SEATER BY: Through THE CS3/	ASSIGNMENT
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Estimated Cost:	Vuli No: XD 2383D Yr Rogn: 26/5/C
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	(ruck)/ Traller or
ul Workshop m/s	Moko: Nissan CAWBYS c.c 12000
ol	Colour White AC: Insured/Std/NI/
Insured:	Sp.Reading 230 434 T/Radio: Insured / Std / Ni /
Policy No.	Eng/No:
Claims No.	CINO: CWBYCL POOLOZ.
	Gen. Cond: Cod / Fair / Poor / Burnt
	Sleering: Inordo? / Jammod / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: Indredt / Jannmed / Leaked / Burnt or
mond of tell,	Modi: NII / (IRIM) / STD A/RIM or .
	Tyro Sizo: F: 295/80 1272-5
(Policy Condition)	R: 295/80/27.5
Remark: The veh had commenced Its repair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Unly	τογο/γοκο οι
Bal. or Market Value:	Fron Rear
IDAC Accident Rport: Consistent? ; Yes or No	R/Bal. 5 mm R/Bal. 3 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5 mm
Est. Repairs days Res.: Yos or No	D.O.A. 2 / 2/22 D.O.I. 25/2/22
Lum Sunt 3 Val.: Yos or No	Survey held al Tan Hupsay
CA / REV / REP. / 24 HRS	Des. of Damagos : Frt Rear O/S N/S U/C Rooflop or
Vehicle: IN/O	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Dale / Time Action / Instruction MV - 49h	
1chat: 18367	
- 1 - 1	ıbmit PRS Report
rr-6h-7k	
1	
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: Final Roport	Resurvey No. of Trip: Survey Fee:
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	: Interview (\$) Floks
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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	a for process of contract of the contract of t
Owner ID Type:	Company
Owner ID:	866E
Vehicle Details	
Vehicle No.:	XD2383B
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Mar 2022
Vehicle Make:	NISSAN
Vehicle Model:	CWB45CLPHNB
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	GE13334414B
Chassis No.:	CWB4CLP00102
Maximum Power Output:	-
	\$81,596.00
Open Market Value:	26 May 2008
Original Registration Date:	26 May 2008
First Registration Date:	2
Transfer Count:	\$4,080.00
Actual ARF Paid:	ψ-1,000.00
Intended PARF Rebate Details	No
PARF Eligibility:	The state of the s
PARF Eligibility Expiry Date:	\$0.00
PARF Rebate Amount:	
Intended COE Rebate Details	31 Jul 2027
COE Expiry Date:	C - Goods Vehicle & Bus
COE Category:	10
COE Period(Years):	\$34,070.00
PQP Paid:	\$18,362.00
COE Rebate Amount:	\$18,362.00
Total Rebate Amount:	The state of the s

The information contained herein is correct as at 10 Mar 2022

 $\frac{9k}{12}$ OK $\frac{7}{2}$ = 750

SYYS 5 | 65 $\frac{7}{50}$ = 48750

= 49k $\frac{9k}{12}$ = 36638

dap. = 8-9K.

dop. DIEK-16K

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1.88% Interest Rate! 5 Years Agent Free Maintenance Fackage, 100% Accident-Free Seng Hup Auto Star Ail

Directory



1 vehicles	Nissan CGB45		H 1 2 1 10	e entres per sing	2075 X	Sort by Date F	Posted 20	results/page
	74133dil 00043			Any Cat	egory	Advanced	Search C	Search
	Make Model	Price	Depreciation	Reg Date	Eng Cap 💲	Mileage	Veh Type	Status
Search Selection	Nissan CGB45	Any	Any	Any	Any	Any	Any	Available
通问 [图]	Nissan CGB45 (COE till 06/2031)	\$83,800	\$9,040 /yr	14-Jun-2011	13,074 cc	226,591 km	Truck	Available
	Fuel Type: Diesel 3 Month Warranty, Fully Serviced Before	Handover + Addition	onal 2 Free Servic	ing, Free Front Dash	Camera, Free Ca	bin Sterilization (F	iaht	
	Skylink Auto Pte Ltd Posted: 08-Feb-2022						3	PREMIUM AD

Save this search criteria, to get email alerts whenever a match is found.

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20] results/page

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SK0J222M0008 / K. KIM HIN AUTO PTE LTD ENTRY DATE & TIME: 22/02/2022 19:31 (SGT) SUBMITTED BY: Ng Meng Huat VERSION: 1 (22/02/2022 19:31 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/02/2022 19:31 (SGT) 21/02/2022 23:52 (SGT) Singapore BKE/SLE 4.8KM LANE 3 LP 239 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XD2383B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver Passport No/FIN Yes GIM TIAN CIVIL ENGINEERING PTE LTD 198800866E LOGISTICS@GIMTIAN.COM.SG (Phone) +65-96910909 +65-96910909

Nissan Cwb45clphnb

No - Claiming third party Commercial vehicle Manual 0

AXA Insurance Pte Ltd ThirdPartyFireTheft No VCC/P1633297

PECHIMUTHIAH MURUGAN G8177371N

Page 1 of 19

Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender Mobile Number Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No.

Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

YP5047C

@ Accident report SK0.1999M0008

Page 2 of 19

LOGISTICS@GIMTIAN.COM.SG

2 YEARS AND 5 MONTHS

(Phone) +65-83441040

C/O 24 LOYANG CRESCENT LOYANG INDS EST

508987

05/05/1981

09/09/2019

Indoor

Male

No

Employee

Chain Collision

Clear Dry

No

3 Yes

Yes

Yes

2

No

WORKER

Male

Pasir Ris Neighbourhood Police Centre

(Phone) +65-18005852999

(Fax) +65-65855261

1 Pasir Ris Drive 4 #01-01 Singapore 519457

No

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category

 Name of Driver
 Commercial vehicle

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Address
Address complement
Postcode

Insurance Company Name
Nature Of Damage
Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED I

Name of injured person

Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- ? Toes Formmust be completed by the Policyholder and/or the Authorisad Driver
- 3. Elementon provided must be as truthful and accurate as possible. Any widul material constant on 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
- 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 Sagappine (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 coport being made available stores aid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lynderstand, acknowledge, agree and consent that

hat My insure 1 my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect luse, disclose and/or provides any personal data/personal information set out in this [form] and any other personal information provided by the or possessed by my insurer (collectively the 'Personal Information') and disclose and transfer such Personal Information to all insurer(s) with have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be cofectively referred to as the 'Insurers'), the insurers law yers/law firms, the Manetary Authority of Singapore and any relevant government agency/authorty (such as the police), for the purpose(s) of

a processing inanding and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

an avestigate githe accident and/or my claims,

are parrying and and or dealing with my instructions or responding to any enquires by me.

w, administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve discourse of cettain 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.

racleatively the Purposes'

ip: all hauter is: who have insured vehicle(s) involved in this accident and the hauters, law yets faw, from imagrate permitted to object use displace and/or process my Personal Information for one or more of the above Purposes, and

carry Ferrianal Information may/can be displaced by any of the insurers and/or GIA to their find porty service providers or agents in a long the thin yers and firms in which may be sited putside of Singapore, for one or more of the above Purposes

Poblytickler's Signature / Date &

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

& Tone

Sketch Plan

Winessed by Reporting Centre Personnul

Place vale to sketch.

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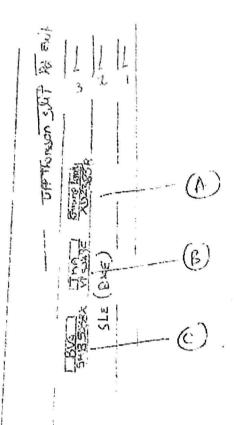
Declaration

We sectore the foregoing participate are true in overy respect



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

Whiessed by Reporting Centre Personnel



Ry 22/02/2022





Police Station Of Origin; Pasir Ris N P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made:

Informant's Particulars Name of Informant:

PECHIMUTHIAH MURUGAN

Age

40

Date of Buth

05/05/1981

22/02/2022 15 05

ID Type / ID No...

Nationality.

INDIAN Sex

Male

Race

Indian Occupation.

Supervisor

FIN NO / G817737 IN

Report No. T/20220222/2059

Station Diary No.

24 LOYANG CRESCENT #08-01 LOYANG INDUSTRIAL ESTATE SINGAPORE 508987 Contact No.: Hame/Office Mobile: 83441040 Email: Type of Informant: Driver Language. Institution / School Name

Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2022 23:50	Type of Location: Straight Road
-------------------	----------------------------------	-----------------------	---	------------------------------------

Class.

Driving Licence Information:

Vide Report No.:

1/20220222:0002

SELETAR EXPRESSWAY

Weather	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	No Traffic
Type of Collision:	5 [63] Brong Brook community and Constructive (Accessed Accessed	Anyone conveyed by
Between Moving Vehicles - He	ad To Rear	ambulance:
•		No.

Venicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMB5063X	Bus/Coach/Mi	ALEXANDER	ALEXANDE	Silver	Slightly	0
	กแบนธ	DENNIS	R DENNIS		Damaged	
XD2383B	Lorry	NISSAN	CWB45CLP	White	Slightly	1
			HNB		Damaged	Continues of the Articular
YP5047C	Lorry	ISUZ.U	FVR34SUQ	White	Slightly	0
			DC		Damaged	E





Police Station Of Origin-Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

2 of 4 Report No. 7/20220222/2059

CONTINUATION OF REPORT

No. of Pedestria	ns Injured: NIL	Ligo of Day	lestrian Cross	Sec. 118	
Driver	The second state of the second	10000	issuran Gross	ang: NA	
Name	PECHIMUTHIAH MURUGAN		ID No.	G8177371N	tre cog yes
Related Vehicle	XD2383B (Cony)		Centact No	83441040	
Hospital Clinic	NIL	•	Class of Driving Licence & Expiry Date	Class: NIL. Date of Expiry, NIL.	
Datu Treatment		Date Disc	harge NIL	1	
No of Days gran	ted Medical Leave NIL		injury NIL	Annual Residence of Papers and Annual Republication of the State Service Association (Annual Security Service)	
Driver				and the second s	*****
Name	PERIYAKARUPPAN SURESH	X as o	ID No.	G8431218K	
Related Valuele	YP5047C (Lorry)		Contact No.	81449585	
-lospital/Clinic	VIL	35° = * , * * * .	Class of Driving Ucence & Expiry Date	Class NIL Date of Expiry MIC	
Date Treatment	NIL	Date Disc	charge NIL	*	
la of Dave grant	ed Medical Leave NIL		Injury Sigl	of a	***

Brief Details.

On 21/02/2022 at around 1140pm, I parked my company lorry along SLE/ Upper Thomson Rd (Upper Thompson flyover), 4.8km to BKE- LHS Lamp Post 239 (near exit 5), tane 3 as we were setting up for road works. Along SLE is a 4 lane road. The extreme left lane was a slip road and the rest are straight road. There was another company lorry (2nd lorry) parked behind me as well. In the midst of setting up, an off service bus drove at quite a fast speed towards us, along lane 3. Hence, the bus collided into the lorry behind me and the said lorry collided into mine as it inches forward due to the impact. During that point in time, there was another worker standing inside the rear of my lorry as he was assisting to unload the equipment. There was another colleague inside the 2nd lorry, driver seat as well when the accident nappened. When he alighted from his lorry, he sustained a small cut on his foot due to the broken glass pieces on the road. The worker that was inside my lorry felt pain in his chest due to the impact

Both Ambulance and Police was also at scene. Ambulance then make a check on all parties and the bus driver was conveyed to a Hospital considus.

Apart from the worker who was inside my forry, my coffeagure who was inside the 2nd terry and the bus driver, no one also was injured. No government properly domaged.

Due to the impact, my forry had dents at the rear left

laiso wish to inform that my Hazard light was on when the accident happened.



Police Station Of Origin Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No. 1800-5852999



Report No. T/20220222/2059

CONTINUATION OF REPORT