NATIONAL Assessment Centre Services :	er Jarross MALK	418111082	
Date In: 2708 2018 9.03 Jeb description		Time Completed	Done by
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	Within: OD 2hrs. TP 4hrs)	Hooden	19 23
OD TP Reporting Only		;	H-M
Assessment/Sur			and the second second
## Part # 50 or 0.5 Date :	Fax / Hand to Owner	Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: YM W	INC()/N	on-INC ()	
Owner/Driver: (Tel:)
Policy No: () Period: () Cover	Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20%; P:	21-79%. F: 80-100%	·]
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		<u> </u>
General Remarks:		Karleya Line of	
() Walk-In Customer: Customer's information strictly Con	fidential & Strictly NO	refer of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY.	-		
Drive-In () / Towed-In (); Invoice: YES () / N	O(); Towing	Co. (
Remarks: (INC horling: 6788 6616)	Date	eTime Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car (**************************************	ASSESSED TO STANDARD TO STANDA	
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		a second
Process	,		
Injury:			1
Date/Time Actions		Sindred Activities	62: J. 10.
			-
	Logical Later Strategic State	815-10-539/18-W-10-12	Anic(S) Anic(S)
1/9/205422	Invoice Preparati	registers and asset I william	Add Bill
Cinimant's Particulars :-	1) AR : Accident Reports 2) DA : Damage Assessm	ment (5100); 1NC (350)	
A CONTROLLEG TO STATE OF THE ST	3) TF : Towing Fee 4) FT : Fellow-Through	240/24	
Driver/Owner:	S FT . Follow-Through	Survey (Resurvey) 53	
Contact No:	For claiming against I 6) TR : Re-inspection	NC Only (wef 10 Jen 2005) 57	
Damäged Portion:	7) NI : Idno DA + SMR	Survey \$16	0
*	8) NTUC Additional Second		15
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / 7 *N6: Repair Co-ordin	PI Allowanes	10
The state of the s	*N7: Post Repair Inst	ection	25 \$5
Additors! Comments :	*N8: DV / Collect Ex TP (N11): TP (Nun	CC31 Contamon	20 .
2at. 1;	9) N12: Idna Mobile		30
Dat. 2 / 3:	Invoice dated	Fee Charged Fee Charged	:16-5"
AMATER CONTROL	Invalce dated	100000000000000000000000000000000000000	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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 independent 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.
- t to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

小型,一种工作是一种工作。	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
A CASELLA TERMINATE DE D	ETAILS 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	тоуота
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	

OTHERS-93962827

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?

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

- 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.
- 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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

CARBAC SMEETHFUTOTHICK

Policy tva	5073843227-02	Vehicle No.	GBE1994A		GST Regre	tration No.		
Certificate Av.								
Pullcyhulder Name	GOODWORK TRADING ENTERPRISE PTE LTD				Policyhold	W NRSC	2011	18037K
Product Cutie	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive		Loading		0	
Contact No.(Mobile)	93962827	Contact No.(Office)			Contact No	us(Home)		
Email Address		Special Remark			#Code		No. 1	
KYK	+ No Yes	TGA	a hig Yes		eCode Sea	eson	- Federation	-11:
NCCI Protection	tin	ACD Entitlement(%)	19		Private His		No	
Report Date	27/06/2018 19:18	Accident Report Within 24 his.	Yes		Accident T	voe	Collec	on - Head to Rea
Date of Accident	34/06/2019	Time of Accident Inh. mm	03:00		Country of		Simpa	
Reporting Centre		Orange Force:	03.70		ICM No.	ACCOUNT	Siringa	JU-C
Accident Location	17 NORTH CANAL ROAD	Scienge Farance			Trees seem			
Tecus	17 HUNTIN CONNE, HUNES							
Own damage Excess	1.500.00	Wanted Williams			CZWesteries	LUAVO	Harris	
Unnamed Driver Excess	1,500,00	Additional Excess			Wordscree	m Excess	100.0	0
Third Party Excess	2002	Outside Singapore OD Escess						
	0.00	Outside Singapore TP Excess						
w Benefits								
→ GST Registered Informat	1004							
SST Registered	Nu		GST Report					
GST Registration No.			GST Status	Venned		No		
Audification History								
⇒ Policyholder Mailing Add	Poss							
Address L	1002 JALAN BUKIT MERAH	Address 2	¥01-05		Address 3		1/21/0	APONE 159456
Address 4	SWE PRINT CHINE PICTORY							
unit No.		Address Type	Singapore address		Plust Code		15945	16
unit No. ⇒ OI Oriver Info		Related Policy Mumber	5366578635-04					
Driver Name	Unnamed Onver	96253-96574	MATERIAL SPACE					
Unnemed driver Name		Driver Type	Unnamed Driver		200 110	9		
	THULASEEDHAAAN MANIKANDA	Driver NRIC	C3E8585N		Driver DO			V1986
Register Date of Driver License	26/04/2013	Driver Age	32		Driving Ex			
Contact No.(Modile)		Comact Ne.(Office)			Contact N			
Address 1	TOTAL SALAN BUKIT MERAN	Address 2	#RE-05		Address 3		SING	APDRE 159456
Address 4		Address Type:	Foreign address		Post Code		1594	56
Unit No.	01-05							
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	G861994A		Driver Inc	urer Company	NTOC	
Declaration								
#meding?	0 mg	Ans injury?	Yes - No					
Breethalyser or Blood Test Beading? Haddication History Claim 901 hex	2 mg	Any injury®	Yes a No					
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Video List						
19	NAC_BUKIT_MERAH_800676(NA S (BLXIT MERAH)	TOWAL ASSESSMENT CENTRE SERVICE on 27 Aug 2018 19:22	SAS	Navrai	SAS 20	18-6-27
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	NAC_BUKIT_HERAH_800676(NA S (BUKIT HERAH)	TIONAL ASSESSMENT CENTRE SERVICE on 27 Aug 2016 19:23	Photos	Normal	Photos 2	018-8-27
				ID DE		

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

LOCA	MON. IT. MANN (nNO!	
	ATION: 17 Morth CANAL	RABD,
1	DETAILS OF VEHICLE	
(1)	a) VEHICLE NUMBER: GIBE 199	9 14
	DINSURANCE COMPANY: NTU	
	CIPOLICY NUMBER: 50 7384	
	CIPOLICY TYPE: (COMPREHENSIVE / TH	HIRD PARTY / THIRD PARTY FIRE &THEFT)
	EJMAKE & MODEL: TOYOTO BYA	NB .
	fitype:(Saloon / Coupe / MPV /VAN	/ LORRY / MOTORCYCLE / OTHERS)
	g VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT TH	ME: WOXKING
	I) ARE YOU CLAIMING UNDER YOUR O'	WN INSURANCE (YES/10)
	IF NO, PLEASE STATE (THIRD PARTY CL	AIM / REPORTING ONLY)
2	. INSURED / POLICY HOLDER	
	ANAME CHOOD WOXF TERD	ing Entene (MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	OCONTACT:
	c)ADDRESS:	
		A . V
C2 040	* CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
the of passongd	, DRIVER	M 1
Conducting driver	aname: Inmarco amacian	ManilandauMALE / FEMALE)
Children and the same	DINKE TIME ASSESSED AT THE PARTY	782 U CONTACT: 9396282
(CADDRESS: 1005 39400	BURNT Meema
	#01-05 6	ingrapore 159456
		2 116-11111100001
9	*d)DATE OF BIRTH: (20/04/198	EJ(BD/MM/YYYY)
,	e)OCCUPATION: (INDOOR / OUTDOO	OR)
	DATE OF DRIVING PASC - 1:2	OR) 6 APE 2013
. 4	DATE OF DRIVING PASS	OR) 6 APE 2013 EINSURED'S COMPANY? (YES / NO)
2	DATE OF DRIVING PASS	OR) 6 APE 2013 E INSURED'S COMPANY? (YES / NO) /ER WITH INSURED:
25	DATE OF DRIVING PASS	OR) 6 APE 2013 E INSURED'S COMPANY? (YES / NO) VER WITH INSURED: INING / OTHERS
5	DOCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS - 1:22 WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVING PASS - 2:22 DIWEATHER CONDITION: (CLEAR / RA b) ROAD SURFACE: (DRY / WET / OTHE	OR) 6 APE 2013 E INSURED'S COMPANY? (YES / NO) VER WITH INSURED: INING / OTHERS
5	DOCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS - 22 WAS DRIVER AN EMPLOYEE OF THE DRIVING PASS - 22 WAS DRIVER AN EMPLOYEE OF THE DRIVING PASS ANYBODY INJURED (YES / NO)	OR) 6 APE 2013 E INSURED'S COMPANY? (YES / NO) VER WITH INSURED: INING / OTHERS
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5 6 7	DOCCUPATION: (INDOOR / OUTDOOR 1) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV D) WEATHER CONDITION: (CLEAR / RA b) ROAD SURFACE: (DRY / WET / OTHE WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE	OR) 6 APE 2013 E INSURED'S COMPANY? (YES / NO) VER WITH INSURED: INING / OTHERS ERS STATION:
5 6 7 8 19-14-70-42 c	DOCCUPATION: (INDOOR / OUTDOOR 1) DATE OF DRIVING PASS : 22 WAS DRIVER AN EMPLOYEE OF THE DRIVING PASS : 22 WAS DRIVER AN EMPLOYEE OF THE DRIVING PASS OF THE DRIVING PASS OF THE DRIVING PASS OF THE DRIVING PASS OF THE PASS OF THE PASS OF THE WHICH POLICE THIRD PARTY VEHICLE O) VEHICLE NUMBER: YM 788	OR) 6 APE 2013 E INSURED'S COMPANY? (YES / NO) VER WITH INSURED: INING / OTHERS ERS STATION:
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email = #hulasee.mtcgmail.com
fax = THULASEE MT@gmon - 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

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

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

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:
 - 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.

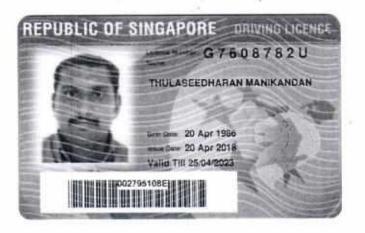
Warning: Overstaying is an immigration offence. If the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 19/08/2018

Controller of Immigration

Singapore

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



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 26 Apr 2013 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:G7606782U

NP 428A



Certificate of Insurance

OAD TRANSPORT ACT, 1987 (MALAYSIA) IOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAY ertificate Number : 5073843227-02 Index mark and Registration Number of Vehicle Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entitled to drive#	Cover : Comprehensive : GBE1994A : JTFAT35Y90K204867 : GOODWORK TRADING ENTERPRISE PTE LTD
ertificate Number: 5073843227-02 Index mark and Registration Number of Vehicle Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance	Cover: Comprehensive : GBE1994A : JTFAT35Y90K204867
Index mark and Registration Number of Vehicle Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance	: GBE1994A : JTFAT35Y90K204867
Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance	: JTFAT35Y90K204867
Name of Policyholder Effective Date of Insurance Expiry Date of Insurance	
Effective Date of Insurance Expiry Date of Insurance	GOODWORK TRADING ENTERPRISE FIELLU
Expiry Date of Insurance	
	: 22 Sep 2017
Persons or Classes of Persons entitled to drive#	: 21 Sep 2018
(a) The Policyholder.	to and a south his their marmicalism
(b) Any other person who is driving on the Policyholder	ordance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been so permitted and is re enactment or regulation in that behalf from driving	not disqualified by order of a Court of Law or by reason of any
. 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 conn	ection with the Policyholder's business.
his Policy does not cover	
(a) Use for hire or reward.	AND PARK MAN
(b) Use for racing, pace-making, reliability trial or speed	d-testing.
(c) Use whilst drawing a trailer except the towing of an	ly one disabled mechanically propelled venicle.
# Limitations rendered inoperative by Section 8 of the	e Motor Vehicle (Third Party Risks and Compensation)
headings.	port Act, 1987 (Malaysia), are not to be included under these
headings.	port Act, 1987 (Malaysia), are not to be included under these
headings. EXCESS (SECTION 1) : S\$1,500	port Act, 1987 (Malaysia), are not to be included under these
headings. EXCESS (SECTION 1) : S\$1,500 EXCESS (SECTION 2) : N/A	port Act, 1987 (Malaysia), are not to be included under these
headings. EXCESS (SECTION 1) : \$51,500 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 INSURE WITH COE : YES	port Act, 1987 (Malaysia), are not to be included under these
headings. EXCESS (SECTION 1) : \$51,500 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 INSURE WITH COE : YES HIRE PURCHASE COMPANY : UNITED OVERSI	EAS BANK LIMITED E OF INSURED VEHICLE AT TIME OF LOSS