

NATIONAL Assessment Centre Services

Date In: 18/11/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/SM 02/21792/T1	E-mail (within 2hrs. A/C 2hrs)		
Veh No: SL96773X	i-Motor Claim Form		
D.O.A: 18/11/21	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (1) / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBE 6440Y	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%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA2200590	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		20.	
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee 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	18/11/2021 17:45 (SGT)
Date of Accident	18/11/2021 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FLYOVER OF PIE TOWARDS ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6773X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	1XXXXX399N
Email Address	MUHAMMADABDUL.GHANI@AETOS.COM.SG
Mobile Phone No	(Phone) +65-68336146
Alternative Phone No	(Office) +65-68336146

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01013347
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD BIN ABDUL GHANI
NRIC No	SXXXX266F

Date Of Birth	18/07/1967
Occupation	Outdoor
Date Of Driving Pass	24/01/2007
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94899791
Alt. Phone Number	-
Email Address	MUHAMMADABDUL.GHANI@AETOS.COM.SG
Address	BLK 493B TAMPINES AVE 9
Address complement	#11-476
Postcode	521493
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	GBE6940Y
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JEFRY BIN ALI
NRIC No	SXXXX619H
Contact Number	(Phone) +65-90040556
Address	-

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

SKETCH PLAN

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 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)**

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.

mitsubishi hc capital asia pacific pte. ltd.

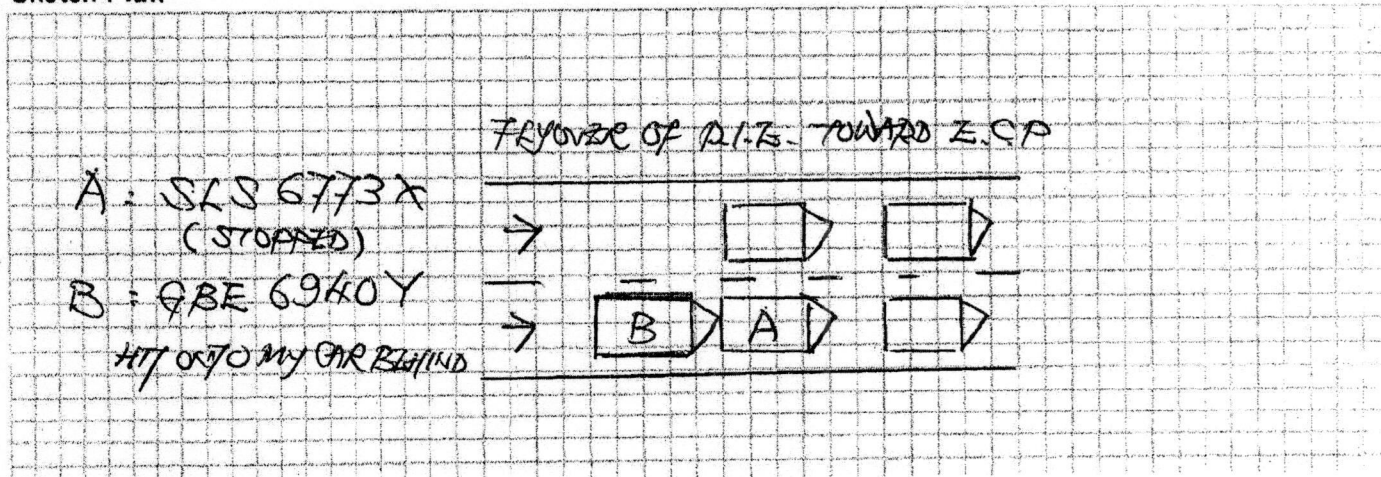
Kevin Chang (Mr)
Manager
Total Vehicle Solutions Department

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On the date and time I was travelling ~~at~~ ^{from} PIE towards RCP to city. Due to the heavy traffic the vehicle in front of me stopped and I stopped my car too. Suddenly the van (CBE 69404) hit onto my car rear end. My car boot was seriously damaged but no one was injured.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD / TP at other Workshop

