

NATION Assessment Centre Services **SN0822280001**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 28/02/2022 10:33 | Sched. description | Time & Date Completed | Done by |
| Ref No: NA2000552 | SAS e-filing | | |
| Veh No: YP 605TD | E-mail (within Mon. - Fri. 2hrs) | | |
| DOB: 25/06/2002 16:54 | i-Motor Claim Form | | |
| DOB: TP Reporting Only | i-Motor W/O (within Mon. - Fri. 2hrs, TP 4hrs) | | |
| | 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: 8ME9774K | 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 or 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 |
|-----------|---------|
| | |
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| | | | |
|--|---|-------------|-----------|
| NA2000552 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30) | 1st Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| 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 2015) | | |
| Cat 1: | 6) TR: Re-inspection \$15 | | |
| Cat 2 / 3: | 7) N1: idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | 9) N12: Blue Mobile \$30 | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | 10) N11: TP (N-a INC) against INC \$20 | | |
| | 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 | 28/02/2022 10:33 (SGT) |
| Date of Accident | 25/02/2022 16:54 (SGT) |
| Exact Location of Accident | 30 Lim Chu Kang Lane 1, Singapore 718846 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | YP6027D |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CRAMOIL SINGAPORE PTE LTD |
| Company Reg No | 1XXXXX747H |
| Email Address | waste_mgt@cramoil.com.sg |
| Mobile Phone No | (Phone) +65-81365953 |
| Alternative Phone No | +65-81365953 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Isuzu |
| Model | NPR75UH5A |
| 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 - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 5193 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | United Overseas Insurance Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DHOM110173302001 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|-------------|
| Name of Driver | IQBAL SINGH |
| Passport No/FIN | GXXXX755M |

| | |
|--|--------------------------|
| Date Of Birth | 03/09/1983 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/10/2017 |
| Driving experience | 4 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81365953 |
| Alt. Phone Number | - |
| Email Address | waste_mgt@cramoil.com.sg |
| Address | 4 Tuas View Lane |
| Address complement | - |
| Postcode | 637750 |
| 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 | Collision - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

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 ATTACHMENT (TYPE OF COLLISION IS HEAD TO SIDE)

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 | SME9774K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| 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 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. 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.

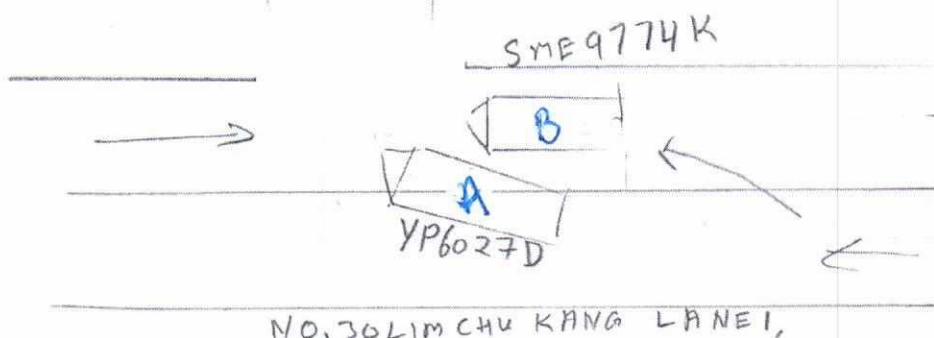


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



| | | | |
|---|--|--|---|
| LICENSE PLATE: | YP 6027D | ACCIDENT DATE & TIME: | 25/2/22 16:54hrs |
| CONTACT NUMBER: | 68611101 / 81365953 | E-MAIL ADDRESS: | Waste_mgt@crampoil.com.sg |
| LOCATION: | Lim Chu Kang Lane | | |
| Refer to attachment. | | | |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION. | | | |
| Please state: | | | |
| <input type="checkbox"/> Claim Own Policy | <input type="checkbox"/> Claim Third Party | <input type="checkbox"/> Claim OD/TP at other workshop | <input type="checkbox"/> Reporting Only |

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel

INCIDENT REPORT

On 25/02/2022 1654, I drive along Lim Chu Kang Lane with lorry YP6027D, when I reach 30 Lim Chu Kang Lane and I was going to right turn to the premises, I put the right signal and I turned. Suddenly a car (SME9774K) coming very fast from behind and bang on right side of the lorry. The car overturn and I take him out.

I ask why he overtakes me, he says I put hazard signal but I only put right signal.

I called office to make a report and I also took picture of the accident.

Office informed me to wait for traffic police to come and check.

When the traffic police came, I told him the accident and the traffic police inform he already taken the report and no other police report needed.

Drivers Particulars :

1. Name : Iqbal Singh

Lorry number : YP6027D


Company : Cramoil Singapore Pte Ltd

2. Name : Ashton

Car plate : SME9774K

IC : S9911407Z

Contact : 9452 7118

 Iqbal Singh
G18270755M

25/2/22

 28/02/2022

Accident Reporting Form

| | | | |
|---|---|---|---|
| Accident details | | | |
| <input type="checkbox"/> **Own Damaged Claim | | <input checked="" type="checkbox"/> **Third Party Claim | |
| <input type="checkbox"/> **Reporting only | | | |
| **Date of accident | 25/02/2022 | **Time of accident | 1654 hrs |
| **Location of accident | Lim Chu Kang Lane | | |
| Type of accident | Head to side | | |
| **Weather condition | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Raining | <input type="checkbox"/> Others: |
| **Road surface | <input checked="" type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Others: |
| **Any foreign vehicle involved? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes, foreign vehicle no & category : | |
| **Number of vehicles involved in the accident | 2 | | |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Was the accident reported to the police? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Police station name : | | | |
| Was notice of intended prosecution given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, against whom? | | | |
| Own vehicle (Please provide vehicle log card) | | | |
| Vehicle registration number | YP 6077 D | Vehicle category | Commercial |
| Vehicle manufacturer | ISUZU | Vehicle model | NPR 75UH 5A |
| **Vehicle transmission | <input type="checkbox"/> Auto <input checked="" type="checkbox"/> Manual | CC | 5193 |
| Exact purpose for which vehicle was being used at time of accident | | employment | |
| **Number of passengers, including driver (Please provide name & gender of the passenger, max 7 person) | | 1 | |
| Own vehicle policy (Please provide certificate of insurance) | | | |
| Handling insurer | OOI | Coverage type | comprehensive |
| **Fleet policy | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Policy no / cover note no | OHOM 110173302001 |
| Registered owner ID type | company | **Registered owner ID | 198802747 H |
| Registered owner name | Cramoil Singapore P/L | **Email | Waste - Mgt @ cramoil.com.sg |
| **Mobile no | 68611101 | **Owner alternative phone no | 81365953 |
| Driver information | | | |
| Name of driver | IQBAL SINGH | Driver ID type | <input type="checkbox"/> NRIC <input checked="" type="checkbox"/> FIN |
| Driver gender | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Driver ID no | 68270755 M |
| Driver date of birth | 03/07/1983 | Driving pass date | 12/10/2017 |
| **Driver mobile no | 81365953 | Driver email address | - |
| **Driver address | | | |
| Driver occupation | <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor | | |
| Driver & owner relationship employee | | | |
| Does driver own other vehicles? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Vehicle number & handling insurer: | | | |
| TP Vehicle or Property | | | |
| Vehicle registration no (1) | SME 5774 E | **Vehicle category | private car |
| Name of driver | | Driver mobile no | |
| Driver ID type | <input type="checkbox"/> NRIC <input type="checkbox"/> FIN | Driver ID no | |
| Vehicle registration no (2) | | **Vehicle category | |
| Name of driver | | Driver mobile no | |
| Driver ID type | <input type="checkbox"/> NRIC <input type="checkbox"/> FIN | Driver ID no | |
| Vehicle registration no (3) | | **Vehicle category | |
| Name of driver | | Driver mobile no | |
| Driver ID type | <input type="checkbox"/> NRIC <input type="checkbox"/> FIN | Driver ID no | |
| Vehicle registration no (4) | | **Vehicle category | |
| Name of driver | | Driver mobile no | |
| Driver ID type | <input type="checkbox"/> NRIC <input type="checkbox"/> FIN | Driver ID no | |
| **Was anybody injured in the accident? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, in which vehicle? | | | |
| **Any injured conveyed to hospital by Ambulance? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, in which vehicle? | | | |
| **Was there any witnesses? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Witness details : | | | |
| **Was there any video captured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Reason if the video cannot be uploaded : | | | |
| **Was there any audio captured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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)

ORIGINAL

| | | | |
|-----------------------------|---------------------------|----------------|---|
| CERTIFICATE NO. | DH0M110173302001 | Excess: | \$1000/-SECTION 1 \$2000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM |
| Type of Cover | COMPREHENSIVE | | |
| Vehicle Number | YP6027D | | |
| Name of Insured | CRAMOIL SINGAPORE PTE LTD | | |
| Restricted Driver(s) | NOT APPLICABLE | | |

Period of Insurance 7 April 2021 to 6 April 2022

Engine# 4HK1591173
Chassis# JAANPR75HH7101361

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

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

THE POLICY DOES NOT COVER

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

Provided that the person 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.

*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.

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).

UNITED OVERSEAS INSURANCE LTD



FCTTS Date : 25/03/2021

For the Company