

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAIAH8753913

Date In: 27/11/2008 18:30	Job description	Date & Time Completed	Done by
Ref No: N/A/MIAH8753913	SAS e-Miling		
Veh No: GBB 8189C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/11/2008 08:30	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SGX 2199M	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% P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

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

Remarks:	INC ( ) / Non-INC ( )	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:
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Date/Time	Actions

NA1807.747	Invoice/Ref: N/A/MIAH8753913
Customer Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repairs Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (N11): TP (Non-INC) against INC \$20
	9) N12: Idao Mobile \$0
QC Checked by (Engr-In-Charge):	Invoice dated
	Fee Charged
	Invoice dated
	Fee Charged



## 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	27/11/2018 18:30
Date Of Accident	26/11/2018 08:50
Exact Location Of Accident	PIE TOWARDS CHANGI (AFTER ENG NEO EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8189C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAHANA SUPERMARKET
Co Reg No	53170525X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98123585
Alternative Phone No	OFFICE-98123585

### 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	WORKING PURPOSES
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU004930-R01
Cover Note Number	

### Driver

Name of Driver	MAYANDI DHINESHKUMAR
Passport No/FIN	G6938570U
Date Of Birth	16/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98123585
Fax Number	
Contact Number	OTHERS-98123585
Email Address	NOEMAIL

Address	1 SUNVIEW ROAD #05-20
Postcode	627615
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SGX2199M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT967C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

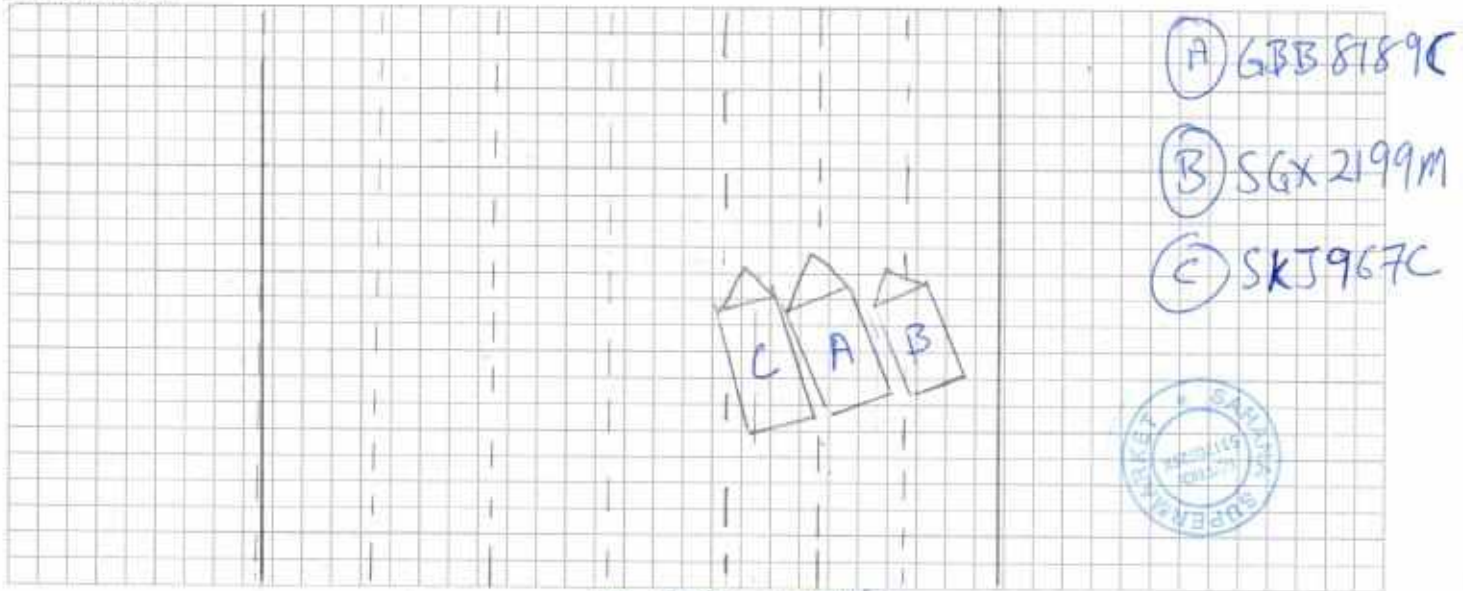


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PIE TWOS CHANGI.

ON 26 NOV 2018 @ 0850 HRS I WAS DRIVING ALONG PIE TWOS CHANGI. I WAS DRIVING STRAIGHT WHEN VEHICLE B CUT INTO MY LANE AND PUSH ME TO HIT VEHICLE C. LATER WHEN I ALIGHT, I REALISED VEHICLE B HAD TO SWERVE TO AVOID HITTING THE CAR IN FRONT.

