

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date : 28.05.2022

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBB 528K / PC 2738L ON 27.04.2022

We are the authorized repair workshop for the owner of motor vehicle no: **GBB 528K** , which was involved in the captioned accident with your insured vehicle no: **PC 2738L** . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1) Cost of Repair (inclusive of GST)	\$ 6,420.00
2) Loss of Use (4 days X S\$100)	\$ 400.00
3) LTA Search Fee	\$ 7.45
	<u>\$ 6,827.45</u>

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice | b) GIA Search Result |
| c) Letter of Authorisation, etc... | d) GIA Report |
| e) Police Report | f) I/C & Driving Licence |
| g) Insurance Certificate | h) Vehicle Registration Log Card |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,

Jason Tang (jason@fastechauto.com.sg)
For Fastech Auto Pte Ltd

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn : Motor Claim Department

Tax Invoice : 22945

Date : 28.05.2022

Vehicle No : GBB 528K

Make/Model : NISSAN CABSTAR 3.0

Chassis/Eng# :

Accident Date : 27.04.2022

Claim No :

Reference : 0422 -22945

Policy No :

	Amount
To proceed on lump sum repair	S\$ 6000.00

E. & O. E.

Total : S\$ 6000.00

GST @ 7% : S\$ 420.00

Amount Due : S\$ 6420.00


for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Apr 2022 / 10:17:23

Receipt Date/Time : 27 Apr 2022 / 10:17:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220427-000914

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 - PC2738L				
As at 27 Apr 2022/07:00:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - PC2738L Enquiry Fee 20220427101645413816	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				
20220427101652239		Direct Debit: eNETS Debit (Internet Banking)		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.

DATE : 27.04.2022

TO : CHINA TAIPING INSURANCE SINGAPORE PTE LTD

RE : ACCIDENT INVOLVING VEHICLE NO. GBB 528K / PC 2738L

ALONG 20 BENOI CRES, SINGAPORE 629983

ON 27-04-2022

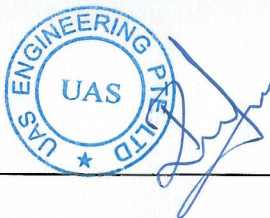
I/We, UAS ENGINEERING PTE LTD

of (NRIC No./ROC No.) 202037174W

of 18 ROBERTS LANE #03-01 GOODLAND BUILDING S(218297)

owner of vehicle no. GBB 528K in consideration of M/s FASTECH AUTO PTE LTD repairing my/our vehicle GBB 528K at my/our instruction and hereby authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith.



Signature of Owner :

Name of Owner : UAS ENGINEERING PTE LTD

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 Submission	27/04/2022 18:39 (SGT)
Date of Accident	27/04/2022 06:50 (SGT)
Exact Location of Accident	20 Benoi Cres, Singapore 629983
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB528K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UAS ENGINEERING PTE LTD
Company Reg No	2XXXXX177W
Email Address	MAMIDIPELLIRAJU@GMAIL.COM
Mobile Phone No	(Phone) +65-90250254
Alternative Phone No	(Office) +65-63910024

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MOMVC000009059-00-000
Cover Note Number	-

DRIVER

Name of Driver	SELVAKUMAR KATHIRAVAN
Passport No/FIN	GXXXX199X

Date Of Birth	12/03/1994
Occupation	Outdoor
Date Of Driving Pass	22/02/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80413376
Alt. Phone Number	-
Email Address	COMKATHIRAVAN@GMAIL.COM
Address	18 ROBERTS LANE #03-01 GOODLAND BUILDING
Address complement	-
Postcode	218297
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANBAZHAGAN ANBARASAN
Gender	Male

PASSENGER 2

Name	GUNASEKARAN VETRISILVAN
Gender	Male

PASSENGER 3

Name	ADABALA VENKATA RAO
Gender	Male

PASSENGER 4

Name	RENGAN PALANISAMY
Gender	Male

PASSENGER 5

Name	GOVINDARASU NEETHIPATHI
Gender	Male

PASSENGER 6

Name	YADAV VIRENDRA KUMAR
Gender	Male

PASSENGER 7

Name	YADAV PAWAN KUMAR
Gender	Male

PASSENGER 8

Name	VAKADA APPALA RAJU
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Gender Male
PASSENGER 9
Name NARAVA VENKATA RAMESH
Gender Male

