

NATIONAL Assessment Centre Services.

[out 1 Jan 2003]

MAJAY 2003/931

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 20/03/2020 16:35 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/CTI20004310/Y | SAS e-filing | | |
| Veh No: YL 9380 J | E-mail (Within 2hrs, AIC 2hrs) | | |
| D.O.A: 19/03/2020 17:05 | I-Motor Claim Form | | |
| OID: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SHA 1943Y | 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 () | |

| | | |
|--|---------------------------|----------------|
| () Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair. | | |
| () Total Loss Case : to e-mail Insurer URGENTLY. | | |
| Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: () |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

| | |
|-----------|--------|
| Injury: | |
| Date/Time | Action |
| | |
| | |
| | |
| | |

| | | |
|---------------------------------|---|-------------|
| NA2002209 | 1) AR: Accident Reporting (\$30) | INC (\$10) |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | \$40/\$45 |
| Contact No: | 3) TP: Towing Fee | \$120 |
| Damaged Portion: | 4) PT: Follow-Through Survey | \$30 |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) | \$30 |
| Architect's Comments: | For claiming against INC Only (was 10 Jan 2003) | \$75 |
| Cal 1: | 6) TR: Re-inspection | \$160 |
| | 7) NI: Idas DA + SMRT Survey | |
| | 8) NIUC Additional Services: | |
| | Q1: | \$3 |
| | *N5: Courtesy Car / Tpt Allowance | \$10 |
| | *N6: Repair Coordination | \$25 |
| | *N7: Post Repair Inspection | \$5 |
| | *N8: DV / Collect Excess Coordination | \$20 |
| | TP (N11): TP (N11 INC) against INC | \$0 |
| | 9) N12: Idas Mobile | |
| | 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 | 20/03/2020 16:35 |
| Date Of Accident | 19/03/2020 17:05 |
| Exact Location Of Accident | JUNCTION OF DUNMAN ROAD AND HAIG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---|
| Vehicle Registration Number | YL9380J |
| Insured/Policyholder | |
| Name Of Registered Owner | CHAN & CHAN ENGINEERING PTE.LTD. |
| Co Reg No | 2XXXXX814Z |
| Email Address | SURESHG@CCE.COM.SG |
| Mobile Phone No | (LOCAL) +65-90526242 |
| Alternative Phone No | OFFICE-84595837 |
| Vehicle Particulars | |
| Manufacturer | ISUZU |
| Model | NPR71LU5GT-4.6 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMCVSNA00004832001 |
| Cover Note Number | |
| Driver | |
| Name of Driver | BASHA ALAVUDEEN |
| NRIC No | GXXXXX264W |
| Date Of Birth | 18/03/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/12/2013 |
| Driving Experience | 6 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90526242 |
| Fax Number | |
| Contact Number | OTHERS-84595837 |
| Email Address | SURESHG@CCE.COM.SG |

| | |
|---|---|
| Address | 25 MANDAI ESTATE #03-02 INNOVATION PLACE TOWER 1 |
| Postcode | 729930 |
| 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 - CROSS JUNCTION |
| 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? | 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 | SHA1943Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-----------------|
| Name | BASHA ALAVUDEEN |
|------|-----------------|

| | |
|---|---------------|
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | YL9380J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

X

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.



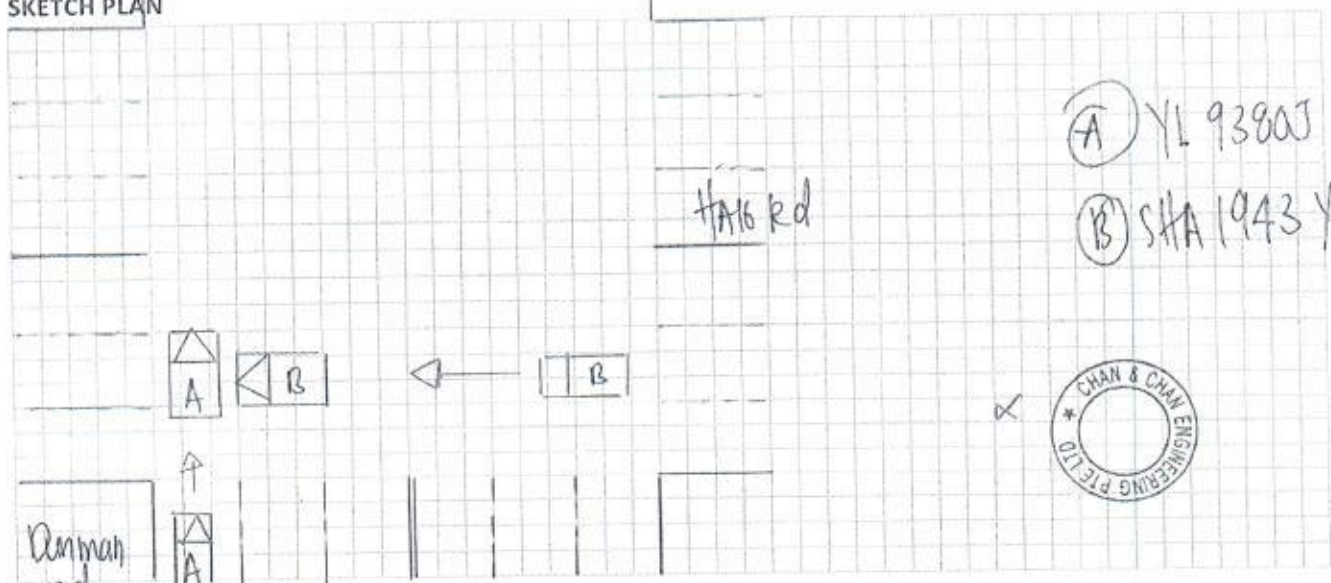
X

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

On 19.03.2020 at about 17:05hrs I was travelling along Junction of Dunman Rd & Hai Rd. As I was heading straight all of a sudden I felt an hard impact on my right. Then I realised a taxi SHA 1943 Y had collided onto my R/H side portion. the traffic was in my favour.

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: 19-03-2020 | TIME: 17:05hrs | (hh:mm) 24 hrs Format | |
| LOCATION: Junction of Dunman Rd & Alb Rd | | | |
| VEHICLE NUMBER: V L 93807 | | | |
| INSURED NAME: Chan & Chan Engineering Pte Ltd | | | |
| NRIC / FIN: 2004078147 | CONTACT: 9052 6242 | | |
| MAKE: Isuzu | MODEL: NPR 71L 564 | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | |
| () Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only | | | |
| INSURANCE COMPANY: China | | | |
| TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT | | | |
| POLICY NUMBER: PHOENIX 0004632001 | | | |
| NAME DRIVER: Dasha Alavudeen () SAME AS INSURED | | | |
| NRIC / FIN: 68202264W | CONTACT: 8459 5837 | | |
| DATE OF BIRTH: 18-3-1985 | | | |
| DRIVING PASS DATE: 13-12-2013 | | | |
| OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR | | | |
| GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE | | | |
| EMAIL ADDRESS: Sureshg@ccc.com.sg () NO EMAIL | | | |
| ADDRESS OF DRIVER: 25 Mandai Estate #03-02, Innovation Place Tower 1 S(729930) | | | |
| Number Of Passenger Include Driver: Driver Only | | | |
| Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO | | | |
| If No, Relationship Of The Driver With The Insured | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others | | | |
| Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO | | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | | |
| Insurance Company Of Driver's Own Vehicle | | | |
| Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others | | | |
| Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO | | | |
| If YES, Injured details: | | | |
| Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) 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 | SHA 19434 | () / Not Sure () | |
| Veh C | | () / Not Sure () | |
| Veh D | | () / Not Sure () | |
| Veh E | | () / Not Sure () | |
| Veh F | | () / Not Sure () | |
| Veh G | | () / Not Sure () | |

Motor Commercial

MZ390/C

R 5N

AN0101A

Cov. Type f

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation Act Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1967
Road Transport Act, 1997 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Singapore)

1. Policy No.

DMCVSNA00004832001

Engine No. 4HG1191600

Chassis No. JAANPR71157100587

2. Motor Vehicle and Registration Number of Vehicle

YL8386J

3. Name of Policyholder

CHAN & CHAN ENGINEERING PTE LTD

4. Effective date of the Commencement of Insurance for the purpose of the Regulation, Endorsement or Endorsement

04/02/2020

5. Date of Expiry of Insurance

03/02/2021

6. Name of Parties 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.

7. Excluded use(s)

- (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 Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Endorsements required inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act 1997 (Malaysia), are not to be included under their 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, 1997 (Malaysia).

Please see reverse

ITRUST PTE LTD

52 FOCH ROAD

#03-02

SINGAPORE 209274

TEL : 6488 0883 FAX : 6286 0295

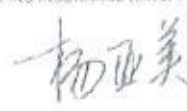
EMAIL:itrust@singnet.com.sg

For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued by



Lim Lee Choo
Authorised Officer



Authorised Signatory

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| | |
|--|-------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 814Z |
| Vehicle Details | |
| Vehicle No.: | YL9380J |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 31 Mar 2020 |
| Vehicle Make: | ISUZU |
| Vehicle Model: | NPR71LU5GY |
| Primary Colour: | Blue |
| Manufacturing Year: | 2005 |
| Engine No.: | 4HG1191600 |
| Chassis No.: | JAANPR71L57100587 |
| Maximum Power Output: | - |
| Open Market Value: | \$26,929.00 |
| Original Registration Date: | 04 Feb 2005 |
| First Registration Date: | 04 Feb 2005 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$1,347.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 Jan 2025 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 5 |
| PQP Paid: | \$12,443.00 |
| COE Rebate Amount: | \$12,028.00 |
| Total Rebate Amount: | \$12,028.00 |
| 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 20 Mar 2020