

| | | | |
|---|--|------------------------|------------|
| NATIONAL Assessment Centre Services | | Date: 23/07/2019 | |
| Date In: 23/07/2019 12:24 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NPA/MNC/90129534 | E-mail (within 4hrs. A/C 2hrs): | | |
| Veh No: EBE 95257 | i-Motor Claim Form | M/1054600-001 | 23/07/2019 |
| D.O.A: 17/07/2019 15:00 | i-Motor W/O (Within: OD 2hrs TP 4hrs) | | 12:59 |
| OD: <input checked="" type="radio"/> Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wkap | | |

| | | |
|--|---|-----------------------|
| Preferred Wkap / MNC Assign Wkap / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SMC 7382G | 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: (\$ | Landing: \$1,000 () / \$2,000 () | |

| |
|--|
| General Remarks: |
| () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairs. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (|

| | | |
|---|------------------------|----------|
| Remarks: (INC/No line: 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: | Invoice Preparation Checklist: | Am't (\$) | Am't (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | In Bill | Add. Bill |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Additional Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Cal. 1: | For claiming against INC Only (waf 10 Jan 2005) | | |
| Cal. 2/3: | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Issue DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | • NI: Courtesy Car / Tpt Allowance \$5 | | |
| | • NI: Repair Co-ordination \$10 | | |
| | • NI: Post Repair Inspection \$25 | | |
| | • NI: DV / Collect Excess Coordination \$5 | | |
| | • TP (NI): TP (Non-INC) against INC \$20 | | |
| | • NI: Issue Mobile \$10 | | |
| | Invoice dated | Pen Charged | |
| | Invoice dated | Fine Charged | |

07-MAY-2019 16:39

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 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. 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 | 23/07/2019 12:21 |
| Date Of Accident | 17/07/2019 15:00 |
| Exact Location Of Accident | ALONG YUNG HO ROAD TOWARDS CORPORATION ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | FBE9525T |
| Insured/Policyholder | |
| Name Of Registered Owner | ALORIDE PTE. LTD. |
| Co Reg No | 201629994W |
| Email Address | BOSESARAVANAN19@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93958310 |
| Alternative Phone No | OFFICE-93958310 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | YAMAHA |
| Model | YBR125-124CC (M) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5085645204-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | BOSE SARAVANAKUMAR |
| Passport No/FIN | G2341247R |
| Date Of Birth | 16/07/1989 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/10/2017 |
| Driving Experience | 1 YEAR AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93958310 |
| Fax Number | |
| Contact Number | OTHERS-93958310 |
| Email Address | BOSESARAVANAN19@GMAIL.COM |

| | |
|---|----------------|
| Address | 56 PANDAN ROAD |
| Postcode | 609293 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8729999 - FAX NO: 67748639 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190718/2064 (TYPE OF COLLISION IS HEAD TO SIDE)

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 | SMC7382G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TANG CHOR WAN |
| NRIC/Passport Number | S1748690Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------|
| Name | BOSE SARAVANAKUMAR |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBE9525T |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.

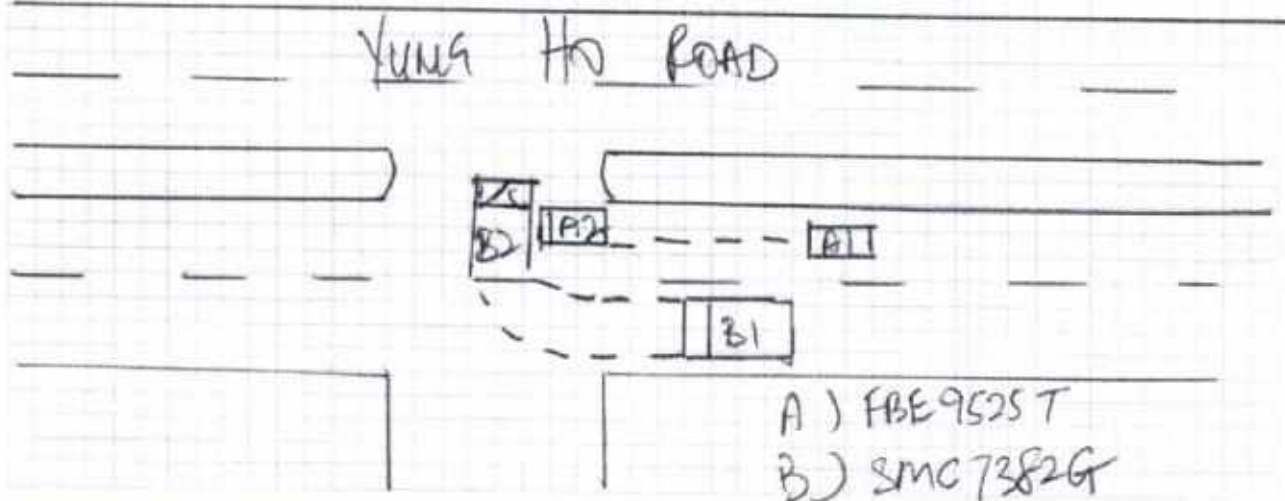


Policyholder's Signature
Date & Time:

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

23/07/2018
Reporting Centre Personnel's Signature
Name: *Roshan*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFR TO POLICE REPORT
7/20/90718/2084

DECLARATION

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

Policyholder's Signature
Date & Time:



B. Saravanan
Driver's Signature
(if driver is not the policyholder)
Date & Time:

23/08/07
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Reba Ar/02



T/20190718/2064

1 of 3

Report No. T/20190718/2064

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 18/07/2019 12:52 | Vide Report No.: | Station Diary No.: 81 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: BOSE SARAVANAKUMAR | | | Address: | | |
| ID Type / ID No.: FIN NO / G2341247R | | | Contact No.: Home/Office: Mobile: 93958310 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 30 | Date of Birth: 16/07/1989 | Type of Informant: Rider | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Construction Worker | | | Driving Licence Information: Class: 2B,3C Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 17/07/2019 15:00 | Type of Location: |
| Location: Along Road 1 YUNG HO ROAD Along Yung Ho Road towards Corporation | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBE9525T | Motorcycle | | | | | 0 |
| SMC7382G | Car | | | | | 0 |



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Brief Details.

On 17/07/2019 at about 1500hrs, I was riding my company's motorcycle (FBE9525T) along Yung Ho Road heading towards Corporation road.

It was a two lane road and I was riding on the right lane.

While I was still riding along Yung Ho Road, there was a gap inbetween the road divider kerb (near to Macdonalds) that allows right turns into a building. Right before I reaching the area of the gap, a vehicle on my left made a sudden right turn towards the said gap.

As I couldn't react and stop in time, I collided onto the driver side of the vehicle (SMC7382G). As a result of the collision, I fell from the motorcycle and felt pain to my arms, chest and knee area.

The driver alighted to make a check on me and apologised to me. Thereafter, Police and ambulance arrived at scene and I was assessed by the paramedics. I had refused conveyance as I wanted to go for a check-up on my own. My company colleagues also arrived at the scene to assist me.

I parked the motorcycle at the parking lot near Macdonalds and took a taxi home.

On 17/07/2019, I went to see a doctor and was given Medical Leave from 17/07/2019 to 19/07/2019. I had suffered abrasions to my arms and knee area.

Particulars of the driver:
Tang Chor Wan
S1748690Z

As a result of the collision, the motorcycle suffered damages to the front area.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20190718/2064

3 of 3

Report No. T/20190718/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 2 TING WEI YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/07/2019 12:52

Classification Of Case:



SN 37

SIGNATURE

Claim Handling

The premium on this policy has not been collected.

Accident HT/1054600

| | | | | | |
|---|---|-------------------------------|--------------------|------------------------|------------------|
| Policy No. | 5085643204-02 | Vehicle No. | FRB9525T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ALORIDE PTE. LTD. | Cover Type | Third Party | Policyholder NRIC | 201629994W |
| Product Code | FLEET INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 93958310 | Special Remarks | | Contact No.(Home) | |
| Email Address | | TCA | + No Yes | eCode | No * |
| KPI | + No Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 23/07/2019 12:54 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 17/07/2019 | Time of Accident hh:mm | 15:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange force | | ICM No. | |
| Accident Location | ALONG YONG HO ROAD TOWARDS CORPORATION ROAD | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | |
| Uninsured Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 1,000.00 | Outside Singapore TP Excess | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 31 ALEXANDRA ROAD | Address 2 | #05-05 ALESSANDREA | Address 3 | SINGAPORE 159967 |
| Address 4 | | Address Type | Singapore address | Post Code | 159967 |
| Unit No. | 04-06 | Related Policy Number | 5085643204-02 | | |
| 01 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 16/07/1989 |
| Unnamed driver name | BOSE SARAVANAKUMAR | Driver NRIC | 023452478 | Driving Experience | 1 |
| Register Date of Driver License | 08/10/2017 | Driver Age | 30 | Contact No.(Office) | |
| Contact No.(Mobile) | 93958310 | Contact No.(Office) | | Address 3 | |
| Address 1 | 50 # PANDAN ROAD | Address 2 | SINGAPORE 009293 | Post Code | 609293 |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | Driver Insured Company | NTUC |
| Does he own a Singapore Registered car? | Yes + No | Driver Vehicle No. | FRB9525T | | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | Yes + No | | |

