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Owner / Driver: (	·	Tel:	
Policy No: ( ) Period: (	)	Cover Type: (	. ).
Confirmed by ; (	· Dates	Tlinei	)
Insured/Driver Liability: ( %) [Note-Est State	15 (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%] .
Year of Registration: ( ) Warranty: YE		>	
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			STATE TO STATE OF STA
1) Apply for Transport Allowance ( )/ Courtesy Car (	)		
2) QC Chook / Post Repair Inspection (	•)	· -	· <del></del>
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.

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Date Of Report

07/09/2020 10:21

Date Of Accident

03/09/2020 14:35

Exact Location Of Accident

ALONG HOLLAND ROAD

Country/State of Loss

SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

GV7848B

Insured/Policyholder

Name Of Registered Owner

CHYE JOO CONSTRUCTION PTE LTE

Co Reg No

1XXXXX808K

Email Address

NOFMAIL

Mobile Phone No

(LOCAL) +65-84260711

Alternative Phone No

OFFICE-84260711

Vehicle Particulars

Manufacturer

TOYOTA

Model

DYNA 150 D

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

REPORTING ONLY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

D20MFL0004233

Cover Note Number

Driver

Name of Driver

DEIVASIGAMANI ANBARASAN

NRIC No. Date Of Birth GXXXX629T

Occupation

29/05/1976

Date Of Driving Pass

INDOOR

Driving Experience

05/12/2017

Gender

2 YEARS AND 8 MONTHS

MALE

Mobile Number

(LOCAL) +65-84260711

Fax Number

Contact Number

OTHERS-84260711

EMail Address

NOEMAIL

Address

19 KIAN TECK ROAD

Postcode

628772

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

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

SLA6216H

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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 insurers') 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:
  - 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;
  - 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

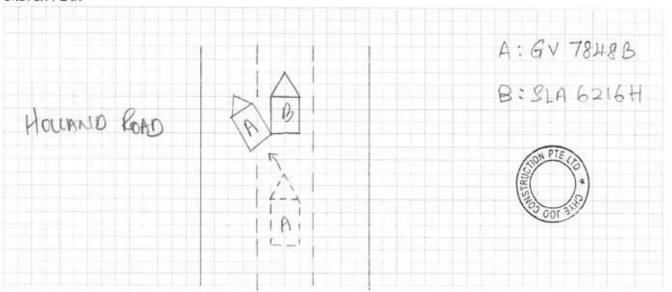
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 1	was travelling along Holland Road towards Orchard Road
Upon appni	lacking the traffic junction, the traffic light was red.
Noticing +	hat, I applied brakes to slow down but my vehicle skide
1 checked	I the traffic on my left, it was clear, therefore, I tried t
the skid,	lane to avoid collision onto the vehicle infront. Due to  right my vehicle rear portion collided onto the rear  on of vehicle B. No one was injured.
	PTE LOO PTE

DECLARATION to egoing particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No.:

GIARMC SketchRanform\_V3

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT TIME: 1435HRS ACCIDENT DATE: 03-Sep-2020 LOCATION: HOLLAND RD VEHICLE NUMBER: GV7848B INSURED NAME: Chye Joo Construction Pte Ltd CONTACT: 84260711 NRIC / FIN: 198800808K MODEL: DYNA 150 D MAKE: TOYOTA Are you claiming under your own insurance policy for repair to your vehicle? ) Third Party ( / ) Reporting Only ) Yes, If No, Pls Select: ( INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE PTE LTD TYPE OF POLICY: Comprehensive EXPIRY DATE: null POLICY NUMBER: D20MFL0004233 NAME DRIVER: DEIVASIGAMANI ANBARASAN CONTACT: 84260711 NRIC / FIN: G2522629T DRIVING PASS DATE: 05-Dec-2017 DATE OF BIRTH: 29-May-1976 GENDER: Male OCCUPATION: Indoor EMAIL ADDRESS: ADDRESS OF DRIVER: 19 KIAN TECK ROAD Singapore 628772 Employee Relationship Of The Driver With The Insured: 1 Driver Number Of Passenger Include Driver: **GENDER** INJURED NRIC/FIN/BC NAME Male G2522629T DEIVASIGAMANI ANBARASAN INJURY DETAILS: 0 Passenger(s) Insurance Company Of Driver's Own Vehicle: Road Surface: Wet Weather Conditions: Raining Was Any Foreign Vehicle Involved In This Accident? No Convey By Ambulance: No Was There Any Video Capture By Car Camera?

Was There Accident Reported To The Police?

No

Police Report Number:

NIL

**Details Of 3rd Party** 

Name

NRIC

Contact

No.of Paxs(incl' driver)

Veh B SLA6216H

Not Sure



### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. MZ-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711 Office (65) 63476100 Email insure@ili.com.sg Fax (65) 62244174 Website www.tli.com.sg

COVER: Third Party Fire & Theft

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THREE-PARTY RISKS AND COMPENSATION) ACT (CHAPTER RISE ANDTHE VEHICLES (THREE-PARTY RISKS AND COMPENSATION) RULES: 1960 READ TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THREE-PARTY RISKS) RULES: 1989 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0004233

1. Index Mark and Registration Number of Vehicle

Chassis No

: JTFUF34Y403000526

2. Name of Policyholder

: CHYE JOO CONSTRUCTION PTE LTD

3 Effective date of Insurance

: 18 Jul 2020

4. Expiry date of Insurance

17 Jul 2021

5. Persons or Classes 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

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 Policyholder'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 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.

### Hire Purchase Company

I/We HERBY 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).

Agent Broker

: B000078/TAN INSURANCE BROKERS PTE LTD

Date of Issue

15/07 2020 11:24:12

M.Z. 300C - GOODS CARRYING(Company's use)

For India International Insurance Pte Ltd

Authorised Signatory

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD 3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sg Tel: (65) 6742 6766 Fax: (65) 6742 6869

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	808K
Vehicle No.:	GV7848B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 D
Primary Colour:	White
Manufacturing Year:	2002
Engine No.:	5L5271391
Chassis No.:	JTFUF34Y403000526
Maximum Power Output:	
Open Market Value:	\$23,726.00
Original Registration Date:	06 Nov 2002
First Registration Date:	06 Nov 2002
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,187.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	31 Oct 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$21,477.00
COE Rebate Amount:	\$9,248.00
Total Rebate Amount: Message	\$9,248.00
Please note that all future COE renewals for this vehicle vehicle.	e can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the
Transfer of ownership or deregistration is not allowed for	or this vehicle.

The information contained herein is correct as at 05 Sep 2020