ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.
Tel: 6453 8686 (3 Lines) Fax: 6459 6550
Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No.: 06289

Vehicle Insured : SHA9439J

Accident Date : 24-Nov-2020

Date: 25-Nov-2020

Our Ref: 020168 (FIRST) / CHAN PAGE: 1

SINGAPORE RED CROSS SOCIETY

15 PENANG LANE

SINGAPORE RED CROSS Singapore 238486

ESTIMATED COST OF REPAIR FOR TOYOTA HIACE 3.0 HIGH ROOF PC5128C

| 1 | pc | Tail | gate | | 2,162.10 |
|---|-----|------|--------------------|------|----------|
| 1 | рс | Tail | gate outer garnish | | 119.20 |
| | | | gate inner lock | | 249.60 |
| | | | bumper fascia | | 354.60 |
| | | | | 4.10 | 16.40 |
| | | | end panel -outer | | 371.30 |
| | | | end panel -inner | | 1,143.70 |
| | 100 | | | | |

4,416.90

Less 25%: 1,104.22

| | | | | 3,312.68 | |
|---|----|------|---------------------------|----------|----|
| 1 | pc | Rear | bumper reverse sensor(4pc | 400.00 | sn |
| 1 | pc | Rear | w/s glass sealant | 60.00 | sn |
| 1 | рс | Tail | gate 60km/h sticker | 15.00 | sn |
| 1 | pc | Tail | gate lettering | 240.00 | sn |

To remove & refix rear windscreen glass and conduct water leak test. 150.00

To apply undersealing 30.00

To putty and spray replaced parts 400.00

To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts

400.00

Total: S\$ 5,007.68

==========

Singapore Dollars Five Thousand and Seven and Cents Sixty Eight Only

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 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. | nu nereby consent to the archiving of this report at the centre and to copies of the report being made available | |
|-----------------------------|--|--|
| | ACCIDENT STATEMENT | |
| Date Of Report | 25/11/2020 13:12 | |
| Date Of Accident | 24/11/2020 15:00 | |
| Exact Location Of Accident | SINGRAN DRIVE BEFORE MOULMEIN RD JUNCTION | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | PC5128C | |
| Insured/Policyholder | | |
| Name Of Registered Owner | SINGAPORE RED CROSS SOCIETY | |
| Co Reg No | SXXXXX370E | |
| Email Address | SURINA.SALIM@REDCROSS.SG | |
| Mobile Phone No | (LOCAL) +65-88935244 | |
| Alternative Phone No | OFFICE-66640682 | |

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE-3.0 D HIGH ROOF COMMUTER TURBO (A)

Exact Purpose for which vehicle was being used at

time of accident

WORK PURPOSE

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 QBE INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

8-V0013722-MVA-R004 Policy Number

Cover Note Number

Driver

Name of Driver CHANDRA MOORTHY S/O SINNIAH PACKRISAMY

NRIC No SXXXX732G Date Of Birth 07/01/1968 Occupation **OUTDOOR Date Of Driving Pass** 09/05/1988

Driving Experience 32 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88935244

Fax Number

Contact Number

EMail Address SURINA.SALIM@REDCROSS.SG Address

BLK 474 ANG MO KIO AVENUE 10 #02-838

Postcode

560474

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

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-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

Was any other material or property damaged?

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

REFER TO SKETCH PLAN ATTACHED

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

SHA9439J

Vehicle Make/Model/Colour

TOYOTA CITYCAB

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN TIONG GIAP

NRIC/Passport Number

SXXXX539C

Contact Number

91139711

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 <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.
- 5. 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 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.

