NATIONAL Assessmen	t Contract	andan	700000000000000000000000000000000000000				
	1		[66] 1 Jan (94)	Date & Time Con	unhated I	Done	by
Date In 10/05/19		cb description		Date & Hint Con	gnered	Done	U,
Ref No. NA/A16190083	5//3	SAS e-filing		1			
Veli No GBC9949P		E-mail (within	8hrs, AIC 2hrs)				
DOA 09/05/19	0945	i-Motor Clai	m Form				
OD (P) Reporting Only		i-Motor W/C	(Within: OD 2hrs	r, TP 4hrs)			
<u> </u>		i-Photo Uplo	aded		-		
TP Insurer:		Assessment/Su	irvey Report	I			
		Ass't Report b	y <u>Fax / Hand</u> t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp	/ QW: (TWINCA	R	Tel:	Fax:)
TP Particulars: Veh	No: G	172529	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period	()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (WO): N: 0-2	0%; P: 21-79%.	F: 80-100%)	
Year of Registration: (anty: YES ()			
	ding: \$1,000 ()/\$2,000	()			,	
General Remarks:-		and the state of	1914	Table Cale		1	
() Walk-In Customer : Customer	omer's informat	ion strictly Co	nfidential & St	rictly NO rafer of re	epairer.	un come	
() Total Loss Case : to e-m	nail Insurer U	RGENTLY.					
Drive-In () / Towed-In (); Invoice: Yl	ES()/1	NO(); T	owing Co. (7)
Remarks:- (INC horline: 678	8 6616)	4.5		Date&Time Com	ulot ad	Done	bu
		-		Date of This Com	ne su	Done	бу
1) Apply for Transport Allowance		tesy Car ()				
2) QC Check / Post Repair Inspec		())				
3) Upload Resurvey Photo [Repai	r Cost > \$3000] ()				
Injury :			- HARVE		2500 H 200-7-2-	-	
Date/Time Actions					7V 185 125	1-	
				***************************************	2010-04-1-20-1-		
						W 4. T W	
							
044	(Ca 3 5 (C		Invoice Pre	paration Checklis		Ant (S)	Amt (\$)
	1903519	PERSONE PROMISE	1) AR : Accident			1st Bill	Add Bill
laimant's Particulars :-			2) DA : Damage	Assessment (\$100);	INC (\$80)		
river/Owner:			3) TF : Towing F 4) FT : Follow-T	A DESCRIPTION OF PERSONS ASSESSED FOR PERSONS ASSESSED FOR PERSONS ASSESSED.	\$40/\$45 \$120		
ontact No:			5) FT : Follow-T	hrough Survey (Resurve	y) \$30		
			For claiming a 6) TR : Re-inspe	gainst INC Only (wef I	0 Jan 2005) \$75		
amaged Portion:			7) N1 : Idac DA	+ SMRT Survey	\$160		
C.ChL. II. W.	<u> </u>		8) NTUC Additi	onal Services;-			
C Checked by (Engr-In-Charge	:):	8	* N5; Courtesy	Car / Tpt Allowance	\$5		
nulitonal Co			*N6: Repair C *N7: Post Rep		\$10 \$25		
uditors' Comments :-	- THE ST		*N8: DV / Co	llect Excess Coordinatio	n \$5		
t. 1:			TP (N11): TF 9) N12: Idno Mo	' (Non INC) against INC bile	\$20 30		
1 2/3:			Invoice dated	Fee	Charged		bis of the
			Invoice dated	Fee	Charged	print.	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	10/05/2019 11:56
Date Of Accident	09/05/2019 09:45
Exact Location Of Accident	BKE TWDS PIE B4 EXIT 1 L/P 30
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9949P
Insured/Policyholder	CASSESSED AND A PROPERTY OF THE PARTY OF THE
Name Of Registered Owner	KHOO BROTHERS ENGINEERING PTE LTD
Co Reg No	201206193K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being us time of accident	White Company of the
Are you claiming under your own insurance po for repair to your vehicle?	olicy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800139653
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD NUR
Passport No/FIN	G6599332K
Date Of Birth	01/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94654661
ax Number	Andrew State Control of the St
Contact Number	
Mail Address	WHAT STORY

NOEMAIL

Address

2 YISHUN INDUSTRIAL ST 1 #03-07 NORTH POINT BIZHUB

Postcode

768159

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

6

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: RAHMAN MOHAMMAD SAIDUR

GENDER:

: MALE

Passenger 2

NAME:

: ALAM MAHBUB

GENDER:

: MALE

Passenger 3

NAME:

: ISLAM MD JAHIDUL

GENDER:

: MALE

Passenger 4

NAME:

: PAKKIRISAMY SUTHAKAR

GENDER:

: MALE

Passenger 5

NAME:

: SUBRAMANIAN RETHINAKKUMAR

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

50 SERANGOON AVE 2

Police Station Address

ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFERT TO THE POLICE REPORT:T/20190509/2117

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

GU7252A

Vehicle Registration Number

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)

DETAILS OF INJURED PERSON 1

Name RAHMAN MOHAMMAD SAIDUR

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle?

GBC9949P

GBC9949P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name ALAM MAHBUB

Approximate Age

Were seat belts worn?

Injuries Sustain SLIGHT

Injured person in which vehicle?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

Name ISLAM MD JAHIDUL

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBC9949P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name PAKKIRISAMY SUTHAKAR

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBC9949P Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

Name

SUBRAMANIAN RETHINAKKUMAR

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBC9949P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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)

Lunderstand, 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
- 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

NRIC/FIN No.:

SKETCH PLAN		a Tongao Più Bifoni But 1
1 1 1 1 1 1 1 1 1	pic	EAR LAMP POST 30
- GBC 99498		- B A B
-Gu 7252A		
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
As PER POLICE	népoer	RizPoet winder
		17/20190509/211
VIHICUZ B - GO	The second secon	
CLARATION Te declare the foregoing particul	lars are true in every res;	pect.
EM CS (SENGINE)	nas	Sym 10/05/19

Policyholder's Signature V

Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 4

Report No. T/20190509/2117

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 15:29	/lade:	Vide Report No.:		Station Diary No.: 43
Informa	nt's Partic	ulars			
	Informant: MAD NUR		Address:		
	/ ID No.: / G6599332	2K	Contact No.: Home/Office:	Mobile:	94654661
National BANGLA			Email:		
Sex: Male	Age:	Date of Birth: 01/02/1985	Type of Informant: Driver		
Race: Indian			Language: English	Institution	on / School Name:
Occupat Construc			Driving Licence Information: Class: 3	Date of	Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2019 09:45	Type of Location Straight Road
	H EXPRESSWAY	Post 30 Road Surface: Dry		Road Speed Limit:
		Traffic Control:		Traffic Volume:
Traffic Flow: Dual Carriage	Way	Not Controlled	1	Moderate

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC9949P	Lorry				Slightly Damaged	5
GU7252A	Lorry					0

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



T/20190509/2117

2 of 4

Report No. T/20190509/2117

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

556129 Tel No: 1800-4880999

CONTINUATION OF REPORT

Passenger					
Name	RAHMAN MOHAMMAD SAID	UR	ID No.		PP:BP0156449
Related Vehicle	GBC9949P (Lorry)		Conta	ct No.	90592694
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	11-11-11-11-11-11-11-11-11-11-11-11-11-	NIL	
No. of Days gran	ted Medical Leave 03	Degree o	and the same of th	NIL	
Passenger				10 mm	
Name	ALAM MAHBUB		ID No		G2350510Q
Related Vehicle	GBC9949P (Lorry)		Conta	ct No.	87629326
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave 03	Degree o	OF REAL PROPERTY AND ADDRESS OF THE PARTY AND	NIL	
Driver			SUM IN SUM		
Name	MOHAMMAD NUR		ID No		G6599332K
Related Vehicle	GBC9949P (Lorry)		Conta	ict No.	94654661
Hospital/Clinic	NIL		Class Drivin Licent Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
	ted Medical Leave 02	Degree o			
Passenger				ANTANI	
Name	ISLAM MD JAHIDUL		ID No		G6627342W
Related Vehicle	GBC9949P (Lorry)		Conta	act No.	85472791
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
No of Davis area	ted Medical Leave 03	The second secon	of Injury	NIL	