PASSENGER 10
Name THOMAS RATHINAM SALETH RAJ
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Traffic Police
Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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 PC2738L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ANBAZHAGAN ANBARASAN
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBB528K
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person	GUNASEKARAN VETRISILVAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ADABALA VENKATA RAO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	RENGAN PALANISAMY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	GOVINDARASU NEETHIPATHI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	YADAV VIRENDRA KUMAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 7

Name of injured person	YADAV PAWAN KUMAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 8

Name of injured person	VAKADA APPALA RAJU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 9

Name of injured person	NARAVA VENKATA RAMESH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 10

Name of injured person	THOMAS RATHINAM SALETH RAJ
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 11

Name of injured person	SELVAKUMAR KATHIRAVAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB528K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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 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.
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.

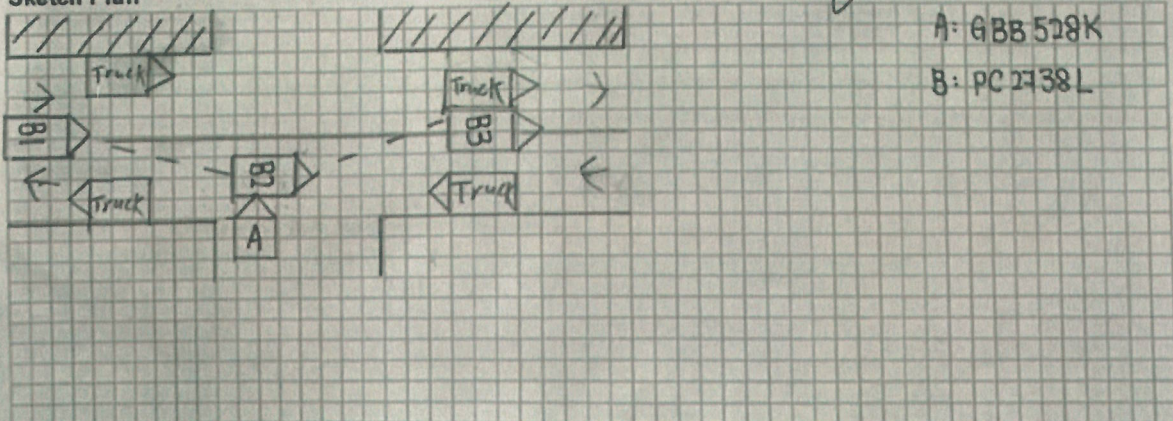


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

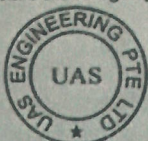


Describe Circumstances of the Accident

Refer to the police report (T/20220427/7024)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 7

Report No. T/20220427/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2022 13:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAMIDIPELLI RAJU			Address:		
ID Type / ID No.: FIN NO / G2161759N			Contact No.: Home/Office: Mobile: 87301301		
Nationality: INDIAN			Email: MAMIDIPELLIRAJU@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 05/05/1986	Type of Informant: Company Manager		
Race: Indian			Language: English		Institution / School Name:
Occupation: Construction Manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2022 06:50	Type of Location: Factory Exit
Location: BENOI CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBB528K	Lorry				Seriously Damaged	10
PC2738L	Bus/Coach/Mi nibus				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ANBAZHAGAN ANBARASAN	ID No.	G8485876K
Related Vehicle	GBB528K (Lorry)	Contact No.	89120686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	SELAKUMAR KATHIRAVAN	ID No.	G2541199X
Related Vehicle	GBB528K (Lorry)	Contact No.	80413376
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	27/04/2022	Date	27/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	GUNASEKARAN VETRISILVAN	ID No.	G8714298T
Related Vehicle	GBB528K (Lorry)	Contact No.	83858990
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT

Passenger			
Name	ADABALA VENKATA RAO		ID No. G2670362Q
Related Vehicle	GBB528K (Lorry)		Contact No. 82858251
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	RENGAN PALANISAMY		ID No. G7952275P
Related Vehicle	GBB528K (Lorry)		Contact No. 90385168
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	GOVINDARASU NEETHIPATHI		ID No. G7957496T
Related Vehicle	GBB528K (Lorry)		Contact No. 90382870
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	YADAV VIRENDRA KUMAR		ID No. G6731920L
Related Vehicle	GBB528K (Lorry)		Contact No. 85569443
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT

Company Manager			
Name	MAMIDIPELLI RAJU	ID No.	G2161759N
Related Vehicle	NIL	Contact No.	87301301
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

My driver stop my company Vehicle (GBB528K) Stationary at the exit of my Factory Dormitory, The passenger had just loaded up the lorry and we are still not moving off.

