

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: JPE 732 Yr Regn: 2013 FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Yamaha 135LC C.C. 135Colour: White A/C: Insured / Std / NI / NASp. Reading: 74128 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Pm/K605400003 8282Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 70/90R17R: 80/90R17BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm / R/Bal. 06 mm

L/Bal. _____ mm / L/Bal. _____ mm

D.O.A. _____ D.O.I. 07/01/21Survey held at Motor Stop Motor StopDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP CheckMV: Sum Insured: 5K(RM) ≈ 1.6K (Sig Poller)

PV:

Nett: lump sum \$1500red: 3684.74;71%

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.J: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)



**SINGAPORE
POLICE FORCE**



T/20201221/2011

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201221/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2020 10:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIVAKUMAR JOGANAI DOO			Address: APT BLK 699A HOUGANG STREET 52 #03-65 SINGAPORE 531699		
ID Type / ID No.: FIN NO / F0792166R			Contact No.: Home/Office: Mobile: 91218944		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 53	Date of Birth: 07/05/1967	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/12/2020 05:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPE732	Motorcycle					0
SLE7938E	Car	HONDA	VEZEL 1.5X CVT	Silver		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20201221/2011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201221/2011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/12/2020 10:27

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 



PACIFIC & ORIENT INSURANCE CO. BERHAD (No.12557-W)

A Member Of The Pacific & Orient Group
SST Registration No: W10-1808-31021805
11th Floor Wisma Bumi Raya, No. 10, Jalan Raja Laut, 50350 Kuala Lumpur, P.O.Box 10953, 50730 Kuala Lumpur, Malaysia
Telephone: +603-2698 5033 Fax: +603-2693 8145 Toll Free: 1-800-88-2121
Internet: www.pacific-orient.com / https://www.poi2u.com

PA PLUS - PERSONAL ACCIDENT PLUS CERTIFICATE / SIJIL KEMALANGAN PERIBADI PLUS

The Insured / Address / Pihak Diinsuranskan / Alamat				Master Policy No. / No. Polisi Induk : 01-86-20-KV5-020001			
KRISNA RAO				Issued By / Dikeluarkan Oleh : Pacific & Orient Insurance Co. Berhad			
NO. 85 JALAN DELIMA 5 TAMAN CAHAYA MASAI 81700 PASIR GUDANG JOHOR				Agency Code / Kod Agensi : 32242-01			
				Batch No. / No. Kumpulan : 12*MCP-625511			
				Issue Date / Time / Tarikh Dikeluarkan / Masa : 11-12-2020 00:00:01			
				PA Certificate No. / No. Sijil PA : 322420120000686			
				Period of Insurance / Tempoh Insurans From / Dari 15-12-2020 To / Hingga 14-12-2021			
New / Old IC No. / No.K/P Baru / Lama	900613085259	Age / Umur	30	Date Of Birth / Tarikh Lahir	13-06-1990	Gender / Jantina	M
Hire Purchase Owner / Lessor / Credit Company / Pemilik Sewa Beli / Pajakan / Sykt. Kredit				Plan / Pelan		Sum Insured (RM) / Jumlah Diinsuranskan	
				A1		5,000.00	
Premium (RM) Premium		Service Tax / Cukai Perkhidmatan		GST/ CBP		Total Premium (RM) / Jumlah Premium	
13.00		0.78				13.80	
<p>Subject to the terms, definitions, conditions, limitations and exclusions contained in the policy, the insured above named shall, during the period of the validity of the Policy above stated be covered for Death or Permanent Disablement by reason of Bodily Injury/Accident. The Insured, subject always to the limitation set out in the Policy is insured for the Capital Sum set out above.</p> <p>Tertakluk kepada terma-terma, definisi-definisi, syarat-syarat, had dan pengecualian yang terkandung di dalam polisi, pihak diinsuranskan bernama seperti di atas, harus semasa di dalam tempoh sah polisi yang tertera di atas akan dilindungi untuk kematian atau hilang keupayaan kekal dengan sebab kemalangan / kecederaan Tubuh Badan. Pihak diinsuranskan, harus sentiasa tertakluk kepada pengehadan yang digariskan di dalam polisi dan adalah merupakan pihak yang diinsuranskan bagi Jumlah insurans yang terkandung di atas.</p>							
<p>Note / Nota</p> <p>* A Summary of Coverage and the Benefit Limits, Exclusions and Claim Procedures are printed on the next page. Ringkasan perlindungan dan Had Faedah, Pengecualian dan Tatacara Tuntutan adalah dicetak di muka surat berikutnya.</p> <p>Statement Pursuant to Section 149 (4) of the Insurance Act, 1996. You are to disclose in the proposal form, fully and faithfully all the facts, which you know or ought to know, otherwise the policy may be invalidated. Kenyataan menuntut mengikut Seksyen 149 (4) Akta Insurans, 1996. Anda hendaklah memberitahu di dalam borang cadangan, segala fakta yang anda tahu atau yang anda patut tahu secara penuh dan jujur, Jika tidak polisi menjadi tidak sah.</p> <p>** Consumer Insurance Contracts / Kontrak Insurans Pengguna</p> <p>This policy is issued in consideration of the payment of premium as specified in the Policy / Certificate Schedule and pursuant to the answers given in Your Proposal Form (or when you applied for this insurance) and any other disclosures made by you between the time of submission of your Proposal Form (or when you applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by you shall form part of this contract of insurance between you and us. However, in the event of any pre-contractual misrepresentation made in relation to your answers or in any disclosures given by you, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.</p> <p>This Policy reflects the terms and conditions of the contract of insurance as agreed between you and us.</p> <p>Policy dikeluarkan sejajar dengan pembayaran dari premium yang ditentukan dalam jadual Polisi / Sijil dan menurut kepada kenyataan yang telah dikemukakan di dalam borang cadangan (atas semasa permohonan insuran ini) dan segala kenyataan yang telah dibuat oleh pihak anda pada atau semasa penyerahan borang cadangan (atau semasa permohonan insuran ini) dan pada masa perjanjian ini ditandatangani. Jawapan dan sebarang pernyataan lain yang anda berikan akan menjadi sebahagian daripada kontrak insurans antara anda dan pihak kami. Walau bagaimanapun, sekiranya terdapat sebarang salah nyata semasa pra-kontrak berhubung dengan jawapan anda atau di mana-mana pernyataan yang diberikan oleh anda, hanya remedi yang terdapat dalam Jadual 9 Akta Perkhidmatan Kewangan 2013 akan diguna pakai.</p> <p>Polisi ini bertindak atas terma-terma dan syarat-syarat kontrak insurans seperti yang telah dipersetujui antara anda dan pihak kami.</p>							
Declaration by Proposer/ Pengakuan Pencadang							
<p>I/We confirm my/ our acceptance of the policy and the terms, definitions, conditions and exclusions contained in the policy, I/We hereby declare that to the best of my/our knowledge, I/We have not concealed, misrepresented, omitted or misstated any material fact and that if I/We do so, this policy may be deemed void and unenforceable at the company's discretion. The decision of the company shall be final.</p> <p>Saya/Kami mengakui penerimaan polisi berserta terma-terma, definisi-definisi, syarat-syarat, had dan pengecualian yang terkandung di dalam polisi, Saya/Kami dengan ini mengakui bahawa sepanjang di dalam pengetahuan saya/kami tidak merahsiakan, menyalahgambarkan, tersingkir atau silap nyatakan fakta material dan sekiranya saya/kami berbuat begitu, polisi ini akan terbatal dan tidak akan berkuatkuasa pada budibicara Syarikat. Keputusan Syarikat adalah muktamad.</p>							
Signature of Insured / Tandatangan pihak Diinsuranskan				Dated / Tarikh			
THIS IS COMPUTER GENERATED DOCUMENT AND IT DOES NOT REQUIRE SIGNATURE THIS DOCUMENT SHALL NOT BE INVALIDATED SOLELY ON THE GROUND THAT IS NOT SIGNED ***INI ADALAH DOKUMEN YANG DIKELUARKAN OLEH KOMPUTER DAN TANDATANGAN TIDAK DIPERLUKAN*** DOKUMEN INI TIDAK HARU DITAKSAHKAN SEMATA MATA ATAS ALASAN IA TIDAK DITANDATANGANI							

JABATAN PENGANGKUTAN JALAN MALAYSIA

PERAKUAN PENDAFTARAN KENDERAAN



NO. PENDAFTARAN: JPE732

No. Siri B 4262592

Nama Pemunya
Berdaftar

KRISNA RAO A/L SIVAKUMAR

900613085259
[MAL]

Alamat

NO 85 JLN DELIMA 5 TMN CAHAYA MASAI
81700 PASIR GUDANG JOHOR D.T.

No. Enjin : G399EE098282
No. Casis : PMYKG054000098282

Buatan : YAMAHA
Nama Model : YAMAHA 135LC

Keupayaan Enjin : 135 S.P

Bahan Bakar : PETROL

Warna : PUTIH

Kelas Kegunaan : MOTOSIKAL

Jenis Badan : MOTOSIKAL

Tahun Dibuat : 2013

Terikh Pendaftaran : 20/02/2013

Status Pemunya : PERSENDIRIAN

Muatan Tempat

Duduk : 2

Kadar Lesen

Kenderaan Motor : 6 bulan 12 bulan
RM2.00 RM2.00

B D M/B G K

B T T

Rerat Kerb

B T M

B G 1

B G 2

B G 3

B G 4

B G 5

B G 6

B G 7

B G 8

B G 9

B G 10

B G 11

B G 12

Tandatangan Pemunya Berdaftar

Perakuan Pendaftaran ini dikeluarkan

oleh Pengarah JPJ Negeri KOMPLEKS JPJ, NEGERI JOHOR III

UNTUK KEGUNAAN PEJABAT

PENASANGAN TEMPATAN

Cover - 2 K

NCO - 25%

D.exp - 19.02.2016

NOTA PENTING

1. Simpan perakuan ini di tempat yang selamat. Jika perakuan ini hilang, anda dikehendaki melaporkan kepada balai polis dengan segera dan memohon salinan perakuan pendaftaran daripada Pengarah Jabatan Pengangkutan Jalan (JPJ).
2. Semak butir-butir kenderaan di muka ini dan laporkan dengan segera kepada Pengarah JPJ jika terdapat sebarang perubahan.
3. Lesen kenderaan motor yang sah hendaklah sentiasa dipamerkan. Anda boleh memperbaharui lesen 60 hari sebelum tempohnya tamat.
4. Anda dikehendaki melaporkan secara bertulis dengan segera kepada Pengarah JPJ sekiranya kenderaan anda tidak berlesen.
5. Jika anda menjual kenderaan, serahkan perakuan pendaftaran ini kepada pembeli. Anda dan pembeli dikehendaki mengisi dan mengemukakan borang JPJK3/JPJK3A kepada Pengarah JPJ dalam tempoh tujuh hari dan tarikh penjualan itu.
6. Pemunya berdaftar kenderaan adalah bertanggungjawab di atas segala urusan berkaitan dengan kenderaan sehingga pertukaran milkan telah disempurnakan dan kenderaan telah didaftarkan dengan nama pemilik baru.
7. Jika alamat anda bertukar, kemukakan perakuan pendaftaran ini kepada Pengarah JPJ dalam tempoh tujuh hari dan tarikh pertukaran itu.

LESEN KENDERAAN MOTOR

ROAD TRANSPORT ACT 1987 MOTOR VEHICLES (REGISTRATION AND LICENSING) RULES 1959

MOTOSIKAL No.SIRI: **BA 113804**
14 DIS 2021
JPE732

008915 13122020 JPE732 RM 2.00
209028 29266NOR 14122021 135 SP AA
14U0tj1
INS1 : 24 01-70-20-KV5-007
INS2 :

LESEN INI TIDAK BOLEH KECAJAL AGA DAP MESIN TENGKIRAN DAN 1400tj1
VE102502