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Declaration

We declare the foregoing particulars are true in every respect.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

Kevin Chang (Mr)
Manager
Total Vehicle Solutions Department

18/11/2021

[Signature]

HUP MOTOR TRADING & SERVICE

BLK 9004 TAMPINES STREET 93

#01-120 SINGAPORE 528838

TEL: 67840039 (24 hrs) HP: 98154655

Email: hupmotor@gmail.com

Accident Information

1 Date of Accident : 18/11/20 Time(base on 24hrs): 0800-4PM
 2 Location : FRY OVER OF P.I.B TOWARD ECP
 3 Weather condition : Clear / Rain Road Surface : Dry / Wet
 4 Claiming under : Own Damage _____ Third Party YES Reporting Only _____
 5 Injuries : Yes / No Type Of Collision : HEAD TO REAR, TP HIT INSURED
 6 Witness Name / Hp : _____
 7 Police Report : Yes / No Which Station : _____

VEHICLE A

Vehicle No : SL86773X Model : TOYOTA HARRIER
 Policy Holder Name : MTSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
 Policy I/C No. : 199400399N Contact: 68336146
 Policy Address : 111, SOMERSET RD #14-01, S (238164)
 Policy No. : D21MTPV01013347 Cover : Comp / 3rd pty / Fire n Theft
 Insurance Company: SOMPO JAL No Of Pax 1 (including Driver)

1) _____ Sex(Male / Female)

2) _____ Sex(Male / Female)

NO VIDEO FOOTAGE**Driver Particulars**Name: MUHAMMAD BIN ABUL GHANI NIRC S187266Z DOB: 18/7/1967Address : BLK 493B TAMPINES AVE 9, #11-476, S (521493)Pass Date: 24/1/2007 Gender : Male / Female Occupation: Indoor / OutdoorContact : HP 94899731 Office _____ Home _____Email Muhammaddabul.ghani@etel.com.sg Relationship: Spouse/Children/Friend/Relative
Employee/ Hirer/Parent/Sibling**VEHICLE B** : GRE 6940Y Model: TOYOTA VAN Insurance : _____Driver Name : JEFFRY BIN AKI I/C No. : 87127619 HContact No. : 90040556

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Certificate of Insurance**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

- Cert No./Policy No.** : D21MTPV01013347
1. Registration No. : SLS6773X
2. Insured Name : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
3. Commencement Date : 29 SEPTEMBER 2021 00:00
4. Expiry Date : 28 SEPTEMBER 2022 23:59
5. Coverage : Market value at time of loss - Comprehensive - ExcelDrive PRESTIGE
6. Excess : \$1100 - Section I
7. Persons or Classes of Persons entitled to drive*
Any person who is driving on the Insured'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.
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.

- 8. Limitations as to use***
a) Use for the carriage of passengers or goods in connection with the Insured's business.
b) 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, pacemaking, 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.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 17 SEPTEMBER 2021 15:39

**Limitation 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.*

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 399N

Vehicle Details

Vehicle No.: SLS6773X
Vehicle to be Exported: Yes
Intended Deregistration Date: 18 Nov 2021
Vehicle Make: TOYOTA
Vehicle Model: HARRIER PREMIUM 2.0 CVT SR
Primary Colour: Red
Manufacturing Year: 2017
Engine No.: 3ZRB970142
Chassis No.: ZSU600099511
Maximum Power Output: 111.0 kW (148 bhp)
Open Market Value: \$33,855.00
Original Registration Date: 29 Sep 2017
First Registration Date: 29 Sep 2017
Transfer Count: 0
Actual ARF Paid: \$34,397.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 28 Sep 2027
PARF Rebate Amount: \$25,797.00

Intended COE Rebate Details

COE Expiry Date: 28 Sep 2027
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$48,005.00
COE Rebate Amount: \$28,136.00
Total Rebate Amount: \$53,933.00

The information contained herein is correct as at 18 Nov 2021

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