

| | | | | | |
|-------------------------------------|--------------------------|--|---------------------------------|---|----------|
| NATIONAL Assessment Centre Services | | Date: 27/08/2018 | Job description: SAS e-filing | Date & Time Completed: 27/08/2018 19:23 | Done by: |
| Date In: 27/08/2018 19:03 | Ref No: NBS/INC/00156044 | Veh No: GBE 1994A | E-mail (within 3hrs, AIC 2hrs): | | |
| D.O.A: 27/08/2018 03:00 | OD: TP Reporting Only | i-Motor Claim Form | | MY/1009003-001 | |
| | | 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: YM781M | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---|---|-------------|-----------|-----------|
| Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| | 1) AR: Accident Reporting (\$30); | | In Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 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) NI: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| ON* | | | | |
| *N5: Courtesy Car / Tpl 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: Idao 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 | 27/08/2018 19:03 |
| Date Of Accident | 24/08/2018 03:00 |
| Exact Location Of Accident | 17 NORTH CANAL ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | GBE1994A |
| Insured/Policyholder | |
| Name Of Registered Owner | GOODWORK TRADING ENTERPRISE PTE LTD |
| Co Reg No | 201118037K |
| Email Address | THULASEE.MT@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93962827 |
| Alternative Phone No | OFFICE-93962827 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA |
| 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 | 5073843227-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | THULASEEDHARAN MANIKANDAN |
| Passport No/FIN | G7608782U |
| Date Of Birth | 20/04/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/04/2013 |
| Driving Experience | 5 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93962827 |
| Fax Number | |
| Contact Number | OTHERS-93962827 |
| EEmail Address | THULASEE.MT@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | 1002 JALAN BUKIT MERAH #1-05 |
| Postcode | 159456 |
| 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 | 2 |
| 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 | YM7881M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| 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:

Reporting Centre Personnel's Signature
Name: *27/08/2018*
NRIC/FIN No.: *[Signature]*

SKETCH PLAN

17 NORTH CANAL ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

03-1-AM

24-08-2018 03:1 AM Both is unloading
Newspapers YM 7881M In Front of Me unloading
in am Britain unloading but My Lorry handbrake
is not perfect suddenly Lorry is rolling back
the Lorry ...?

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.:

Claim Handling

Accident MT/1009003

| | | | | | |
|---|-------------------------------------|-------------------------------|-------------------|------------------------|--------------------------|
| Policy No. | 5073843227-02 | Vehicle No. | GBE1994A | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | GOODWORK TRADING ENTERPRISE PTE LTD | | | Policyholder NRIC | 201118027K |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 93962827 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | + No Yes | TCA | + No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 27/08/2018 19:18 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 24/08/2018 | Time of Accident hh:mm | 03:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 17 NORTH CANAL ROAD | | | | |
| Excess | | | | | |
| Own damage Excess | 1,500.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | No |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 1002 JALAN BUKIT MERAH | Address 2 | #01-05 | Address 3 | SINGAPORE 159456 |
| Address 4 | | Address Type | Singapore address | Post Code | 159456 |
| Unit No. | | Related Policy Number | 5066578635-04 | | |
| 01 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | THULASEEDHARAN MANIKANDAR | Driver NRIC | G7608782U | Driver DOB | 20/04/1986 |
| Register Date of Driver License | 26/04/2013 | Driver Age | 32 | Driving Experience | 5 |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | 1002 JALAN BUKIT MERAH | Address 2 | #01-05 | Address 3 | SINGAPORE 159456 |
| Address 4 | | Address Type | Foreign address | Post Code | 159456 |
| Unit No. | 01-05 | | | | |
| Does he own a Singapore Registered car? | Yes + No | Driver Vehicle No. | GBE1994A | Driver Insurer Company | NTUC |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes + No | | |

Modification History

Claim 001 **NEW**

| | | | | | |
|-------------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------|------------|
| Claim Type * | OD-MX | Insured Name | GOODWORK TRADING ENTERPRISE | Insured NRIC | 201118027K |
| Contact No.(Mobile) | 93962827 | Contact No.(Home) | | Contact No.(Office) | 93962827 |
| Email Address | GDWORK@SINGNET.COM.SG | 01 Vehicle Number | GBE1994A | TP Vehicle Number | YM7881M |
| Claim Description | GBE1994A / YM7881M ON 24 Aug 2018 | | | | |
| Preferred Workshop | | Insured Liability | Fully at Fault | | |
| Estimated No. Postation | Yes | Preferred Workshop, Name unknown | | GIA report | Received |
| Date Registered | 27/08/2018 19:22 | Claim Date | | Date Received | 27/08/2018 |
| Report Taken By | ROSLE WISMA | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--|------------------|-------------|------------------|
| Accident No. | MT/1009003 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 27/08/2018 19:23 |
| Path * | | | |
| Choose File No file chosen | | Clear | Please Select |
| Choose File No file chosen | | Clear | Please Select |
| Choose File No file chosen | | Clear | Please Select |
| Choose File No file chosen | | Clear | Please Select |
| Choose File No file chosen | | Clear | Please Select |
| Choose File No file chosen | | Clear | Please Select |
| Choose File No file chosen | | Clear | Please Select |
| Message Read | | | |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | Urgency |
| NAC_BUKIT_MERAH_8006762 NATIONAL ASSESSMENT CENTRE SERVICE: S (BUKIT MERAH) on 27 Aug 2018 19:33 | | Photos | Normal |
| Description Photos 2018-8-27 | | | |

