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SN09228U0006-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/08/2022 15:25 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (30/08/2022 15:34 (SGT))



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 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 30/08/2022 15:25 (SGT) Reported by Driver Date of Accident 28/08/2022 09:30 (SGT) Exact Location of Accident 36 Loyang View, Singapore 507234 Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** GBG2564R Vehicle Registration Number INSURED/POLICYHOLDER

Is company?	Yes	
Name Of Registered Owner	DESIGNAU PTE L	.TD
Company Reg No	2XXXXX489M	
Email Address	sales@design4u.c	om.sg
Mobile Phone No	(Phone) +65-9185	5355
Alternative Phone No	-	

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Employment
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MCV0003955-02

DRIVER

Name of Driver	MD SADAK
Passport No/FIN	FXXXX192Q
Date Of Birth	07/08/1978
Occupation	Outdoor

Date Of Driving Pass	13/04/2016
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83413529
Alt. Phone Number	(Filone) +05-83413529
Email Address	salos@dosign4
Address	sales@design4u.com.sg 152 YIO CHU KANG ROAD
Address complement	152 YIO CHU KANG ROAD
Postcode	-
Is the driver the policyholder?	545603
If No, Relationship of the Driver with the Insured	No
Door Driver Over Other Vehicles	Employee
The state of the s	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	Collidad into Barks J V-5
Weather Conditions	Collided into Parked Vehicle
Road Surface	Clear
Trodu Guirace	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)	3
Has the driver been approached by unknown person(s)	3
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	-
original language asca in the statement	-
PASSENGER 1	
Name	ISLAM
Gender	Male
	Wate
PASSENGER 2	
Name	AKIDUL
Gender	Male
	ividie
DETAILS OF POLICE ACTION	
W	
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 SKETCH PLAN	
ATTACHMENT(S)	
ATTACHMENT(S)	
Are accident photos available for ettechmant?	V
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFB8866J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	- Private car
Name of Driver	i iivate cai
Contact Number	-
Address	-
Address complement	
Postcode	#2 20
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 Formmust 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Co. Reg. No

Policyholder's Signature / Date & Time

Sagy

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

36 Loyang View

SFB 88665

Describe Circumstances of the Accident
On 28.08.2022 at about 9:30hrs, I was reversing at
36 Loyang View, While reversing my vehicle collided onto
SFB 9866J front left portion.

Declaration

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

Policyholder's Signature / Date & Time

Date of Accident	: 28.08.2022 Accident Time: 9:30hrs (24-HR-Format)
Accident Place	: 36 Loyang View
Vehicle. No. (Car Plate No.)	: GBG 2564R Make/Model: Nissan Cabstar 3.0 5M
Insurace Company	: India International Insurance Policy No: 020 MCV00039 55 03
Owner or Company Name /IC No.	: Design Pte Ltd 2013/15489M
Owner or Company Contact No.	_ ९।८५५५५ Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Md Sadak F8427192Q
DRIVER'S Date Of Birth	: 07.08.1978 DRIVER'S License Pass Date 15.04.2016
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling (Employee) Others:
DRIVER'S Address	: 152 Yiu Chu Kang Roud 3(545603)
DRIVER'S Contact No./ Alt No.	:1) 834(345)9 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: Sales e design 4 U. com. sg
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): 3
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state): No-	s being used at the time of accident: Private use (Work purpose)
Other P	arty Driver's Particular (if any)
Vehicle. No: SFB 8866 J	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: Name Driver:	
IC No. Driver/Contact:	
* NEW - Passenger's name &	gondovi
	gender:
Islam M Akidul M	
Akidul / M	



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078B06-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 0-1971:

Office (65) 63476100 (65) 62244174

Email insure@ill.com.sg Website www.iii.com.sg

COVER: Comprehensive

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MCV0003955 02 1. Index Mark and Registration Number of Vehicle

GBG2564R

Chassis No

JN1SC2F24Z0859776

2. Name of Policyholder

DESIGNAU PTE LTD

Effective date of Insurance

11 Jul 2022

Expiry date of Insurance

10 Jul 2023

Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder'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.

6. Limitations as to use*

a) Use in connection with the Policyholder's business.

b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

e) Use for social, domestic and pleasure purposes.

The Policy does not cover

a) Use for hire or reward.

b) Use for racing, pace-making, reliability trial or speed-testing.

c) Use whilst drawing a trailer except the towing 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.

Excess Sect I

: SGD 600.00

Windscreen Excess: SGD 100.00

Hire Purchase Company : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : A000077/HM PTE LTD

Date of Issue

: 29/06/2022 12:52:04

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

489M

Vehicle Details

Vehicle No.:

GBG2564R

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Aug 2022

Vehicle Make:

NISSAN

Vehicle Model:

CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5

Primary Colour:

White

Manufacturing Year:

2016

Engine No.:

ZD30023897N

Chassis No.:

JN1SC2F24Z0859776

Maximum Power Output:

Open Market Value:

\$26,468.00

Original Registration Date:

11 Jul 2017

First Registration Date:

11 Jul 2017

Transfer Count:

0

Actual ARF Paid:

\$1,324.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

10 Jul 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$36,879.00

COE Rebate Amount:

\$17,923.00

Total Rebate Amount:

\$17,923.00

The information contained herein is correct as at 30 Aug 2022



IMPORTANT NOTE: Please submit the completed Addendum form whom you submitted the Original Report.	n to the same Accident Reporting Centre with
ADDENDUM	
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: Short USO 6 Name (as shown in NRIC): Nices delete as appropri	RIC/FIN/Passport No:
(*Vehicle Driver/Policyholder) (*) Please delete as appropri	Singapore ()
Contact (Tel): M	Nobile No.:
Date of Accident: 2002 The Place of Accident: 36 1040 VIRW	Fime of Accident:
Insurance Company:	
(B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident an make the following amendments:	
ACCIDENT LOCATION TO 36 DEC	Jones View
	10 N 30/08/22
Policyholder / Actual Driver's Signature Date:	Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date: