



WITHOUT PREJUDICE

Our Ref: GBC 7460U

Your Ref: YQ 1894U - S0M02X0Q_DS

29th January 2021

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AXA Insurance Pte Ltd

Dear Hsiao Tong,

Accident Involving: GBC 7460U and YQ 1894U

Date of Accident: 5 November 2020

Location of Accident: Pan-Island Expressway

We refer to the aforementioned accident and hereby submit our client's Total Loss claim as below:

Total Loss Nett Value Inc. GST	\$ 14,214.95	\$13,285.00 TL Nett Value Agreed + \$929.95 GST 7%
Add Loss of Use	\$ 3,480.00	29 Days From DOA till Scrape : 5th Nov to 4th Dec 2020
Total	\$ 17,694.95	
Add Towing Fee	\$ 100.00	
Add 3rd Party Report Fee	\$ 29.00	
Add LTA Search Fee	\$ 7.45	
Add Storage Fee	\$ 400.00	
Add Administrative Fee	\$ 500.00	
GRAND TOTAL	\$ 18,731.40	

Kindly pay the Grand Total Amount of **\$18,731.40** to:

Team AutoPro Pte Ltd
160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you.


Regards
Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com

PROFORMA INVOICE

**ATTENTION:**

Synergy Avl Pte Ltd

PI Number	P2101-2024
PI Date	29-Jan-2021
Vehicle No.	GBC 7460U
Accident Date	5-Nov-2020

S/No	Description	Unit Price	Quantity	Amount
1	Total Loss Nett Value for Vehicle Nos. GBC 7460U	COR Lump Sum		\$ 13,285.00

Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$	13,285.00
GST 7%	\$	929.95
GRAND TOTAL AMOUNT	\$	14,214.95

Authorized Signature





24 HOUR RECOVERY SERVICES

Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

8 Kaki Bukit Road 2 #02-04 Ruby Warehouse Complex Singapore 417841

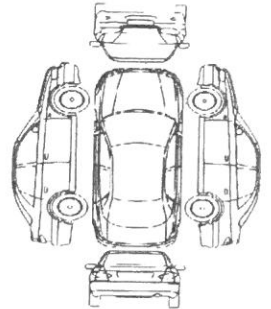
Email: 24hoursrecovery@gmail.com



No. 26106

Date : 6/11/20

M/S : Team Auto
Vehicle No : GBC 7460 U Model : DYNQ
From : Tp Pound Call Time :
To : Auto city Time Arrival :
Remarks : Arrival Workshop :



- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Change Tyres / Patch Tyre | <input checked="" type="checkbox"/> Accident | <input type="checkbox"/> Use Car Carrier | <input checked="" type="checkbox"/> Loaded |
| <input type="checkbox"/> Basement / Multi Carpark | <input type="checkbox"/> Low Body Kit / Low Spoiler | <input type="checkbox"/> Open Door | <input type="checkbox"/> Jump Start |
| <input type="checkbox"/> Using King Dolley | <input type="checkbox"/> Dismantle Brake / Shaft | <input type="checkbox"/> Crane Up / Winch Out | |

AMOUNT S\$ 100k

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-141670

Date of Request: 16/11/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: GBC7460U

Date of Accident: 05/11/2020

Place of Accident: PIE

Involving Vehicle No: YQ1894U

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-20-141672

Date of Request: 16/11/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 05/11/2020

Vehicle No: GBC7460U

Place of Accident: PAN-ISLAND EXPRESSWAY

Involving Vehicle No: YQ1894U

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
YQ1894U	PAN-ISLAND EXPRESSWAY	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Nov 2020 / 15:13:52

Receipt Date/Time : 13 Nov 2020 / 15:13:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201113-002095

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - YQ1894U				
As at 05 Nov 2020/02:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - YQ1894U Enquiry Fee 20201113150844054705	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
426569XXXXX8855		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

To : **Team AutoPro Pte Ltd**
CRN : **201811621K**
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

Letter of Authorization & Undertaking

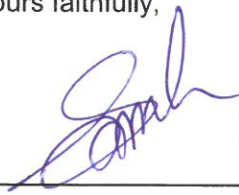

In Respect of Accident Involving my/our Vehicle No.: GBC 7460 U
and Y018944 and
and and
@ PAN-ISLAND EXPRESSWAY
dated 05/11/2020

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and/or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,

Claimant Signature & Co's Stamp (if applicable)

Date:

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	16/11/2020 10:33
Date Of Accident	05/11/2020 02:30
Exact Location Of Accident	PAN-ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7460U
Insured/Policyholder	
Name Of Registered Owner	SYNERGY AVL PTE LTD
Co Reg No	2XXXXX252E
Email Address	SAATHISH@SYNERGYARL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62970477

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ20-000924
Cover Note Number	25/03/2020-10/03/2021

Driver

Name of Driver	RAJENDRAN RAVICHANDRAN
Passport No/FIN	GXXXX568U
Date Of Birth	08/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2018
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87862339
Fax Number	
Contact Number	
Email Address	HENRY@SYNERGYARL.COM

Address	17 MAYO STREET
Postcode	208313
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 ON COLLISION
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?	YES
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)	3
Passenger 1	NAME: : GOPALAKVISHNAN MUTHUSAMY GENDER: : MALE
Passenger 2	NAME: : MATHIVANAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POLICE STATION OF ORIGIN-QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSTOWN N.P.C , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO TO POLICE REPORTS T/20201110/2126

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	YQ1894U
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

SKETCH PLAN

IMPORTANT NOTICE

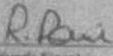
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.


