

NATIONAL Assessment Centre Services

[wef 1 Jan 2003]

NA48/22233

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 20/09/2008 16:25 | Job description | Date & Time Completed | Done by |
| Ref No: NBS/INC10017171/Y | SAS e-filing | | |
| Veh No: GRD 46375 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 19/09/2008 | i-Motor Claim Form | MR/1012320-00 | 20/09/2008 |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 17:30 |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksj | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: GR 86989 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

NA606095

Invoice Preparation Checklist

Am't (\$) 1st 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 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2003) | | |
| | 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 (N7+8) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Cat. 1: | | | |
| Cat. 2 / 3: | | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

| | |
|----------------------------|---|
| Date Of Report | 20/09/2018 18:25 |
| Date Of Accident | 19/09/2018 11:40 |
| Exact Location Of Accident | BLK 146 LORONG 2 TOA PAYOH CARPARK GANTRY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | GBD4637S |
| Insured/Policyholder | |
| Name Of Registered Owner | ASIAWORLD CONSTRUCTION PTE. LTD. |
| Co Reg No | 201329172D |
| Email Address | KUMAR0311.KK@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90265074 |
| Alternative Phone No | OFFICE-90265074 |

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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5068295175-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | ADAIKKAN ATHARAMILAGI |
| Passport No/FIN | G6518947Q |
| Date Of Birth | 12/04/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/01/1999 |
| Driving Experience | 19 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90265074 |
| Fax Number | |
| Contact Number | OTHERS-90265074 |
| Email Address | KUMAR0311.KK@GMAIL.COM |

| | |
|---|---|
| Address | 32 SUNGEI KADUT WAY TEAMBUILD BUILDING |
| Postcode | 728787 |
| 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 AND ATTACHMENT

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 | GR8698G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 96734668 |
| 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.

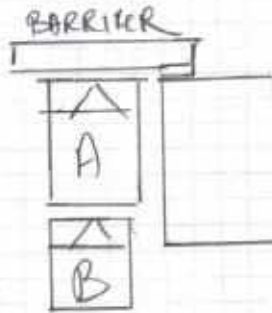


Policyholder's Signature
Date & Time:

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

20/09/2018
Reporting Centre Personnel's Signature
Name: *ROSE WARD*
NRIC/FIN No.:

SKETCH PLAN

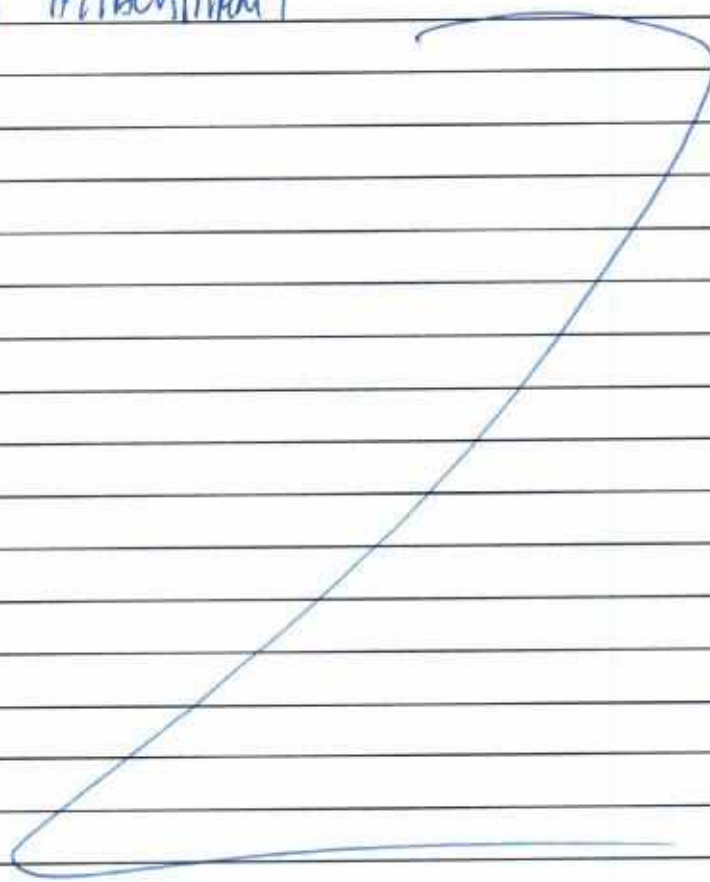


BIK 146A Cor 2 70A Payrol
CORPORATE BARRIERS

A) GBD 4637S
B) GR 8698G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO INCIDENT REPORT



DECLARATION

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



Policyholder's Signature
Date & Time:

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

20/09/2018
Reporting Centre Personnel's Signature
Name: Rosli Wanto
NRIC/FIN No.:

From: Kumar Kumar <kumar0311.kk@gmail.com>
Sent: Thursday, 20 September, 2018 1:12 PM
To: rsbm@lkkauto.com
Subject: Fwd: NTUC Accident report.

Sent from my iPhone

Begin forwarded message:

From: Michael Mariaraja <gracemichael828@gmail.com>
Date: 20 September 2018 at 12:12:36 PM SGT
To: kumar0311.kk@gmail.com
Subject: NTUC Accident report.

