Passport number				
Contact	Tel: 62960185			
Address	434 Race Course Road #01-01 S(218680)			

### DRIVER

### SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Nainan Mankandan		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
ID / Fin / Passport number	G2217143M			
Contact	8360 3502			
Address	434 Race Course Road #01-01 S(218680)			
Address				
Date of birth	19/07/1991			
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>		
Valid date pass	26/12/2013			



Employed by a company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No. of passenger	6 (Inclusive of driver)

PASSENGER 1	
Name	Rahman Sydur
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	Vattayatham Thirumugan
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	Alimoddin
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	Khan Md Morshed
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	Molla Abdul Pauch
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Traffic Police Division HQ

WITNESS 1	
Name	

WITNESS 2	
Name	



Name	Nainan Manikandan	
Injuries sustained	Neck & Shoulder	
Which vehicle person in?	GX8263X	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2		
Name	Rahman Sydur	
Injuries sustained	Neck & Shoulder	
Which vehicle person in?	GX8263X	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 3		
Name	Vattayutham Thirumugan	
Injuries sustained	Neck & Shoulder	
Which vehicle person in?	GX8263X	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 4		
Name	Alimoddin	
Injuries sustained	Neck & Shoulder	
Which vehicle person in?	GX8263X	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 5		
Name	Khan Md Morshed	
Injuries sustained	Neck & Shoulder	
Which vehicle person in?	GX8263X	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 6		
Name	Molla Abdul Daud	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Vehicle registration number	SJK5053M
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



**VISIT PASS**  
Immigration Regulations

12-01-2012

Name  
**NAINAN MANIKANDAN**

Download SGWorkPass App to check status

File  
**G2217143M**

Date of Birth  
**19-07-1991**

Sex  
**M**

Nationality  
**INDIAN**

**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 26 Dec 2013  
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 26 Dec 2013

NP 428A



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**VISION 2 ENGINEERING PTE. LTD.**

Name  
**NAINAN MANIKANDAN**

Work Permit No.  
**D 35934324**

Sector  
**CONSTRUCTION**








**K0180879**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

**G2217143M**

**NAINAN MANIKANDAN**

Birth Date: 19 Jul 1991  
Issue Date: 26 Dec 2013  
Valid Till: 25 Dec 2018

## 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)

### Policy Details

Certificate Number	: MOMVC000006093-00-000	Cover	: Commercial Vehicle (Third Party Fire & Theft)
Policyholder Name	: Vision 2 Engineering Pte Ltd	Chassis Number	: JN1SF4F23Z0852860
NCD Entitlement	: Nil	Engine Number	: QD32195863
Hire Purchase	: ABWIN PTE LTD	Registration Number	: GX8263X
Period of Insurance	: From 28/09/2017 (00:00) To 27/09/2018 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

a) 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 or so has been Vehicle 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

### Limitations as to Use

a) Use in connection with Policyholder's business

b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

a) Use for Hire and Reward

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

\* 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

Excess (Section 1) : N/A

Excess (Section 2) : N/A

Windscreen Excess : N/A

### Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

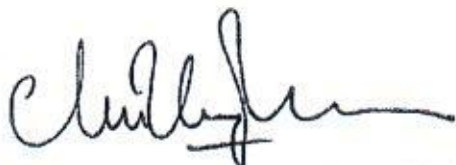
Name of Intermediary : OKI

Date of Issue : 18/09/2017

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

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

htoh