## DECLARATION

I/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:

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



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26 Nov 2018		TIME: 0850HRS.		(hh:mm) 24 hrs Format	
LOCATION PIE TWD1 CHANGI BEFORE ANG NEO.					
VEHICLE NUMBER SAHANA Supermarket					
INSURED NAME GBB 8189C					
NRIC / FIN 53170525X		CONTACT:			
MAKE Toyota		MODEL Dyna 150 Manual 3 seater			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only					
INSURANCE COMPANY TOKO marine					
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT					
POLICY NUMBER :					
NAME DRIVER : MAYAND DHINESHKUMAR				( ) SAME AS INSURED	
NRIC / FIN 66938570U		CONTACT: 98123585			
DATE OF BIRTH: 16 MAR 1990					
DRIVING PASS DATE: 20 NOV 2012					
OCCUPATION : ( ) INDOOR ( / ) OUTDOOR					
GENDER : ( / ) MALE ( ) FEMALE					
EMAIL ADDRESS: ( ) NO EMAIL					
ADDRESS OF DRIVER: 1 SUNVIEW ROAD #05-20 S(627615)					
Number Of Passenger Include Driver: 01 DRIVER					
Was driver an employee of the Insured's Company? ( / ) YES ( ) NO					
If No, Relationship Of The Driver With The Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others					
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: ( / ) Clear ( ) Raining ( ) Drizzling ( ) Others					
Road Surface : ( / ) Dry ( ) Wet ( ) Others					
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( / ) NO					
Was Anybody Injured In The Accident? ( ) YES ( / ) NO					
If YES, Injured details :					
Convey By Ambulance: ( ) YES ( / ) NO					
Was There Any Video Capture By Car Camera? ( ) YES ( / ) NO					
Was There Accident Reported To The Police? ( ) YES ( / ) NO If Yes Attach Police Report					
Police Report Number (if any)					
Details Of 3rd Party		Name / NRIC		No.of Paxs (incl'driver) Contact	
Veh B 56X 2199M		(AXA)		( ) / Not Sure ( )	
Veh C 5KJ 967C				( ) / Not Sure ( )	
Veh D				( ) / Not Sure ( )	
Veh E				( ) / Not Sure ( )	
Veh F				( ) / Not Sure ( )	
Veh G				( ) / Not Sure ( )	



SAHANA IMPEX PTE. LTD.  
1 SUNVIEW ROAD  
#05-20  
SINGAPORE 627615



16 Nov 2018

## Your application is approved

Dear Sir/Madam

We are pleased to inform you that MAYANDI DHINESHKUMAR's S Pass has been approved for 24 months. This In-Principle Approval is valid until **15 Jan 2019**.

This letter lists the employment details for you to confirm and the next steps you need to take so that a S Pass card can be issued.

After your pass holder gets here, you need to get his pass issued as soon as possible. The pass must be issued before he can start work. This must be done before this IPA expires. Otherwise, we will withdraw the approval and if he is already in Singapore, you will need to send him home.

Yours sincerely

Penny Han (Mrs)  
Controller of Work Passes

### Please confirm the details below

If you have any changes, send them to us  
(with supporting documents) using iSubmit.  
We will tell you if you need to reapply.


CSN  
201629002K - PTE - 01  
FOREIGN EMPLOYEE'S NAME  
MAYANDI DHINESHKUMAR  
DATE OF BIRTH  
16 MAR 1990  
SEX  
MALE  
NATIONALITY  
INDIAN  
PASSPORT NO  
J4961212  
FIN  
G6938570U  
DATE OF APPLICATION  
08 NOV 2018  
OCCUPATION  
OPERATIONS SUPERVISOR  
MONTHLY LEVY  
S\$330 (Tier 1) or S\$650 (Tier 2)

#### ▲ IMPORTANT


- You must comply with the conditions under the Employment of Foreign Manpower Act and conditions of the S Pass, as well as the Work Injury Compensation Act. Otherwise, we can cancel the S Pass, prosecute you and withdraw your permission to employ S Pass holders. You can read the rules at [www.mom.gov.sg](http://www.mom.gov.sg).
- This letter does not grant the pass holder's stay in Singapore. You must issue the pass before the pass holder's visit pass expires.



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **G6938570U**  
 Name: **MAYANDI DHINESHKUMAR**  
 Birth Date: **16 Mar 1990**  
 Issue Date: **06 Nov 2017**  
 Valid Till: **19/11/2022**

002740584H



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	20 Nov 2012
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	20 Nov 2012

NP 428A



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MZ300

**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)**

**Policy No.:** 18-MU004930-R01 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBB8189C **Chassis No.:** JTFAT35Y00K201095
2. **Name of Policyholder** SAHANA SUPERMARKET
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 20/04/2018
4. **Date of Expiry of Insurance** 19/04/2019

**5. Persons or Class of Persons entitled to drive\***

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 Vehicle or has been so 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to use\***

1) Use in connection with the policyholder's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' 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 trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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.

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).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

**Account:** 1023DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 750
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	ABWIN PRIVATE LIMITED

Tokio Marine Insurance Singapore Ltd.

  
Authorised Signatory





> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	0525X
<b>Vehicle Details</b>	
Vehicle No.:	GBB8189C
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2018
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 MANUAL 3SEATER
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	1KD1982745
Chassis No.:	JTFAT35Y00K201095
Maximum Power Output:	-
Open Market Value:	\$24,970.00
Original Registration Date:	20 Apr 2010
First Registration Date:	20 Apr 2010
Transfer Count:	1
Actual ARF Paid:	\$1,249.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	19 Apr 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$36,511.00
COE Rebate Amount:	\$5,060.00
<b>Total Rebate Amount:</b>	<b>\$5,060.00</b>

The information contained herein is correct as at 27 Nov 2018

OK