ATIONAL Assessment Contre.	Services: [well Janios]	SWOADS	22000t	7	
Date II: (2022) 15.28	Job description	Date & Time C	Completed .	Done by	
Ref No: NBA/(1122007527/V.	SAS e-filing				7
Veh No: PC 2123K.	E-mail (within this, AIC 2hrs	-		. T. W	
D.O.A: 07 00 2022 14:35	I-Motor Claim Form	•			
	I-Motor TY/O (Wilhin: OD.	2hrs, T'P 4hrs)	• , `	<u> </u>	
OD : TP / Reporting Only .	i-Photo Uploaded.				•
No.	Assessment/Survey Repor	The same of the sa			
TP Insurer:	Ass't Report by Fax/Ha	nd to Owner/Wksp			
Preferred Wksp/INC Assign Wksp/QW:(Tel:	Fa	<u>Κ!</u>	1
TP Particulars: Yeh No:	7/279 . IN		C().	,	
Owner / Driver: (. Tel:	· · · · · · · · · · · · · · · · · · ·).	
	iod: () Cover Type			
	Datei			00%]	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N	(,)			,
· A SSL OI CONTROLLAND	/ Citably i v				
Excess: (\$). Loading: \$1,0	SUPPLEMENT OF STREET	55570 5674		100 100 100 100 100 100 100 100 100 100	<u> </u>
General Remarks () Walk-In Customer: Customer's Info	smation strictly Confidentia	& Strictly No refe	er of repairer.		;
() Walk-In Customer : Customer's inc	er URGENTLY.		· :		<u>:</u> , ,
() Total Loss Case : to e-mail Insur Drive-In () / Towed-In (,) ; Invoice	C: YES () / NO (.) ; Towing Co:	(, , , , , , , , , , , , , , , , , , ,
D1110-22 \ /		DateSII	e Compte) ೮೭	Don	p.ph.
Remarks (145 horline::6788 5646)	Courtesy Car ()				
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2) QC Check/Post Repair Inspection . 3) Upload Resurvey Photo [Repair Cost>	\$3000]: ()		;'		N. C.
3) Opioad Result of Table 1	. :		•		
Injury:			- 35.0		(8.35, 1-1.
(Date/Time / Actions				<u> </u>	
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			Charles (Charles	1,44	Sipply fary B
NA2202102 "		veine Preparatio		V-334 SANGARA	3,116,117, 17, 10,110
	1) 4	AR : Accident Reporting DA : Damega Assessme	(\$30); nt (\$100); I	NC (380)	
Naments Particulars	71	TF: Towing Fee FT: Follow-Through St		\$120 \$40/\$45	
)Tiver/Owner:				\$30	
contactifio:		PT: Follow-Through of For claiming a zelast RI TR: Re-inspection	COMY INCLIAN	-	
armaged Portion:	7	NI: Idao DA + SMR.T	Survey	\$160	
- Minage 2 verses	3	NTUC Additional Serv			
C Checked by (Engr-In-Charge):		* No: Espair Co-ordina	ot Allowanes	85 .	
		. N7: Post Repair Insp	ection ·	\$2.5 \$5	
widitors) Comments (2		*N8: DV / Collect Ere TP (N11) : TP (Non I	NC) against INC	\$20	
t. 1:		9) N12: Idao Mobile		Charged 301	
t, 2/3;		Involce deted		F-11	
		Involce deted	L **	Charged 1/2	2000



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 Actual 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
- 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

08/08/2022 15:29 (SGT) Date of Submission Reported by Driver Date of Accident 07/08/2022 14:35 (SGT) Pasir Panjang Terminal, Singapore Exact Location of Accident Additional Location Information BERTH 18 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Reporting only

PC2123K Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? MARITEAM TRANSPORT SERVICES PTE. LTD. Name Of Registered Owner XXXXXXX055D Company Reg No operations@mariteam.com.sg **Email Address** (Phone) +65-93476419 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Tovota Manufacturer Hiace Model 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

your vehicle? Vehicle Category

Commercial vehicle Transmission Auto 2982 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMB1SNA00013592100 Policy Number / Cover Note Number

DRIVER

ALVIN TAN YEONG HWEE Name of Driver SXXXX563G NRIC No Date Of Birth 28/04/1962 Occupation Outdoor

D. 1. O(D.)	00/07/4004
Date Of Driving Pass	03/07/1981
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93476419
Alt. Phone Number	-
Email Address	operations@mariteam.com.sg
Address	BLK 569 PASIR RIS STREET 51 #04-66
Address complement	
Postcode	510569
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	110
Vehicle Registration Number of Other Vehicle Owned by Differ	_
Insurance Company of Other Vehicle Owned by Driver	
insulative company of other vertice of the asy private	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
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 in the Accident: 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
Translator's name	-
Translator's ID	
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
DETAILS OF POLICE ACTION	
BETALES OF FOLIOETICS	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
	-
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
was there any video captured by Gar Guinord:	100
DETAILS OF STUE	ER VEHICLE PROPERTY 1
DETAILS OF OTHE	ER VEHICLE PROPERTY 1

Vehicle Registration Number	571279
Vehicle Manufacturer	-
Vehicle Model	:
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	:=

Address	-
Address complement	•
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PSA HAULER
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 Actual 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident
MY COMBI WAS PARK AT DESIGNATED LANE 1 TO
STATIONIARY
DICK-UP SEAPARER, BEHIND THE HAULER-JUST
AFTER THE QUAY CRANE.
WHILE BE CHECKING CREW DOCUMENTS, MY BACK
AGHINST MY COMBI, SOME OF THE CREW
STIRPTING SHOUTING, IT' WAS THEN I FELT
MY COMBI MOVE, JUST CLOSE BISHIND ME.
WHILE TURN TO SEE, & SAW MY COMEI MOVE,
AND THE INA HAULER DRIVE OFF.
I THEN PROCEED TO CHECK DAMMAGES OF
my comis/

Declaration

I/We declare the foregoing particulars are true in every respect.

TO THE LEGISTICS AND THE STREET OF THE STREE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

ACCIDENT'STATEMENT.

ACCI	DENT DATE: (07. 1.08 /2022) (DD/MM/YYYY), TIME;	(14:35) (HH:MM)
	TION: PASIR PANSMUG TERMINIAL	
τ.	DETAILS OF VEHICLE	1.
	a) VEHICLE NUMBER: PC 2 123 C	• •
	DINSURANCE COMPANY: CHINA TAIPING	INSURANCE (S) P-L
•	CIPOLICY NUMBER: DMB ISNA 0001350	72100
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THI	
	OMAKE & MODEL: TOYOTA HIACE.	
	FITYPE: (SALOON / COUPE / MPV (VAN FLORRY / MOT	ORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE L'OMMERCIAL) MO	
v	h)PURPOSE OF USING AT ACCIDENT TIME: WORK	
, u	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTIN	
2	INSURED / POLICY HOLDER	
	AINAME:	(MALE / FEMALE)
		ITACT:
	c)ADDRESS:	
9 9 E		
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
Alo of bassanges	DRIVER '	
(Including driver)	GINAME: ALVIN TAN YEDNIG HWEE .	(MALE / FEMALE)
(meluaing driver.)	b)NRIC/FIN/PASSPORT: \$15335639 CON	TACT: 9347 6419
()	CIADDRESS: BLK 569 PASIR RUST	31
	#04-66 \$570569	
Ê	"d) DATE OF BIRTH: (28) 04) 1962 1(DD/MM/YY)	YY) ; ,
	OCCUPATION: (INDOOR OUTDOOR)	
. **	FIDATE OF DRIVING PASS	THE WALL CARE (NO)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S CO	DED: 3 544 4 1981
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSU	ReD:
5.	a) WEATHER CONDITION; CLEAR / RAINING / OTHERS.	
,	DIROAD SURFACE: (DRY) WET / OTHERS	
	a) REPORTED TO POUCE (YES (NO)	
7.	IF YES, PLEASE STATE WHICH POLICE STATION:	
я	THIRD PARTY VEHICLE	Superior Superior
the of passonger	THIRD PARTY VEHICLE a) VEHICLE NUMBER; 571279 MOD	DEL PSA HALLER.
(hadred on duties	b) DRIVER'S NAME:	
	c) NRIC/FIN/PASSPORT: CON	NTACT:
() 9.	THIRD PARTY VEHICLE	1865AN
the all was	d) VEHICLE NUMBER: MOD	EL: "
Who of passanger	al DDIVERIS NAME	
(Including driver)) F) NRIC/FIN/PASSPORT:CON	NTACT:
()		

