

NATIONAL ASSOCIATION OF CERTIFICATE HOLDERS

Date In: 14/12/2021 09:02	Job description: S.A.S. e-illing	Units & Time Completed:	Done by:
Ref No: N/A/FC12/012611/7	Unit 1 (Vehicle Unit, 1st Unit)		
Ref No: YP 8765	1-Motor Claim Xpert		
Ref No: 10/11/2021 19:00	1-Motor W/O (Vehicle 00 Unit, 7th Unit)		
	1-Photo Uploaded		
	Assessment Survey Report		
	Assessment Report by Tax/Hand to Owner/Driver		

TP Insurer:	TP Insured:	TP Insured W/O (NO Affiliations) / QW:	TP Insured W/O (NO Affiliations) / QW:
Owner/Driver:	Owner/Driver:	Owner/Driver:	Owner/Driver:
Policy No:	Period:	Cover Type:	Cover Type:
Insured/Driver Unit/Unit:	% (Now Use Slows (WO) NO-20% PI 25-70% PI 80-100%)		
Year of Registration:	Year of Registration:		
Excess (\$):	Excess (\$):		

() Within 30 days of completion of information & survey NO report of completion	
() Total Loss Case 1 to e-mail Insurer URGENTLY	
Driver-In () / Powered-In () / Involvement () / NO () / TOWING CO ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QO Check / Post Repair Inspection	
3) Upload Recovery Photo (Repair Cost > \$5000)	

1) Driver/Owner	
2) Driver/Owner	
3) Driver/Owner	
4) Driver/Owner	
5) Driver/Owner	
6) Driver/Owner	
7) Driver/Owner	
8) Driver/Owner	
9) Driver/Owner	
10) Driver/Owner	

1) Driver/Owner	1) Driver/Owner
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7) Driver/Owner	7) Driver/Owner
8) Driver/Owner	8) Driver/Owner
9) Driver/Owner	9) Driver/Owner
10) Driver/Owner	10) Driver/Owner

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	14/12/2021 09:02 (SGT)
Date of Accident	10/11/2021 19:00 (SGT)
Exact Location of Accident	2 Bishan St. 23, Singapore
Additional Location Information	BLOCK 207 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8776L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PTC DELIVERY2HOME PTE LTD
Company Reg No	2XXXXX860M
Email Address	thenmolhi@live.com
Mobile Phone No	(Phone) +65-87333394
Alternative Phone No	+65-87333394

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097950MFCV/1
Cover Note Number	-

DRIVER

Name of Driver	ONG AI PENG
NRIC No	SXXXX366E

Date Of Birth	30/01/1962
Occupation	Outdoor
Date Of Driving Pass	06/10/2016
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87333394
Alt. Phone Number	-
Email Address	bosexpress@gmail.com
Address	48 PANDAN ROAD
Address complement	-
Postcode	609289
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	Collided into Parked Vehicle
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	STEVEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20211122/7017

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	SMC9567C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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

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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.



A-Supriat 5:42

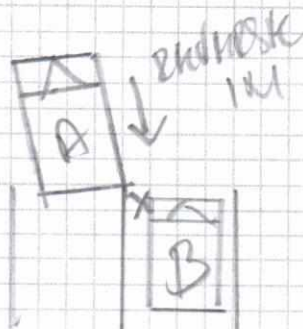
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BK 207 BISHOP STREET 23



A) 8776L

B) SMC 9567C

Describe Circumstances of the Accident

REFER to POLICE REPORT E/2021/1122/7017

Declaration

We declare the foregoing particulars are true in every respect.



A. SUB 16/12/2021 5:42

Policyholder's Signature / Date & Time

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

18/12/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 11 / 2021) (DD/MM/YYYY), TIME: (1900 hrs) (HH:MM)

LOCATION: 2 BISHAN STREET 23 BLK 207 SINGAPORE 573973

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XP 8776L
b) INSURANCE COMPANY: PTC
c) POLICY NUMBER: D-2109750 MFCV/I
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HINO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY FURNITURE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: PTC (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 81333394 THENMOLHI
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONG AI PENH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 31547366E CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (30 / 01 / 1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS CLASS 3

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)
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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S1547 SMC956 MODEL: TOYATO HARVER
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = BOSEXpress@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



E/20211122/7017

1 of 2

POLICE REPORT (NP299)