On 19/09/2018, At about 11.40am, I was driving my vehicle no.GBD4637S from Lorong 2 Toa Payoh HDB carpark (MSCP -146A) going towards Toa Payoh. I came to a complete stop at a car park exit for the carpark barrier to open. While I was still positioning my vehicle for the barrier to open, I suddenly heard a horn sound from my rear. I got down from my vehicle and walk to my rear to see what happen or why the driver horn at me. I noticed that there was a vehicle no. GR8698G collided into the rear of my vehicle. I believe the driver of vehicle no. GR8698G must have been too close to my vehicle while i was still trying to exit from the carpark. We exchange particulars and leave the accident scene.
Driver - 9673 4668 (Vehicle No. GR8698G)

gr/achar/hold
Resh WPTAB



Claim Handling

Accident MT/1012338

| | | | | | |
|---|--|-------------------------------|--|------------------------|--------------------------|
| Policy No. | SB68295175-03 | Vehicle No. | GBD46375 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ASIAWORLD CONSTRUCTION PTE. LTD. | Cover Type | Comprehensive | Policyholder NRIC | 2013281720 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Contact No.(Office) | | Leading | 0 |
| Contact No.(Mobile) | 90265074 | Special Remarks | | Contact No.(Home) | |
| Email Address | | | | eCode | No |
| NTUC | <input type="checkbox"/> No <input type="checkbox"/> Yes | TCA | <input type="checkbox"/> No <input type="checkbox"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 15 | Private Note | No |
| Accident Details | | | | | |
| Report Date | 20/09/2018 17:25 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - head to Rear |
| Date of Accident | 19/09/2018 | Time of Accident h:mm | 11:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 146 LORONG 2 TOA PAYOH CARPARK GANTRY | | | | |
| Excess | | | | | |
| Own Damage Excess | 600.00 | 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 | 32 SUNGEI KADUT WAY | Address 2 | #02-01 TEAMBUILD INDUSTRIA | Address 3 | SINGAPORE 726787 |
| Address 4 | | Address Type | Singapore address | Post Code | 726787 |
| Unit No. | 02-01 | Related Policy Number | SB68295175-03 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 12/04/1970 |
| Unnamed driver name | ADAKHAN AYHARRAJE | Driver NRIC | GS18947Q | Driving Experience | 19 |
| Register Date of Driver License | 04/01/1999 | Driver Age | 43 | Contact No.(Office) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | 32 SUNGEI KADUT WAY | Address 2 | #02-01 TEAMBUILD INDUSTRIA | Address 3 | SINGAPORE 726787 |
| Address 4 | | Address Type | Foreign address | Post Code | 726787 |
| Unit No. | 02-01 | | | | |
| Does he own a Singapore Registered car? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Driver Vehicle No. | GBD4637 | Driver Insurer Company | NTUC |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Modification History

Claim 001 **New**

| | | | | | |
|----------------------------------|------------------|----------------------|---------------------------|----------------------------|------------|
| Claim Type * | OD-MX | Insured Name | ASIAWORLD CONSTRUCTION PT | Insured NRIC | 2013281720 |
| Contact No.(Mobile) | | Contact No. (Office) | | Contact No. (Office) | 90265074 |
| Email Address | | UI | | TP | |
| Claim Description | | Vehicle Number | GBD46375 | Vehicle Number | GBD46375 |
| Preferred Workshop | | | | Name of Preferred Workshop | |
| Insured Liability | Not at Fault | | | | |
| Preferred Workshop, Name unknown | | | | | |
| GA report | Received | | | | |
| Claim Close Date | 20/09/2018 17:29 | | | | |
| Date Registered | | | | | |
| Report Taken By | ROSLI WAHAB | | | | |
| Print AK letter | | | | | |
| Save Submit | | | | | |

Attachment

| | | | |
|--|---|-----------------------|---------------------------------|
| Accident No. | MT/1012338 | Claim No. | 001 |
| Last Doc. Received | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Upload Date | 20/09/2018 17:30 |
| 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 | | Clear | Please Select |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | Urgency |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Sep 2018 17:30 | | NRIC/ Driving License | Normal |
| | | Description | NRIC/ Driving License 2018-9-20 |



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:29

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:29

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:29

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:29

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:29

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Sep 2018 17:29

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

Photos

Normal

Photos 2018-9-20

SAS

Normal

SAS 2018-9-20

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (19/09/2018) (DD/MM/YYYY), TIME: (11:40^{AM}) (HH:MM)

LOCATION: 146A Lorong 2 Toa Payoh,

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: E1BD 4637S
 b) INSURANCE COMPANY: Asia World Construction PTE. LTD
 c) POLICY NUMBER: 5068295175
 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: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER ASIA WORLD CONSTRUCTION PTE LTD
 a) NAME: 201329172 D (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ADARSHAN ATHARAMILAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: U165189470 CONTACT: 90265074
 c) ADDRESS: 32 Sungai Kadut Way Teambuild Building

* d) DATE OF BIRTH: (12/04/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/01/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (YES)
 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: GR 8698G 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 = kumar0311.kk@gmail.com

VIDEO =

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

Employer:
ASIABUILD CONSTRUCTION PTE. LTD.

40295


Name:
ADAIKKAN ATHARAMILAGI

Work Permit No.: **Q 3477191-** Sector:
CONSTRUCTION


  

 **K0002581**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence No: **G6518947Q**
Name:
ADAIKKAN ATHARAMILAGI

Birth Date: **12 Apr 1975**
Issue Date: **27 Nov 2014**
Valid Till: **03 Dec 2019**

 **002370083D**

VISIT PASS
Immigration Regulations

21-09-2017

Name:
ADAIKKAN ATHARAMILAGI



Pass:
G5518947Q

Date of Birth: **12-04-1975** 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.



Download SGWorkPass App to check status




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **04 Jan 1999**

NP 428A

 Licence No: **G6518947Q**

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="19/09/2018 12:48"/> |
| Vehicle No. (For Motor) | <input type="text" value="GBD4637S"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|----------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5068295175-03 | | ASIAWORLD CONSTRUCTION PTE. LTD. | 201329172D | GCV | Comprehensive | GBD4637S | GBD4637S | 30/10/2017 | 29/10/2018 |