Modification History

Claim 001 **Next**

| | | | | | |
|-------------------------|------------------------------------|----------------------------------|-------------------|---------------------|------------------|
| Claim Type * | GD-HX | Insured Name | ALORIDE PTE. LTD. | Insured NRIC | 201629994W |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OT Vehicle Number | FRB9525T | TP Vehicle Number | SMC7382G |
| Claim Description | FRB9525T / SMC7382G On 17 Jul 2019 | | | | |
| Preferred Workshop | | Insured Liability | Not at Fault | GLA report | Received |
| Submit No. Finalisation | Yes * | Preferred Workshop, Name unknown | | | |
| Date Registered | | | | Claim Close Date | 23/07/2019 12:58 |
| Report Taken By | | | | Date Received | 23/07/2019 00:00 |

Print AK letter













Save Submit

Attachment

| | | | |
|--------------------|----------------|-------------|------------------|
| Accident No. | HT/1054600 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 23/07/2019 12:59 |
| Path * | | | |
| Choose File | No file chosen | Clear | Category * |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | NO |
| Choose File | No file chosen | Clear | NO |
| Choose File | No file chosen | Clear | NO |
| Choose File | No file chosen | Clear | NO |
| Choose File | No file chosen | Clear | NO |
| Choose File | No file chosen | Clear | NO |
| Message Read | | Clear | NO |
| Send Message | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent (CO) |
|------------|--|----------|---------|------------------|---------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 | |

|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|--|--|-----------------------|--------|---------------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | Photos | Normal | Photos 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-7-23 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 12:59 | SAS | Normal | SAS 2019-7-23 |
| Video List | | | | |
| Uploaded By/Date | Folder Data | File Name | Source | Action |
| Display in New Window Scan and uploading | | | | |

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


Employer:
CHOY CONSTRUCTION & TRADING PTE. LTD.


For LKK/NAC Use Only


Name:
BOSE SARAVANAKUMAR


Work Permit No.
0 36052066

Work Permit Category
MUST CONSTRUCTION









X1552800

VISIT PASS
Immigration Regulations

Name:
BOSE SARAVANAKUMAR

For LKK/NAC Use Only

Pass No.
G2341247R

Date of Birth
15-07-1989

Sex
M

Passport No.
7409674





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.



REPUBLIC OF SINGAPORE DRIVING LICENCE

002731993KJ

002731993KJ

BOSE SARAVANAKUMAR

For LKK/NAC Use Only

Birth Date: 16 Jul 1989
Issue Date: 09 Oct 2017
Valid Till: 08/10/2022

002731993KJ

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

| | EFFECTIVE DATE |
|---|----------------|
| Class 2B Motorcycles <= 200 cc | 09 Oct 2017 |
| Class 3C Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver | 09 Oct 2017 |

For LKK/NAC Use Only

NP 428A



▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|-------------------|-------------------|------------------|
| Policy No. | 5085645204-02 | Policyholder Name | ALORIDE PTE. LTD. | Policyholder NRIC | 201629994W |
| Certificate No. | | | | | |
| Address | 31 ALEXANDRA ROAD #05-05 ALESSANDREA SINGAPORE 159967 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 27/10/2018 | Effective Date | 02/11/2018 00:00 | Expiry Date | 01/11/2019 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 0 | Windscreen Excess | |
| Additional Excess | | OS Premium | 1889.80 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | WTT INSURANCE AGENCIES PTE | Agent Tel. | 62965445 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-------------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | 31 ALEXANDRA ROAD | Address 2 | #05-05 ALESSANDREA | Address 3 | SINGAPORE 159967 |
| Address 4 | | Address Type | Singapore address | Post Code | 159967 |
| Unit No. | 04-08 | Related Policy Number | 5085645204-02 | | |

► Insured Object: FB9525T

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1 | 02/11/2018 00:00 | Basic Information Endorsement | 000001286935055 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBB4878Z 02-11-2018 \$442.53 2. FQ6014K 02-11-2018 \$526.61 3. FX4333R 02-11-2018 \$442.53 In view of this amendment, a refund of \$1,411.89 (inclusive of GST) will be adjusted against the outstanding premium. |
| 2 | 05/11/2018 00:00 | Basic Information Endorsement | 000001286937513 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 02-11-2018 \$442.53 In view of this amendment, a refund of \$442.53 (inclusive of GST) will be adjusted against the outstanding premium. |
| 3 | 05/11/2018 00:00 | Basic Information Endorsement | null | Underwriting Rejected | Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 05-11-2018 \$ In view of this amendment, a refund of \$x (inclusive of GST) will be adjusted against the outstanding premium. |
| 4 | 05/11/2018 00:00 | Basic Information Endorsement | 000001286937461 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4472Y 05-11-2018 \$438.89 In view of this amendment, a refund of \$438.89 (inclusive of GST) will be adjusted against the outstanding premium. |
| 5 | 05/11/2018 00:00 | Basic Information Endorsement | null | Underwriting Rejected | Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2018, the following amendment(s) is/are made to this policy: |
| 6 | 13/11/2018 00:00 | Basic Information Endorsement | 000001286942318 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FU7937U 19-11-2018 \$421.92 In view of this amendment, an additional premium of \$421.92 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your |