

NATIONAL Assessment Centre Services.

1st Jan 2020

SA/287000000

Date In: 08/12/2020 13:28
Ref No: BA/CT/20014433/Y
Veh No: GBC 228R
D.O.A: 08/12/2020

Job description

Date & Time Completed

Done by

OD: TP Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Post:

TP Handicapped:

Veh No:

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: ()

NA2100027

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Ref: 1:

12/3

| | |
|---|------------|
| 1) All Accident Reporting (\$30) | INC (\$10) |
| 2) DA: Damage Assessment (\$100) | \$10/43 |
| 3) TP: Towing Fee | \$130 |
| 4) PT: Follow-Through Survey | \$30 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| 6) TR: Re-inspection | \$73 |
| 7) NI: ND: DA + SMRT Survey | \$160 |
| 8) NTUC Additional Services | |
| 9) NI: ND: DA + SMRT Survey | \$31 |
| 10) NI: ND: DA + SMRT Survey | \$10 |
| 11) NI: ND: DA + SMRT Survey | \$23 |
| 12) NI: ND: DA + SMRT Survey | \$33 |
| 13) NI: ND: DA + SMRT Survey | \$33 |
| 14) NI: ND: DA + SMRT Survey | \$30 |
| 15) NI: ND: DA + SMRT Survey | |
| 16) NI: ND: DA + SMRT Survey | |
| 17) NI: ND: DA + SMRT Survey | |
| 18) NI: ND: DA + SMRT Survey | |
| 19) NI: ND: DA + SMRT Survey | |
| 20) NI: ND: DA + SMRT Survey | |

Per Charged
Per 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 Submission | 08/12/2020 13:28 (SGT) |
| Date of Accident | 03/12/2020 16:20 (SGT) |
| Exact Location of Accident | AYE, Singapore |
| Additional Location Information | TOWARDS CHANGI AIRPORT NEAR ALEXANDRA EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBC2208R |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | KENYON PTE LTD |
| Company Reg No | 1XXXXX457K |
| Email Address | lyelc@kenyon.com.sg |
| Mobile Phone No | (Phone) +65-97151685 |
| Alternative Phone No | (Office) +65-65428888 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Cabstar |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | China Taiping Insurance |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCVSNW00062422000 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|----------------|
| Name of Driver | HOSSAIN LOKMAN |
| Passport No/FIN | GXXXX888L |

| | |
|--|----------------------------|
| Date Of Driving Pass | 28/07/2015 |
| Driving experience | 5 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97151685 |
| Alt. Phone Number | - |
| Email Address | hassainlokman777@gmail.com |
| Address | 8 LOYANG CRESCENT |
| Address complement | - |
| Postcode | 509016 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|-----------------|
| Type of Accident | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Pasir Ris Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005852999 |
| Alt. Police Station Phone No | (Fax) +65-65855261 |
| Police Station Address | 1 Pasir Ris Drive 4 #01-01 Singapore 519457 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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 | GBH1356B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |

| | |
|---|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | GBJ1111E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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 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.

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

AYE
Two Chang
B4 Alexandra
Exit



- (A) 6BC 2208R
- (B) 6BH 1356B
- (C) 6BJ1111E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report NOTICE OF COMPLIANCE



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:

HN

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

28/12/2020
Kedra Mutha

July

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY () REPORTING ONLY ()

DATE OF ACCIDENT : 05.12.2020 TIME : 16:20hrs
LOCATION : AYE Towards Changi Airport near Alexandra Exit

VEHICLE NUMBER : GBC2208R MAKE / MODEL : Nissan Cabstar 3.05m/T ABS 2DR
OWNER INSURED : Kenyon Pte Ltd 2ND TURBO
NRIC NO. : 199804457K CONTACT NUMBER : 6542 8888
INSURANCE COMP : Ching Lai Ping POLICY NUMBER :
TYPE OF INSURANCE : COMPREHENSIVE (✓) TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : Hossain Lokman NRIC NO.: G6909888L
ADDRESS: 8 Layan Crescent POSTAL: 509016
CONTACT: 97151685 EMAIL: hossainlokman77@gmail.com GENDER:
DOB: 01.05.1987 DATE OF PASS: 28.07.2015 Owner (Lyelcekenyon.com.sg)

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY (✓) YES () NO
IF NO, RELATION OF DRIVER WITH INSURED:
() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING (✓) OTHERS Driver
WEATHER CONDITION: () CLEAR () RAINING (✓) DRIZZLING
ROAD SURFACE: () DRY (✓) WET () SLIPPERY