Report No. E/20211122/7017

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 22/11/2021 13:22	Vide Report No.	Station Diary No.
Name Of Informant THENMOLHI KUMARESAN	Address 521 WOODLANDS DRIVE 14 #03-349 SINGAPORE 730521	
ID Type / ID No. NRIC NO / S9283577D	Contact No. Home/Office: Mobile: 87333394	
Nationality MALAYSIAN	Email Address THENMOLHI@LIVE.COM	
Occupation Accountant	Sex Female	Age 29
Institution/School Name	Date of Birth 12/04/1992	Race Indian
Date/Time Of Incident 10/11/2021 19:00 - 10/11/2021 20:00	Location Of Incident 2 BISHAN STREET 23 BLK 207 SINGAPORE 573973	

Brief details.

on 10/11/2021 at 1900hrs, my driver (yp8776l), ONG AI PENG (S1547366E) ACCIDENTLY KNOCKED TO THE GLASS OF THE LEFT HEADLIGHT OF THE VEHICLE (SMC9567C) WHILE TRYING TO REVERSE THE TRCUK TO A PARKING LOT.

THE CAR DRIVER HAD MADE A POLICE REPORT REGARDING THIS ON THE NEXT DAY.

I WAS TOLD TO MAKE A POLICE REPORT BY THE TRUCK COMPANY FOR FURTHER

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2021 13:22
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20211122/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211122/7017

INVESTIGATION, NO INJURIES WAS CAUSED BY THIS INCIDENT. AND THE POLICE REPORT
WAS MADE WITHIN 24 HOURS AT BISHAN NPC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
22/11/2021 13:22

Classification Of Case:

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
 Type of Cover. : Third Party
 Certificate No. : D-21097950MFCV/1
 Vehicle No / Chassis No : YP8776L / JHHUCV3H80K025821
 Name of Insured : PTC DELIVERY2HOME PTE. LTD.
 Period Of Insurance : 01.07.2021 To 30.06.2022
 Insured Estimated Value : 0.00

Excess :

SGD5,000.00 SECTION II
 AN ADDITIONAL EXCESS OF SGD2,500.00 ON SECTION II IS IMPOSED ON THOSE
 DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS
 OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVER

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business :-
 (a) Any Person provided he is in the Insured's employ and is driving on their order or with their permission.
 (2) Whilst the vehicle is being used for social, domestic or pleasure purposes :-
 (a) 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.

Limitations as to use*

Use in connection with the Insured's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 Use for social, domestic and pleasure purposes.

The Policy does not cover:-

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


* 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)

MS First Capital Insurance Limited
 (Approved Insurers)

SUSAN/B0174/MZ301

Issued at Singapore on 01.07.2021


 Authorised Signature

Vehicle Registration Detail Information

Enquire Vehicle Registration Details

Page 1 of 1

Owner Particulars

NRIC/Passport/Company Cert No.: 200514860M
Owner ID Type: Company
Owner Name: PTC DELIVERY2HOME PTE LTD
Registered Address: 48 PANDAN ROAD SINGAPORE 609289
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: YP8776L
Previous Vehicle No.: -
Effective Date of Ownership: 16 May 2018
Original Regn Date: 16 May 2018
Registration Date: 16 May 2018
Year of Manufacture: 2018
Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HINO
Vehicle Model: XZU710R 14FT WIDE CAB 5T (LOW DECK)
Primary Colour: White
Secondary Colour: -
Passenger Capacity: 2
Chassis No.: JHHUCV3H80K025821
Engine No.: N04CVV10194
Engine Capacity / Power Rating: 4009 cc / -
Maximum Power Output: -
Propellant: Diesel
Max Unladen Weight: 2500 kg
Maximum Laden Weight: 5000 kg
Open Market Value: \$33,306.00
PARF Eligibility: No
PARF Eligibility Expiry Date: -
Minimum PARF Benefit: -
No. of Transfers: 0
IU Label No.: 1510982902
COE No.: 2018051605000759E
COE Expiry Date: 15 May 2028
COE Category: C - Goods Vehicle & Bus
COE Registration Category: C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium: - / \$35,729.00
PQP Paid: \$17,747.00
QP (Regn Cat): --
OPC Cash Rebate Eligibility: No
QP during COE Bidding Exercise: \$0.00
Additional Registration Fee Rate: 5.00 %
Actual ARF Paid: \$1,666.00
Vehicle Lifespan Expiry Date: 15 May 2038
CO2 Emission: -
CO Emission: -
HC Emission: -
NOx Emission: -
PM Emission: -
Message: The vehicle is registered under Early Turnover Scheme.

Print

OK

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