

ASS. REC. BY:

REF: C72 / 200146281K7

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chew Grom

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: YP 55924 Yr Regn: 02, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mit Car c.c. 2998

Colour: Green / White / Blue A/C: Insured / Std / NI / NA

Sp. Reading: 273473 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB 21 EA 21170

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____ R: 195/55R15(D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 99 mm

L/Bal. 9 mm L/Bal. 99 mm

D.O.A. 24/12/20 D.O.I. 29/12/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S Frt

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>26/11</u>	<u>U/S @ 5250 Confirm (Red: 3877.06% 42%)</u>

Date/Time, File Pass to?

1) 28/11

Date/Time, File Return to?

2) _____

: Prell. Report

: Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S - RS, SI

Fuels

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format: TP

Lump Sum / I.B.I: (\$ 5250)

3

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	26/12/2020 10:14 (SGT)
Date of Accident	24/12/2020 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG ROAD (IN FRONT 33 SEMBAWANG EATING HOUSE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5592U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Limelite Productions Pte Ltd
Company Reg No	1XXXXX762C
Email Address	AREGU1997@GMAIL.COM
Mobile Phone No	(Phone) +65-84366278
Alternative Phone No	+65-84366278

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116156994
Cover Note Number	-

DRIVER

Name of Driver	ADAIKKALAM REGUNADHAN
Passport No/FIN	GXXXX922K
Date Of Birth	12/03/1998

Occupation	Outdoor
Date Of Driving Pass	12/10/2020
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86528698
Alt. Phone Number	-
Email Address	AREGU1997@GMAIL.COM
Address	MANDAI ESTATE 99
Address complement	-
Postcode	729908
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG SEMBAWANG ROAD (IN FRONT OF 33 SEMBAWANG EATING HOUSE). I WAS DRIVING ON THE SECOND LANE. VEHICLE B WHICH WAS DRIVING ON MY LEFT LAND. SUDDENLY VEHICLE B LEFT TURN, THE REAR PORTION ENROACHED INTO MY LANE AND HIT MY FRONT PORTION.

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	SFN933M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

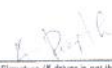


Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

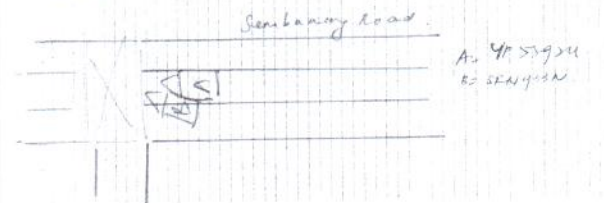
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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.
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 insurers 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, law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 envelops/postal 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, law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
---	--	---

Sketch Plan

Senbanang Road



A = 4/15/2024
B = 22/4/2024

Describe Circumstances of the Accident

I was driving along Scarborough road westbound
at 27 Scarborough, Scarborough. I was driving
on the second lane from the left which is the
fast lane or my left. I was suddenly overtaken
from the rear position. I was overtaken by my
own wife by about 100m.

Declaration

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

Witnessed by Reporting Centre Personnel



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
LIMELITE PRODUCTIONS PTE. LTD.



Name
ADAIKKALAM REGUNADHAN
Work Permit No.
0 37882941 Sector:
LANDSCAPING



0 3 7882941



K2074385

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G8701922K**
Name:

ADAIKKALAM REGUNADHAN

Birth Date: **12 Mar 1998**

Issue Date: **07 Aug 2019**

Valid Till **06/08/2024**



002964415E

VISIT PASS

Immigration Regulations

23-01-2020

Name
ADAIKKALAM REGUNADHAN

FIN
G8701922K

Date of Birth
12-03-1998 Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

CI	Class	Description	Effective Date
2B	Motorcycles	≤ 200cc / Electric Motorcycles ≤ 15kW	07 Aug 2019
3	Ambulances / Motor cars	≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	12 Oct 2020

G8701922K

S / No.9000355285



Licence No:G8701922K

NP 428A

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5116156994

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP5592U |
| Chassis Number | : FEB21EA21170 |
| 2. Name of Policyholder | : LIMELITE PRODUCTIONS PTE. LTD. |
| 3. Effective Date of Insurance | : 24 Feb 2020 |
| 4. Expiry Date of Insurance | : 23 Feb 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ACER INSURANCE AGENCY (00000573834)

Date of Issue : 12 Feb 2020 14:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



ACER INSURANCE AGENCY
21 Woodlands Close
#08-44 Primz Bizhub
Singapore 737854

Chief Executive Tel: 6777 8323 Fax: 6776 8323

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	762C
Vehicle Details	
Vehicle No.:	YP5592U
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Dec 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C40148
Chassis No.:	FEB21EA21170
Maximum Power Output:	-
Open Market Value:	\$33,617.00
Original Registration Date:	24 Feb 2017
First Registration Date:	24 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$1,681.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,901.00
COE Rebate Amount:	\$30,148.00
Total Rebate Amount:	\$30,148.00

The information contained herein is correct as at 26 Dec 2020

OK

趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
 #01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
 Tel: 6484 1626 (24Hrs) Fax: 6484 0465
 Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

*Not Authorized
 L1 Pump @ 5250/pc
 Resurvey After Paint*

5 days

To: China Taiping Insurance (S) Pte Ltd

Policy No: _____

Third Party

Accident Date : 24.12.2020

Date: 28.12.2020

Specialised in Car Painting, Welding,
 Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
 代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Mitsubishi Canter Fuso" Reg. No. YP5592U Claiming Against Your Insured Veh. No. SFN933M			
1pc	Front Bumper <i>1020.35</i>		<i>Bu</i> 1,090.00 N ✓
1pc	Front Bumper Bracket LH		<i>R</i> 211.64 N X
1pc	Front Bumper Cover LH <i>322.37</i>		<i>Mit</i> 368.50 N ✓
1pc	Front Bumper Fog Lamp Cover		<i>Mit</i> 104.00 N ✓
1pc	Headlamp LH <i>501.47</i>		<i>MJ CM</i> 541.50 N ✓
1pc	Headlamp Lower Rubber Seal		<i>Mit</i> 15.06 N ✓
1pc	Headlamp Side Cover LH		<i>Mit</i> 240.63 N ✓
1pc	Front Signal Lamp LH		<i>Bu</i> 287.60 N ✓
1pc	Grille <i>1105.63</i>		<i>MJ CM</i> 1,194.00 N ✓
1pc	Grille Emblem		<i>na</i> 167.30 N ✓
1pc	Grille Badge Canter		<i>na</i> 89.10 N ✓
1pc	Front Corner Panel LH		<i>MJ CM</i> 346.00 N ✓
1pc	Front Door LH <i>2001.44</i>		<i>Bu</i> 2,162.00 N ✓
1pc	Front Door Lower Hinge		<i>R</i> 175.50 N X
1pc	Front Door Lower Arch Protector		<i>R</i> 181.90 N X
1pc	Front Door Lower Step Board		<i>CU</i> 310.00 N ✓
1pc	Front Panel Badge Fuso		<i>na</i> 112.00 N X
	Less 10% <i>25%</i>		7,596.73
			759.67
			6,837.06
	Front Bumper Sticker		<i>na</i> 30.00 SN ✓
	Grille Led Stripe Lamp		<i>na</i> 150.00 SN <i>800</i>
	Front Door Sticker		<i>na</i> 80.00 SN <i>500</i>
	Front Panel Co Label		<i>na</i> 120.00 SN X
	To Dismantle / Transfer Door Fittings / Ancillary Accessories		150.00 <i>600</i>
	To Conduct Electrical Check, Focus Headlamp		30.00 <i>200</i>
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		80.00 <i>300</i>
	Labour Charge - Panel Beating, Repairing Of Front Panel, Headlamp Panel, Front Door Pillar and Parts Replacement		650.00 <i>500</i>
	To Respray Affected Areas		1,000.00 <i>900</i>
	Total :		<u>9,127.06</u>

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: _____