WAS ANYBODY INJURED: () YES () NO INJURIES SUSTAINED :
WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:
(✓) YES () NO POLICE REPORT NUMBER:

ANY VIDEO CAPTURED: () YES (✓) NO CONVEY BY AMBULANCE () YES () NO

NUMBER OF PASSENGER INCLUDE DRIVER: Driver only

PARTICULAR OF PASSENGER :
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE

(THIRD PARTY PARTICULAR)

| | | | |
|-----------|----------|-------------|----------|
| VEHICLE B | 6BH1356B | NAME /NRIC: | CONTACT: |
| VEHICLE C | 6BJ1111E | NAME /NRIC: | CONTACT: |
| VEHICLE D | | NAME /NRIC: | CONTACT: |
| VEHICLE E | | NAME /NRIC: | CONTACT: |
| VEHICLE F | | NAME /NRIC: | CONTACT: |
| VEHICLE G | | NAME /NRIC: | CONTACT: |

WITNESS (IF ANY)

NAME: HP NO.: NRIC:

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*

CONFIDENTIAL

NOTICE OF COMPLIANCE

Annex E

This is to confirm that Hossain Lokman, HP: 97151685 NRIC/FIN G6909888L, has reported to the Police a non-injury traffic accident which occurred at AYE (towards Changi Airport) near Alexandra exit on 03/12/2020 at 4.20 pm involving the following vehicles:

GBC2208R – Complainant's vehicle (silver Nissan Cabstar lorry)
GBH1356B (silver Toyota Hiace van)
GBJ1111E (white Toyota Hiace van)

On 03/12/2020 at about 4.20pm, I was driving my company's lorry, a silver Nissan Cabstar bearing the registration plate number GBC2208R, along AYE towards Changi Airport. I was travelling on the second lane of the 4-lane road. While I was driving, there was a car in front of my lorry. Suddenly, the car made an abrupt lane change from the second lane to the third lane. I pressed my brake to avoid hitting the car. A few seconds later, I felt an impact coming from the rear of my lorry. A silver Toyota Hiace van bearing the registration plate number GBH1356B had collided into the rear part of my lorry, after a white Toyota Hiace van bearing the registration plate number GBJ1111E had collided into it. The accident happened near Alexandra exit.

Due to the accident, the metal piece which is fixed below the rear registration plate of my lorry is damaged.

No one was injured due to the accident.

I do not have the particulars of the other drivers as it was raining at that time. We only took photos of the vehicles involved in the accident.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(3) Sharifah Amira


Date: 04/12/2020 Time: 1015hrs

S/D Ref: 8

Police Post/Unit: Pasir Ris NPC

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL


Sgt(3) Sharifah Amira
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5452999



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0056A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00062422000

Engine No.: ZD30289774K

Cha. No.: JN1SC2F24Z0850095

1. Index Mark and Registration
Number of Vehicle

GBC2208R

AUTOSAFE

2. Name of Policy Holder

KENYON PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

25/08/2020

Excess Sect I. S\$500.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

24/08/2021

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 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 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.

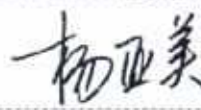
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By:


DAGLEEN GOPEE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 457K |

Vehicle Details

| | |
|-------------------------------|---------------------------------------|
| Vehicle No.: | GBC2208R |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 31 Dec 2020 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO |
| Primary Colour: | Silver |
| Manufacturing Year: | 2011 |
| Engine No.: | ZD30289774K |
| Chassis No.: | JN1SC2F24Z0850095 |
| Maximum Power Output: | - |
| Open Market Value: | \$31,594.00 |
| Original Registration Date: | 25 Aug 2011 |
| First Registration Date: | 25 Aug 2011 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$1,580.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|--------|
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |

Intended COE Rebate Details

| | |
|-----------------------------|-------------------------|
| COE Expiry Date: | 24 Aug 2021 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$22,989.00 |
| COE Rebate Amount: | \$1,489.00 |
| Total Rebate Amount: | \$1,489.00 |

The information contained herein is correct as at 04 Dec 2020

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV0820080008 Vehicle Registration No: GBC2208R
Name (as shown in NRIC): Hossain Lokman NRIC/FIN/Passport No: GXXXX 888L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): 65428888 Mobile No.: 97151688
Email Address: _____
Date of Accident: 08/12/2020 Time of Accident: 12:28
Place of Accident: A/A Towards Abouhi Airport After Runway
Insurance Company: CIAA Insurance FIXIT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INQUIRY TIP VEHICLE NUMBER ① GBT 1356B ② GBT1111E

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

[Signature] 08/12/2020
Res. 2. [Signature]