| | | | | |
|--|--|-----------------------|--------|---------------------------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | Photos | Normal | Photos 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-27 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 19:23 | SAS | Normal | SAS 2018-8-27 |

Video List

| Uploaded By/Date | Folder Date | File Name | ? | Source |
|------------------|-------------|-----------------------|--------------------|--------|
| | | Display in New Window | Scan and uploading | |

ACCIDENT STATEMENT

ACCIDENT DATE: (24/08/2018) (DD/MM/YYYY), TIME: (03:AM) (HH:MM)

LOCATION: 17 North Canal Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G135 1994 B
b) INSURANCE COMPANY: NTUL
c) POLICY NUMBER: 5073843227-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYANA
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: Grand work Trading Enterprise (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: CONTACT:
C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Thulaseedharan Manikandan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G17608782 V CONTACT: 93962829
c) ADDRESS: 1005 59101 Buloh Meetha
#01-05 Singapore 159456
*d) DATE OF BIRTH: (20/04/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 APR 2013

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

a) VEHICLE NUMBER: YM 7881 M MODEL:

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 = thulasee.mt@gmail.com

fax =

THULASEE.MT@ymon.com

16/08/2018

THULASEEDHARAN MANIKANDAN
c/o GOODWORK TRADING ENTERPRISE PTE. LTD.
1002 JALAN BUKIT MERAH #01-05
SINGAPORE 159456

Dear Sir/Madam

Temporary Extension of Work Pass

FIN : G7608782U
Travel Document No. : L3483123
Work Pass Expiry Date : 19/08/2018

We are pleased to inform you that your S Pass has been extended till 18/09/2018 under the same work pass conditions. In the event that your renewal application is approved and the renewal pass is finally issued, the total duration given to you in this temporary work pass extension will be taken into account in the final computation of your renewal pass expiry date.

2 Please retain this letter and the original S Pass as a proof that your work pass has been extended.

Yours faithfully

Controller of Work Passes

(This letter is computer generated and does not require signature).



VISIT PASS AND EMBARKATION FORM

Disembarkation / Embarkation : M0716E9136

Card No.
FIN : G7608782U

Name of Foreigner : THULASEEDHARAN MANIKANDAN

Travel Document No. : L3483123

This document serves as a Visit Pass issued to the Foreigner under regulation 12 of the Immigration Regulations. This Visit Pass is valid from 19/08/2018 until 18/09/2018 or the last date, on which the Foreigner's travel document is valid, whichever is the earlier.

2 This Visit Pass is issued subject to the conditions that:

- a) the Foreigner shall not engage in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security and well-being of Singapore.

This document also serves as an embarkation form for the Foreigner.

This document should be printed for the Foreigner to present together with his / her valid travel document to the Immigration officer for Immigration clearance at the point of departure from Singapore. No Visit Pass will be physically endorsed on the Foreigner's travel document.

Warning: Overstaying is an immigration offence. If the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 19/08/2018

Controller of Immigration
Singapore

This notification is computer-generated and does not require a signature.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **G7608782U**

THULASEEDHARAN MANIKANDAN

Birth Date: 20 Apr 1986
Issue Date: 20 Apr 2018
Valid Till: 25/04/2023

002795108E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg | 26 Apr 2013 |

NP 428A



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 : 5073843227-02

Cover : Comprehensive

- | | |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE1994A |
| Chassis Number | : JTFAT35Y90K204867 |
| 2. Name of Policyholder | : GOODWORK TRADING ENTERPRISE PTE LTD |
| 3. Effective Date of Insurance | : 22 Sep 2017 |
| 4. Expiry Date of Insurance | : 21 Sep 2018 |
| 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) | : S\$1,500 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : UNITED OVERSEAS BANK LIMITED |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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 : KIMBERLEY INSURANCE AGENCY (00000571380)
Date of Issue : 19 Sep 2017 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive