

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 | 18/11/2020 17:41 |
| Date Of Accident | 13/11/2020 07:40 |
| Exact Location Of Accident | ALONG CHANGI ROAD EAST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | YP8278H |
| Insured/Policyholder | |
| Name Of Registered Owner | THINK ONE LEASING PTE LTD |
| Co Reg No | 2XXXXX609M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96788288 |
| Alternative Phone No | OFFICE-65553300 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NISSAN TRUCK |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | 20-ML000183-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | MARIMUTHU S/O COOMARASAMY |
| Passport No/FIN | SXXXX849F |
| Date Of Birth | 28/03/1951 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/02/2018 |
| Driving Experience | 2 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98742304 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address BLK 146 JALAN BUKIT MERAH
 #05-1074
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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 (including own vehicle) involved in the accident 2
 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

ON 13.11.2020 AT ABOUT 07:40HRS I WAS DRIVING MY VEHICLE BEARING NUMBER YP8278H ALONG UPPER CHANGI ROAD EAST SUDDENDLY A VEHICLE BEARING NUMBER SLG3377P ENCROACHING INTO MY LANE AND HIT ON MY LEFT FRONT BUMPER CAUSE SLIGHT DAMAGED

Attachment(s)

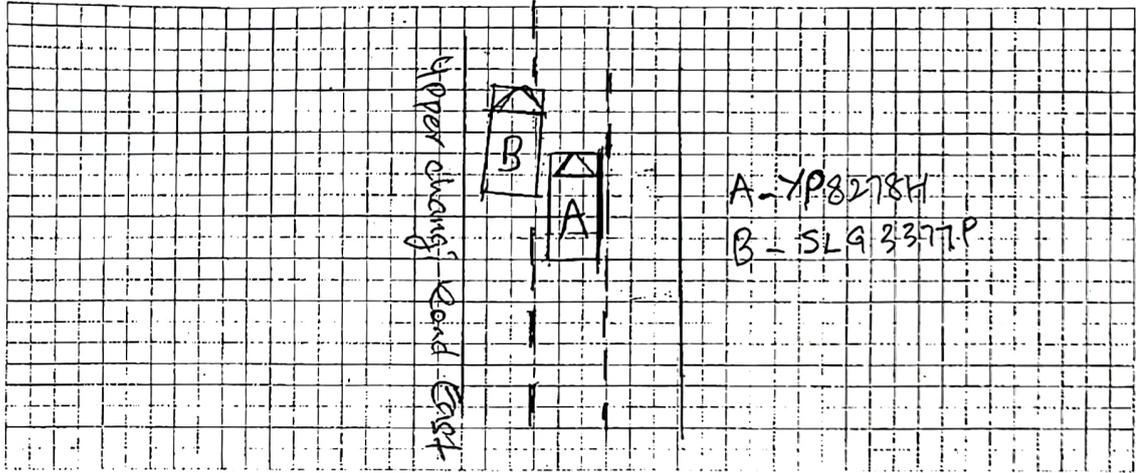
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG3377P
 Vehicle Make/Model/Colour BENZ
 Details Of Properties REAR RIGHT HAND FENDER
 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 #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident. The area is currently blank.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:

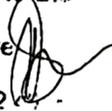
GIARMC SketchPlanForm_V3


Driver's Signature

(If driver is not the policyholder)

Date & Time:

Think One Autocare Pte Ltd
60 Jalan Lam Huat
#02-32 Carros Centre
Singapore 737869
Tel: 6844 3300 Fax: 6842


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Think One Autocare Pte Ltd
 No:60 Jalan Lam Huat #02-32 Carros Centre
 Singapore 737869

ESTIMATE

DATE 20.11.2020

VEHICLE NO: YP8278H NISSAN UD JNCLCF1ASJU

| No | Qty | DESCRIPTION | AMOUNT S\$ |
|----------|-----|--------------------------------|--------------------|
| 1 | 1 | FRONT BUMPER ASSY X | 3,620.00 |
| 2 | 1 | FRONT BUMPER RE-INFORCEMENT X | 1,855.00 |
| 3 | 2 | HEADLAMP ASSY LH X | 2,188.00 |
| | | | <u>\$ 7,663.00</u> |
| LESS 10% | | | \$ 766.30 |
| | | | <u>\$ 6,896.70</u> |

LABOUR & MISCELLANEOUS:

AMOUNT S\$

| | | |
|---|--|--------------------|
| 1 | To remove damaged body parts with all necessary components/attachments apply hot-works where necessary repair, reshape body dented panels in accordance with factory specifications replace new parts refit and align into position refit all necessary components/attachments | 800.00 500 |
| 2 | To spray paint replaced/repaired body parts inclusive of preparatory works and painting materials | 800.00 500 |
| 3 | To conduct headlamp alignment | 30.00 |
| | | <u>\$ 1,630.00</u> |

Repair 2 days

P/P

After pain photo

See pin (Hole)

01/12/2020

TP with photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|-------------------------|
| Owner ID Type: | Company |
| Owner ID: | 609M |
| Vehicle Details | |
| Vehicle No.: | YP8278H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 04 Dec 2020 |
| Vehicle Make: | UD TRUCKS |
| Vehicle Model: | PKC8ELN5EP |
| Primary Colour: | White |
| Manufacturing Year: | 2017 |
| Engine No.: | GH7212346 |
| Chassis No.: | JNCL0F1A3JU026832 |
| Maximum Power Output: | - |
| Open Market Value: | \$56,904.00 |
| Original Registration Date: | 28 Dec 2017 |
| First Registration Date: | 28 Dec 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$2,846.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 27 Dec 2027 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$42,000.00 |
| COE Rebate Amount: | \$34,243.00 |
| Total Rebate Amount: | \$34,243.00 |

The information contained herein is correct as at 04 Dec 2020

OK