B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

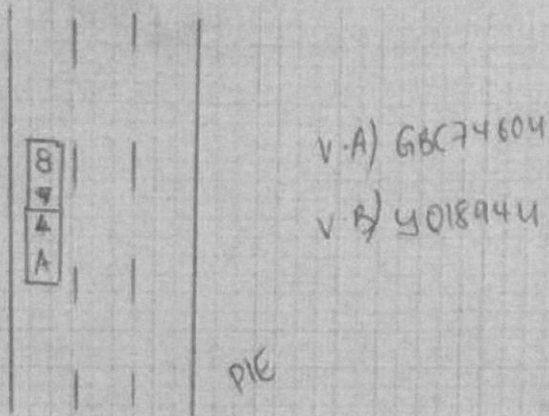

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



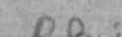
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Letter to police report
no. T/20201110/2126

DECLARATION

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


Policyholder's Signature
Date & Time:


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



Reporting Centre Personnel's Signature
Name:
WAC/FIN No.:

POLICE REPORT



SINGAPORE
POLICE FORCE



130001 1302 106

Police Station Of Origin
Queenstown N.P.C.
3 Queenstown Way #01-03 SINGAPORE 140073
Tel No: 1800-6713806

Page 1
Report No: 130001 1302 106

Continuation Of Report

Sketch Plan

Informant is not able to provide sketch plan

NOTICE: 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 63474885 stating the report number as reference.

Signature Of Officer Recording The Report
S/O
Sgt J. S. RAMANANDHARAN
1300008

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
S/O / S/O / S/O / S/O

Contact No: 45734131

Authorisation Stamp
None

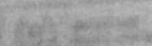
Signature Of Informant

[Signature]

Date/Time
10/11/2006 10:10

Classification Of Case

SP 1



POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201110/2126

Police Station Of Origin:
Queenstown N.P.C.
3 Queensway #01-03 SINGAPORE 149073.
Tel No: 1800-4719999

2 of 3
Report No. T/20201110/2126

CONTINUATION OF REPORT

Driver			
Name	RAJENDRAN RAVICHANDRAN	ID No.	G6699568U
Related Vehicle	GBC7460U (Lorry)	Contact No.	87862339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 5th November 2020 at about 0245hrs, I was driving a 10 feet Toyota Lorry bearing plate number GBC7460U with two other passengers in front with me along PIE towards TUAS to go back to our dormitories. It happened somewhere near Upper Jurong Flyover. Suddenly, there is one 14 feet lorry appear to be coming from the wrong direction and was coming towards my vehicle at a fast speed. I immediately applied a jam brake to my lorry. However, as the oncoming lorry was going at a fast speed, there was a hard collision and my lorry toppled on the left side.

Me and my passenger did not managed to get the other parties details as all three of us were conveyed by an ambulance to NUH. I suffered a crack to my left hand and a broken left leg. I am not too sure the injuries of my other two passenger had suffered. I was given 47 days Hospitalization Leave dated from 05/11/2020 to 21/12/2020. I was only discharged from NUH today at about 1630hrs. Traffic police were also at scene and I only know my case number which is TP/P/48505/2020.

I am lodging this report as my company had asked me to do so.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201110/2126

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No: T/20201110/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2020 18:16	Vide Report No:	Station Diary No: 69
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Informant's Particulars			
Name of Informant: RAJENDRAN RAVICHANDRAN		Address: 6 TUAS SOUTH STREET 15 CDPL (TUAS) DORMITORY SINGAPORE 636906	
ID Type / ID No: FIN NO / G8699568U		Contact No: Home/Office: 87862339 Mobile:	
Nationality: INDIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 08/09/1986	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: CONSTRUCTION DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive: No	Date/Time of Accident: 05/11/2020 02:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7460U	Lorry	TOYOTA		Silver	Seriously Damaged	2

Details of Person Involved

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

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**COMMERCIAL VEHICLE PRIVATE (SCH I)****Comprehensive Classic****Certificate No. : DMCPHQ20-000924**

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1:

S\$500.00

YEID-AC Additional:

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBC7460U

2. Name of Policyholder

SYNERGY AVL PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act

25/03/2020

4. Date of Expiry of Insurance

10/03/2021

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

- 1) Use for hire or reward or for racing pace-making reliability trial or speed testing.
- 2) Use whilst drawing a greater number of trailers in all than is permitted by Law.
- 3) Use for the carriage of passengers for hire or reward.
- 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

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

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Mercedes-Benz Financial Services Singapore Ltd

A000137/I. Insurance
Date of Issue : 05/03/2020 17:50

Authorised Signatory
EQ Insurance Company Limited


Exp No. : DMCPHQ19-001678

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6699568U**
Name: **RAJENDRAN RAVICHANDRAN**

Birth Date: **08 Sep 1986**
Issue Date: **13 May 2016**
Valid Till: **12/05/2021**




002567193H



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

Employer: **SYNERGY AVL PTE. LTD**
Work Permit No: **91214276**
Sector: **CONSTRUCTION**

Name: **RAJENDRAN RAVICHANDRAN**
Work Permit No: **0 35036458**
Sector: **CONSTRUCTION**



K2079581

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

		EFFECTIVE DATE
C Class 2B	Motorcycles <= 200 CC	13 May 2016
C Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 Jan 2018

G6699568U

S / No. 9000304751

NP 428A

Licence No: G6699568U

VISIT PASS
Immigration Regulations

Name: **RAJENDRAN RAVICHANDRAN**

FIN: **G6699568U**
Date of Birth: **08-09-1986**
Nationality: **INDIAN**
Sex: **M**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



28.01.2020