4 of 4

Report No. T/20190509/2117

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 CONTINUATION OF REPORT

Tel No: 1800-4880999

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

Signature Of Officer Recording The Report: F / Sgt 2 NGIO HAN BOON, DARREN	Signature Of Informant:
Sgt 2 NGIO HAN BOON, DAKKEN	M
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2019 15:29
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	SN 154
Authentication Stamp NP168 Signa	iture:
Singapore Police	e Force

ehicle No.	CSC any	91 (1	Model / Make ~	isean cassian
ate of Accident	09/05/201	9		
me of Accident	0945	HRS	-	
ocation of Accident	BKE to.	nales.	PIB Beforest	EXIT 1 (LUMP BOTT)
xact purpose use during accid	lent warren			
ame of Owner	know an	where s	neintering per c	70
elephone No.	H/P:	Home:	Off	ice:
RIC	201206193	K		27.7
ddress	5 Francis 14	UDUSTILAL		purem point bishes 5(74
laim type	OD THI	RD PARTY	REPORTING ONLY	
nsurance Company	AIG			
ype of Coverage	Comprehensive	Third P	arty Third Party	/ Fire /Theft
Policy No.	110013965	3		
oney ito.				
Name of Driver	As Above If No	> MOHAM	MAD NUR	
VRIC	C1 6599337	LK	Any Passengers:	5 (Maus)
Date of birth	01 FEB 195	85		
Occupation	Outdoor	/ Indoor		
Driving License Pass Date	31 JAN 21	0.5		
Gender	Male / Fer	nale		100
Contact No.	H/P: 9465 4	AND DESCRIPTION OF THE PARTY OF	: Of	fice:
Address				
Driver have any own vehicle	No; If y	es, Reg No.		
Relationship	Employee,	If no, s	state	
Weather condition	and the same of th	ining Other		
Road Surface	Dry We	et Other		
Any Injuries	No, If	62. 44111		72791, PAKKIRISAMA -8732 U
,,	20027	· Nue (Deriver	12-014 -114(1 c	MANAUR -971-01-1
Name And Contact No.	WOHOWWAD		() - 1402 HOCK	114W WHENCE - 1 + 01-1216
Name And Contact No.	WOH'S WOHEN	mad salour -	10992694, SUBRA	MUNION
Name And Contact No.	RAHMAN MUHAM	Yes, Where?	10992694 , SUBRA	MUNICHUS
Name And Contact No. Police Report	ROHMAN MOHAM	Yes, Where?	10992694 , SUBRA	nwkknwar-d20284+
Name And Contact No.	ROHMAN MUHAN	Yes, Where?	1059 2694 , SUBRE	nwkknwar-d20284+
Name And Contact No. Police Report Vehicle B No.	ROHMAN MUHAN	Yes, Where?	Any Passengers :	NUKKNWUS - OROZ 847 A
Name And Contact No. Police Report Vehicle B No. Name of Driver	ROHMAN MUHAN	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers:	NWKKNWOV - JAOR 844 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No.	ROHMAN MUHAN	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers	NWKKNWOV - JAOR 844 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no.	ROHMAN MUHAN	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers:	NWKKNWOV - JAOR 844 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No.	ROHMAN MUHAN	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers	MUNKKYMAR -940/2847 4
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no.	ROHMAN MUHAN	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers Any Passengers	MUNKAMAR - 940/2847 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name	ROHMAN MUHAN	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers Any Passengers Any Passengers Any Passengers	MUNKAMAR - 940/2847 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No.	REPART Ves / No	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers Any Passengers Any Passengers Witness Contact	MUNKAMAR - 980/2847 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion	REPART Ves / No	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers Any Passengers Any Passengers Witness Contact	MUNKYMAR - OROLSKY +
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion	Rizar	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers Any Passengers Any Passengers Witness Contact	MUNICAMAR - OROIS 847 4
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion Camera Recorder Email Address PARTICULAR WORKSHOP	REPORT Yes/NO KBE. 2012	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers: Any Passengers Any Passengers Any Passengers Any Passengers Witness Contact	NUKKAWAK - OROK 844 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion Camera Recorder Email Address PARTICULAR WORKSHOP CONTACT NO.	REAR Yes / NO KBE. 2012	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers Any Passengers Any Passengers Any Passengers Witness Contact	MUNKAMAR - 980/2847 A
Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion Camera Recorder Email Address PARTICULAR WORKSHOP	REPORT Yes/NO KBE. 2012	Yes, Where?	Any Passengers: Contact No.: Any Passengers: Any Passengers Any Passengers Any Passengers Any Passengers Witness Contact	<i>b</i>

WORK PERMIT

Charge that at Foreign Mandower Art (Charter #14)
Pepublic of Schulazore

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COMETAURING



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OR JER

REPUBLIC OF SINGAPORE DRIVING LICENCE

G6599332K



MOHAMMAD NUR





NJURTO

VISIT PASS

immigration Regulations

MOHAMMAD NUR

665993320

01-02-1955 M BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

TOU ARE TO STRIKENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED OR WHEN A NEW CARD IS ISSUED TO YOU

Download SGWork Pass App to sheek status



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Motor cars with unlader weight =< 3000kg with =< 7 31 Jan 2015 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:G6599332K



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

KHOO BROTHERS ENGINEERING PTE. LTD.



