| NATIONAL Assessment Centre | Services. | . [פֿסיובל ו וזעי | : SM 092 | 11 NO004 | · | |
|--|-------------------------|--------------------------------------|--|--|--|----------|
| Date In: 23 (1/21 11:34 | Jeb description | | Date & Time C | ompleted | Done, by | |
| Ref No MAL CTZ 210 P 1101 h4 | SAS c-filing | | | | | |
| | E-mail (within 3 | hts, AIC 2hrs) | | | · · · · · · | |
| VCh No GBH 8412 B | I-Motor Clair | n Form | · · · · · · · · · · · · · · · · · · · | | | |
| 11(1) 22/1/21 13:30 | 1-Motor W/O | (Within: OD 2hrs, | "7" 4hrs) | | | · |
| OD: IP ! Reporting Only | I-Photo Uplor | ıded | | | , | |
| | Assessment/Su | vey Report | 100 | | | |
| TP Insurer: | Ass't Report by | Fax / Hand to | Owner/Wksn | | | |
| Proformed Wksp / INC Assign Wksp / QW: (| Maria Maria Maria Maria | | Tol: | Fax: | |) |
| | LU20P. | . INC(| .)/Non-INC | (') | | |
| Owner / Driver: (| | | Tcl: | | | |
| Policy No: () Perio | od: (|) | Cover Type: (| | | |
| Confirmed by : (| | Date: | Time | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| Insured/Driver Liability: (%) [N | ote-Est. Status (V | | 0%; P: 21-79% | 6. P: 80-100% | <u>'</u> | |
| tout of reaganting (| brranty: YES (|)/NO(|) | | | |
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| () Total Loss Case : to e-mail Insurer | | , | owing Co: (# | · · · | ,) | |
| Drive-In ()/ Towed-In (); Invoice: | YES()/N | 0();1 | owing Co. (# | 1 1000 1000 1000 1000 1000 1000 1000 10 | STANTEL CONTRACTOR | |
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| , | urtesy Car (|) | · · · · · · · · · · · · · · · · · · · | · | | |
| 2) QC Check / Post Repair Inspection | · (·). | | | * | / | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 | 00] (|) | | | | |
| Injurý: | | <u> </u> | · · · · · · · · · · · · · · · · · · · | T COINTING PART | | |
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| NA2101338 | | I) AR I Apoldent | (in action Gliec | \$ | -30: | <u></u> |
| Charitan (Isabara Calaes e Bases e de proteste | | 2) DA ! Damage | Assessment (\$100) | \$ 1NC (550) | | |
| Driver/Ovner: | • | 3) TF : Towing 1 4) FT : Follow-T | hreatyli Survey | \$120 | | |
| Contact No: | | Tay Very . Maillanna T | hrough Burvey (Ilea reginst ING Only (W | AL INTOIL BITTOIL | | |
| | | 6) TR: Re-Inspe | ullon | 373 | | |
| Damaged Portion: | · | 7) NI : Idao DA 8) NTUC Addill | + SMRT Survey onal Services:- | | | |
| | | OTIV | Car/Tpt Allowans | u 23 | | |
| C Checked by (Engr-In-Charge): | | NG: Hannir C | Co-ordination | 510 | | |
| | | NIL DV / CO | neir Inspection Bleat Expess Coordin | ation 3: | | |
| valitors Commonts : 33/34 FF 38 | To allow and Links | TP (N11): TI 9) N12: Idao Mo | P(Nan INC) against | INC 32 | | |
| | | Involor dated | | Fee Charged | MANAGA MANAGA | 1 |
| 11.2/3: | | Involce dated | | Fee Charged | PARTICIPATE CONTRACTOR | |

VERSION: 1 (23/01/2021 11:34 (SGT))



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.

ACCIDENT STATEMENT

Date of Submission 23/01/2021 11:34 (SGT) Date of Accident 22/01/2021 13:30 (SGT) Exact Location of Accident Bukit Batok East Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **GBH8412B**

INSURED/POLICYHOLDER

Is company? Yes YOROSHIKU ENGINEERING PTE LTD Name Of Registered Owner Company Reg No Email Address YOROSHIKU888@GMAIL.COM Mobile Phone No (Phone) +65-68464277 Alternative Phone No (Office) +65-68464277

VEHICLE PARTICULARS

Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle

Manufacturer

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00097112002 Cover Note Number

DRIVER

Name of Driver NATARAJAN SENTHIL KUMAR Work Permit No GXXXX310L Date Of Birth 12/06/1979 Occupation Outdoor

Date Of Driving Pass 24/07/2013 Driving experience 7 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-86987016 Alt. Phone Number Email Address YOROSHIKU888@GMAIL.COM 1013 GEYLANG EAST AVE 3 #01-106 Address Address complement Postcode 389728 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions AFER RAINED Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Male PASSENGER 2 Name Gender Male 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 REFER TO STATEMENT. 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** SLU20P Vehicle Registration Number Vehicle Manufacturer

Vehicle Variant

Vehicle Model

| 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 <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>.
- 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 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)

Lunderstand, 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

Yor**osinik** இ**Englineametign Pray/ဥan** be disclosed by any of the insurers and/or GIA to their third party service providers or agents (Plukinsikaling sharitany service figures), which may be sited outside of Singapore, for one or more of the above Purposes.

L.P.No: WS-1028-1998 Reg. No. 201205873

Block 1013 Geylang East Ave 3

#01-106 Singapore 389728

Time

H/P: 9738 7644 Tel: 6846 4277 Fax: 6846 4856

Policyholder's Signature / Date &

Email: yoroshiku888@gmail.com

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Sketch Plan

A = GBH S412B

B = SLU 20P

PIE Twd8 Tuas

A + Bukr 4 Batak

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Declaration

We declare the foregoing particulars are true in every respect.

Yoroshiku Engineering Pte Ltd
(Plumbing & Sanitary Services)

L.P.Neolivy holder's Signature (If driver is not the policyholder) / Date
Block 1013 Geylang East Ave 3

& Time

#01-106 Singapore 389728

H/P: 9738 7644 Tel: 6846 4277 Fax: 6846 4856

Email: yoroshiku888@gmail.com

Witnessed by Reporting Centre Personnel

YOROSHIKU ENGINEERING PTE LTD

(Plumbing & Sanitary Services)

L.P No: WS-1028-1998 Reg.No: 201205873

Blk 1013 Geylang East Avenue 3 #01-106, Singapore 389728

Tel: 6846-4277 Fax: 6846-4856 Email:yoroshiku888@gmail.com

Date: 22/01/21

Dear Sir/Mdm,

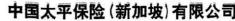
RE: VEHICLE ACCIDENT REPORT

On 22/01/21 between 1:30pm and 1:40pm along PIE towards Tuas, at Bukit Batok East Avenue 3 exit, being the driver of GBH8412B (IC No: G7791310L), Natarajan Senthil Kumar, I could not stop my vehicle in time and collided into the rear of SLU20P. I acknowledge that this is my fault and my company insurance will absorb all repair costs and its related costs.

Driver Name: M. SENTHIL KOMAR

Signature: Renthiller

Date: 23/01/2021



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

MZ300/C

SN

AN0597A

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.

DMCVSNW00097112002

Engine No.: 1KD2825181

Cha. No.: JTFAT35Y50K211587

Index Mark and Registration

GBH8412B

Number of Vehicle

Name of Policy Holder

YOROSHIKU ENGINEERING PTE. LTD.

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

Excess Sect I.

\$\$350.00

15/10/2020

EX ON WINDSCREEN .

\$\$100.00

Date of Expiry of Insurance

14/10/2021

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

- 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.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: SG MOTOR TRADER PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com

ACCIDENT STATEMENT

| | ACCIDENT DATE: (22 / 1 / 21) (DD/MM/YYYY), TIME: (13:3°) (HH:MM) | |
|-----------------|--|-----|
| 35 0) | OCATION: PIE twas Tues at Buket Batol Gast Ave | 3 |
| | 1. DETAILS OF VEHICLE | |
| | a) VEHICLE NUMBER: GBH 84128 | 105 |
| | b)INSURANCE COMPANY: C7Z | |
| | | |
| | c)POLICY NUMBER: | |
| (b) | d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) | |
| | e)MAKE & MODEL: -toyota byna | |
| | f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) | |
| | g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) | |
| | h) PURPOSE OF USING AT ACCIDENT TIME: WOOK | |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) | |
| | 2 INSUBED / POLICY HOLDED | |
| | A) NAME: YoroShiku Engineering Mte Ltd (MALE / FEMALE) | |
| | b) NRIC/FIN/PASSPORT: CONTACT: 684 6 4273 | |
| | c)ADDRESS: | |
| | | |
| | * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER | |
| And of beizen | A.3. DRIVER | |
| Claduding du | J CHAME: MUTTER & SEUTHIT MUSTE MALE FEMALE | |
| (3) | DINRIC/FIN/FASSPORT: CONTACT: 69 16 45 19 | |
| (2) | CIADDRESS: 1013 Geylong East Ave 7 #01-106 (S) 389725 | |
| / \ | *AIDATE OF BIRTLIN / / / / / / / / / / / / / / / / / / / | |
| ' MM | *d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) | |
| | f)YEARS OF DRIVING EXPRERIENCE: | |
| | 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) | |
| | IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: | |
| | 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Atter Ray) | |
| | b)ROAD SURFACE: (DRY / WET / OTHERS | |
| | 6. WAS ANYBODY INJURED (YES / NO) | |
| | 7. a) REPORTED TO POLICE (YES / NO) | |
| | IF YES, PLEASE STATE WHICH POLICE STATION: | |
| # He of passeng | 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: S1U 2 . P. MODEL: | |
| City of Jassens | a) VEHICLE NUMBER: S10 2 ° P. MODEL: | |
| | b) DRIVER'S NAME:CONTACT: | |
| () | 9. THIRD PARTY VEHICLE | |
| V :. A . | | |
| tho of passen | el Driver's NAME | |
| (Including dri | f) NRIC/FIN/PASSPORT:CONTACT: | |
| (Š | | |
| | | |
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Cmail = yoroshiku 888 @ gmail. com.

VIDEO - NO