Frensport Coordinator
Community Resilience
Japore Red Cross Society

25/11/200

K S

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

NRIC/FIN No .:

Policyholder's Signature Date & Time:

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|---|--|-------|
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| OK-11-70 | AT ABOUT 3 p. MATTER DEOFPING STY PATIENT AT TISH & | سر |
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| PEDESTRIA | IN TO CROSS A TAXI HIT ON THE-BACK OF MY | |
| VEHICLE P | C 5128C, NO INJURIES BUT SAME DINTED ONTHE VEH | |
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| TAXI D | RIVER NAME: TAN TIONG GIAP | |
| | | 10 T |
| 15 | HP NUMBER: SHA 9439J (CITYCHE) | |
| | ni washer ' du 2 ld l | _ |
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| DECLARATION | | |
| /We declare the fore | going particulars are true in every respect. | |
| MOHAMMAD KAM Transport Coordinate | AL 21 A D L | 1 |
| Community Resilier | nce 276/hba | 1 |
| apore Red Gross Solicyholder's Signatur | Driver's Signature Reporting Centre Personnel's Stenature | |
| ate & Time: | (If driver is not the policyholder) Name: | |

Maraka Shekabasan kara ji a 🥎

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583 Tel: 65-6224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018

www.qbe.com/sg



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.

Account Name MARSH (SINGAPORE) PTE LTD

MCI Type MZ400

8-V0013722-MVA-R004

1 Index Mark and Registration Number of Vehicle or Chassis No:

PC5128C

2 Name of Policyholder SINGAPORE RED CROSS SOCIETY

3 Effective date of Commencement of Insurance for the purpose of the Regulations

01/01/2020

4 Date of Expiry

31/12/2021

5 Person or Classes of Person 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 the 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*

Use for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

- (1) Use for racing pace-making reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.
- 7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 22/01/2020



Vehicle Registration Details

| Vehicle No. PC5128C | Make/ Model TOYOTA/HIACE HIGH ROOF COMMUTER TURBO AUTO | Vehicle Scheme Public Service Vehicle (Others) |
|----------------------------|---|---|
| Current Propellant Diesel | Chassis No. JTFST22P000028670 | Vehicle Type Passenger Bus/Coach /Minibus |

Owner's Details

Owner Name:

SINGAPORE RED CROSS SOCIETY

NRIC/Passport/Company Cert No.:

S86CC0370E

Mailing Address:

MS.

0

Owner ID Type:

Club/Association/Organisation

Registered Address

15 PENANG LANE SINGAPORE RED CROSS SINGAPORE 238486

Birth Date

W

Registration Details

Previous Vehicle No.:

Effective Date of Ownership:

31 Aug 2016

Original Registration Date:

Registration Date:

31 Aug 2016 31 Aug 2016

No. of Transfers:

IU Label No.:

1550290654

Vehicle Specifications

Engine No.:

Chassis No.:

1KD2625181

JTFST22P000028670

Year of Manufacture:

Primary Colour:

2016

White

| Secondary Colour: | Passenger Capacity: |
|---|-----------------------------------|
| * | 10 |
| Engine Capacity / Power Rating : | Maximum Power Output; |
| 2982 cc / - | 7 |
| Max Unladen Weight: | Maximum Laden Weight: |
| 2380 kg | 3250 kg |
| Vehicle Attachment 1: | Vehicle Attachment 2: |
| With Wheelchair Lift | * |
| Vehicle Attachment 3: | |
| | |
| Additional Registration Fee (ARF) and COE Inf | ormation |
| Open Market Value: | Additional Registration Fee Rate: |
| \$55,001.00 | 5.00 % |
| Actual ARF Paid: | Vehicle Lifespan Expiry Date: |
| \$2,751.00 | 30 Aug 2036 |
| OPC Cash Rebate Eligibility: | QP during COE Bidding Exercise: |
| No | \$49,890.00 |
| COE No.: | COE Expiry Date: |
| 2016080105000455R | 30 Aug 2026 |
| COE Category: | COE Registration Category: |
| C - Goods Vehicle & Bus | C - Goods Vehicle & Bus |
| Quota Premium (QP) / Prevailing Quota Premium: | Actual QP Paid |
| \$49,890.00/- | \$49,890.00 |
| QP (Regn Cat): | |
| \$49,890.00 | |
| PARF Rebate Details | |
| PARF Eligibility: | PARF Eligibility Expiry Date: |
| No | * |

Minimum PARF Benefit: