| ASSIGNMENT Veh No: XD 9382H Yr Regn: 2014/Juny To Inspect Vehicle No: at Workshop m/s of | REG. BY: CS3/CTI SOUN | 08868 Rig +3 1 7394 |
|--|--|--|
| Type: N. Cart M. Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Type: N. Cart M. Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Trailer or | | GNMENT |
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| at Workshop mis of | OD / TP / WS / TP RES / OD RES / EVA / INV / MV | (ruck/! Trailer or |
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| Steering: Insured: Excess: Steering: Insured: Leaked / Burnt or | | |
| Client's Record Client's R | Claims No. SNM20D202976C02 | |
| Modi: ATT SRIM STD AJRim or Tyre Size: F: 3/5 SBX 22 · S Remark: The veh had commenced its repair at the time of inspection. Sed. or Market Value: | Sum Insured: Excess: | Steering: In order / Jammed / Leaked / Burnt or |
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| Remark: The veh had commenced its repair at the time of inspection. NS OIS | Make of Veh: | |
| Remark: The veh had commenced its repair at the time of inspection. NS OIS | | Tyre Size: F: 315/80R22.5 |
| repair at the time of inspection. TOYO / YOKO or UKSTAKE Sal. or Market Value: DAC Accident Rport Consistent?: Yes or No SIA / PR Seen: Consistent?: Yes or No Survey held at R S S Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roottop or O/S / MA The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction ESTIMATE REPORT RANGE / July - (500 - [K] / July 26/08/20 Submit PRS. Date / Time Report Report Resurvey No. of Trip: Survey Fee: Transportation: Transportation | (Policy Condition) | |
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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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 STATEMENTS | |
|----------------------------|-------------------------------|--|
| Date Of Report | 21/08/2020 11:29 | |
| Date Of Accident | 20/08/2020 07:10 | |
| Exact Location Of Accident | CKR CONTRACT SERVICES PTE LTD | |
| Country/State of Loss | SINGAPORE | |

| Country/State of Loss | SINGAPORE |
|-----------------------------|-------------------------------|
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | XD9382H |
| Insured/Policyholder | |
| Name Of Registered Owner | CKR CONTRACT SERVICES PTE LTD |
| Co Reg No | 2XXXXX739G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90844146 |
| Vehicle Particulars | |

| Manufacturer | SCANIA |
|--------------|----------------------------|
| | B. 6 6 6 B 6 W 4 4 W 1 7 4 |

Model P400CB8X4MHZ-12.7 D (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number SI20V08615/VCH/R04

Cover Note Number

Driver

Name of Driver KARUPIASH SENTHIL KUMAR

Passport No/FIN FXXXX547M

Date Of Birth 13/10/1979

Occupation OUTDOOR

Date Of Driving Pass 06/11/2015

Driving Experience 4 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90844146

Fax Number

Contact Number

EMail Address NOEMAIL

Address NIL

Postcode

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 Registration Number of Driver's Own
-Vehicle --

Incurance Company of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

NO

NO

1

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?
Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 118

YN7681T

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver GOPAL

NRIC/Passport Number

Contact Number 84069179 / 93210284

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 Criver
- Information provided must be as truthful and accurate as possible. Any with: misregresentation or withholding of mahanal facts may allow insurance companies to reguliete policy liability.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability an the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for several auton.
- 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this region at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PCPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GiA") may are seminized to collect, use, disclose and/or process my personal data/personal information set out in this fromt and any other personal information provided by me or possessed by my insurer (collectively the "Personal information") and disclose and trainer such. Personal information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers have first, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), far the purpose of of:
 - processing, handling and/or dealing with my daims including the settlement of the daims 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 daims (including the mailing of correspondence, statements, invoices, reports or natices to me, which could involve disclosure of certain personal data about me to oring 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 distinct dealing the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawvers/law farms, may be normalized 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 arounders 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 daims history for the purpose of travel detection, investigation and management in present and all future daims.
- (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 as managing frauditing law enforcement and government agencies as reasonably required for the purposes states.
 - (ii) for complying with requirements under any regulations, laws or court orders.

SA CONTRACTOR SAN

Policyhoider's Signature Date & Time Oriver's Senature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Senecure Name

MICEN NO.

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| Policyholder 1 - Lature Date & Time: | Driver's Signature (If driver is not the policyholder) | Reporting Centre Personnel's Signature Name: |
| ************************************** | Date & Time: | Name: NRIC/Fin No.; |

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | Company |
|--|--|
| Owner ID: | 739G :::::::::::::::::::::::::::::::::::: |
| Vehicle No.: | XD9382H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 25 Aug 2020 |
| Vehicle Make: | SCANIA |
| Vehicle Model: | P400CB8X4MHZ |
| Primary Colour: | Blue |
| Manufacturing Year: | 2014 |
| Engine No.: | 6806239 |
| Chassis No.: | Y52P8X40005345971 |
| Maximum Power Output: | |
| Open Market Value: | \$135,141.00 |
| Original Registration Date: | 18 Jul 2014 |
| First Registration Date: | 18 Jul 2014 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$6,758.00 |
| en bij vardi valgara di gji shigibiga gabi gara biribi garib en yar di shidi shiman manaman manaman manaman ma | <u>taki pila pi indiseli nersidi arah andak selah kusulan alga panan adalah dan kutan kuta an unang summeran</u> |
| PARF Eligibility: | No. |
| PARF Eligibility Expiry Date: | |
| PARF Rebate Amount: | \$0.00 |
| | |
| COE Expiry Date: | 17 Jul 2024 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$42,001.00 |
| COE Rebate Amount: | \$16,350.00 |
| Total Rebate Amount: | \$16.350.00 |