Then a bus whom was trying to avoid those stationary vehicle along Benoi road, traveling against the road direction collided onto the front of my lorry.

The driver did stop and talk to my driver, he mention to call his boss Michael (9088 4418) for insurance claim against them, the bus has video cam recorded and was told it was summited to their insurance company.

My driver SelvaKumar Kathiravan and 10 passenger suffer slight injury due to the impact caused.

My Driver visited Wong Family Clinic & Surgery and was given 3 days MC.

Driver

SelvaKumar Kathiravan, Fin G2541199X

The 10 passenger involved were,

- 1) Narava Venkata Ramesh, Fin G2336916N
- 2) Yadav Pawan Kumar, Fin G6732401W
- 3) Yadav Virendra Kumar, Fin G6731920L
- 4) Vakada Appala Raju, Fin G2839523Q
- 5) Rengan Palanisamy, Fin G7952275P
- 6) Adabala Venkata Rao, Fin G2670362Q
- 7) Gunasekaran Vetrisevan, Fin G8714298T
- 8) Anbazhagan Anbarasan, Fin G8485876K
- 9) Govindarasu Neethipathi, G7957496T
- 10) Thomas Rathinam Saleth Raj, Fin G2582159P



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT

Passenger			
Name	YADAV PAWAN KUMAR	ID No.	G6732401W
Related Vehicle	GBB528K (Lorry)	Contact No.	84142401
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	VAKADA APPALA RAJU	ID No.	G2839523Q
Related Vehicle	GBB528K (Lorry)	Contact No.	98674673
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	NARAVA VENKATA RAMESH	ID No.	G2336916N
Related Vehicle	GBB528K (Lorry)	Contact No.	98661431
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	THOMAS RATHINAM SALETH RAJ	ID No.	G2582159P
Related Vehicle	GBB528K (Lorry)	Contact No.	84491748
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
27/04/2022 13:43

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

6 of 7

Report No. T/20220427/7024

CONTINUATION OF REPORT

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2541199X**
Name: **SELVAKUMAR KATHIRAVAN**

Birth Date: **12 Mar 1994**
Issue Date: **04 Dec 2020**
Valid Till: **03/12/2025**

003099632D

For Insurance Reporting And Claim Purposes Only

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

Employer: **UAS ENGINEERING PTE. LTD.**

Name: **SELVAKUMAR KATHIRAVAN**
Work Permit No: **0 36698892**
Sector: **PROCESS**

K2663070

G. Kathir

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

Class	Description	Effective Date
Class 2B	Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW	14 Aug 2015
Class 3	Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	22 Feb 2021

G2541199X **S / No.9000357636**

Licence No:G2541199X

NP 428A

VISIT PASS
Immigration Regulations
03-09-2021

Name: **SELVAKUMAR KATHIRAVAN**

FIN: **G2541199X**
Date of Birth: **12-03-1994** Sex: **M**
Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

03-09-2021

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVC000009059-00-000	Cover	: Commercial Vehicle (Third Party Only)
Policyholder Name	: UAS Engineering Pte. Ltd.	Chassis Number	: JN1SC2F24Z0800242
NCD Entitlement	: Nil	Engine Number	: ZD30168515K
Hire Purchase	: N/A	Registration Number	: GBB528K
Period of Insurance	: From 03/09/2021 (00:00) To 02/09/2022 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business
This Policy does not cover:

a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing

* 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

Excess (Section 1) : N/A
Excess (Section 2) : N/A
Windscreen Excess : N/A

Driver Details

Named Driver 01 : Any person who is driving on the policyholder's order or with their permission

Name of Intermediary : Terri Links Pte Ltd

Date of Issue : 06/09/2021

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

Signed for and on behalf of
Great American Insurance Company

Authorised Signatory

pong

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	177W
Vehicle Details	
Vehicle No.:	GBB528K
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Apr 2022
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	ZD30168515K
Chassis No.:	JN1SC2F24Z0800242
Maximum Power Output:	-
Open Market Value:	\$26,224.00
Original Registration Date:	28 Jun 2008
First Registration Date:	28 Jun 2008
Transfer Count:	2
Actual ARF Paid:	\$1,312.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$16,859.00
COE Rebate Amount:	\$3,933.00
Total Rebate Amount:	\$3,933.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 27 Apr 2022

OK