email.=



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) or Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1957 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ601

SN BR0057A

Cov. Type:C

CERTIFICATE No.

DMB1SNA00013592100

Engine No.: 1KD2362961

Cha. No.:JTFST22P700018783

1. Index Mark and Registration

Number of Vehicle

2. Name of Policy Holder

PC2123K

MARITEAM TRANSPORT SERVICES PTE. LTD.

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (00:00:00)

20/01/2022

Excess Sect I

\$\$2,000.00

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

31/10/2022

5. Persons or Classes of Persons entitled to drive"

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.

6. Limitations as to use:*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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 (other than for reward) of any one disabled mechanically propelled vehicle.

* 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:

Tan Jia Hwei Authorised Officer

Authorised Signatory

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

© 6389 6111

₱6222 1033

www.sg.cntaiping.com

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTU

3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sq

Tel: (65) 6742 6766 Fax: (65) 6742 6669

The owner and vehicle particulars for Vehicle No. PC2123K as at 20 Jan 2014 are as follows:

	•	
1.	Name	: MARITEAM TRANSPORT SERVICES PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 200402055D
4.	Place Of Passport Issue	: -
5.	Registered Address	: 1 PEARL BANK
		#01-05
		PEARL BANK APARTMENTS
6.	Mailing Address	SINGAPORE 169016
7.	Vehicle No.	i -
8.		: PC2123K
9.	Effective Date of Ownership	: 20 Jan 2014
	Original Registration Date	: 20 Jan 2014
10. 11.	First Registration Date	: 20 Jan 2014
12.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
13.	Vehicle Scheme Attachment 1	: Public Service Vehicle (Others)
14.	Attachment 2	: Air-Conditioned
	Attachment 3	<u>.</u>
16.	Vehicle Make	TOXIOTI
17.	Vehicle Model	: TOYOTA
18.		: HIACE HIGH ROOF COMMUTER TURBO AUTO
19.	Year of Manufacture Primary Colour	: 2013
20.	Secondary Colour	: Silver
21.	Passenger Capacity	: 13
22.	Chassis/Trailer Chassis No.	: JTFST22P700018783 / -
23.	Propellant	: Diesel
24.		: 1KD2362961 / -
25.	F	: 2982 / -
26.	Maximum Power Output(kW/bhp)	: -/-
27.	Unladen Weight(kg)	: 2200
28.	Maximum Laden Weight(kg)	: 3250
29.	Open Market Value	: \$38,054.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	1 =
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	<u> </u>
34.	COE No.	: 2014012005000593W
35.	COE Expiry Date	: 19 Jan 2024
36.	COE Category	
37.	Quota Premium/Prevailing Quota Premium	: \$58,989.00
38.	Actual Quota Premium/PQP Paid	: \$37,612.00
39.	Actual ARF Paid	: \$1,903.00
40.	CO2 Emission(g/km)	1 #
41.	Actual CEVS Rebate Utilised	:-
42.	CEVS Surcharge Paid	1 H
43.	Actual Green Vehicle Rebate Utilised	:-
44.		: 19 Jan 2034
45.		: \$233.00
46.		: 20 Jan 2014
47.	Road Tax End Date	: 19 Jul 2014
48.	Remarks	: This is a public service vehicle.