ALAM MAHBUB

0 64164112

CONSTRUCTION



K0491494

VISIT PASS

Immigration Regulations

ALAM MAHBUB



FIN G2350510Q

Date of Semi 22-12-1989

BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED







WORK PERMIT

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

ATTACABLE STREET

KHOO BROTHERS ENGINEERING PTE. LTD.



SUBRAMANIAN RETHINAKKUMAR

0.30804546

CONSTRUCTION



K054431

VISIT PASS Immigration Regulations

00-07-2016

Name

SUBRAMANIAN RETHINAKKUMAR



FIN F7599926R

Date of Birth Sex 12-03-1976 M

Nationality INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANC





WORK PERMIT

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

KHOO BROTHERS ENGINEERING PTE, LTD.



ISLAM NO JAHIDUL

Work Perest No. 0 83236586

CONSTRUCTION





K0491495

FRUNT POSSENGER

INSURIED



10'00 00'0







Date of Birth 13-03-1984

Nationality BANGLADESHI

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.





WORK PERMIT

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

KHOO BROTHERS ENGINEERING PTE, LTD.



PAKKIRISAMY SUTHAKAR

0 3530097-

CONSTRUCTION







K0202655

VISIT PASS

Immigration Regulations

72-03-2018

PAKKIRISAMY SUTHAKAR



06892584W 11-05-1982

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.



FIWP5111Eb_E2 - IPA Work Permit 0 6468759- / 06 MAR 2019 EMPLOYER'S COPY





KHOO BROTHERS ENGINEERING PTE, LTD. 2 YISHUN INDUSTRIAL STREET 1 #03-07 NORTH POINT BIZHUB SINGAPORE 768159

21 Mar 2019

Your application is approved

Dear Sir / Madam

We are pleased to inform you that RAHMAN MOHAMMAD SAIDUR's Work Permit application has been approved inprinciple. Please bring your new worker to Singapore before this approval expires on 19 Jun 2019.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore while waiting for the steps to be completed.

You need to complete the steps within 14 days of the worker's arrival. Otherwise, MOM's approval will be withdrawn and you will need to send your worker home.

Yours sincerely

dummi &

Penny Han (Mrs)
Controller of Work Passes

RAHMAN MOHAMMAD SAIDUR

0 6468759-

PASSPORT NO.

BP0156449

DATE OF APPLICATION

06 MAR 2019

201206193K - PTE - 01

MONTHLY LEVY RATE

S\$700

SU TRANSMISSION REF NO

A IMPORTANT

 You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Fermit. MOM will take action on non-compliance. You can read the rules at www.mom.gov.sg

Ministry of Manuove: Work Pass Division

http://www.mom.guics

http://www.mom.go:/sg/contact



CERTIFICATE OF INSURVANICE

COMMERCIAL AUTOPLUS, COMMERCIAL VEHICLE

Name of Policyholder

: KHOO BROTHERS ENGINEERING PTE. LTD.

Period of Insurance

: 22 Nov 2018 To 21 Nov 2019

Engine No. Chassis No.

: JN1SC2F24Z0855621

Vehicle No.

: GBC9949P

Policy No.

: 1800139653 Endorsement No.

Issued Date

: 22 Nov 2018

ABOUT THE COVER

Make/Model

: NISSAN CABSTAR 3.0 5MT

Engine Capacity/Tonnage : 1.7 Tonnage

: ZD30336688K

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission

b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than years' driving experience.

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business

2) Use for the carriage of passenger (other than for thre or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving fultion, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Traile.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.com.ag or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TRANSCO ENTERPRISES

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504335000

A STARZ PTE LTD

33 UBI AVE 3 #01-45 VERTEX

SINGAPORE 408868

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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