

(08/11/13) wef

ASS. REC. BY:

REF:

CC/EG/22010095/Rcy³

3580

ASSIGNMENT

COG-2023/FEB

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBA 9564B

at Workshop m/s FORZA AUTOHANS P/L

of 39, Mannings CL #101-34 @ MSHA

Insured:

EHI

Policy No.

Claims No.

Sum Insured:

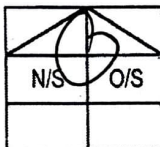
Excess:

TBA

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

3K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBA 9564B

Yr Regn:

2008 / APR

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA DYNA 150 MANUAL c.c 2482

Colour:

GREEN

A/C:

Insured / Std / NI / NA

Sp. Reading

-

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTRAT354303001743

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/75R15C

R:

155R12C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

5/5

mm

L/Bal.

7

mm

L/Bal.

5/5

mm

D.O.A.

10/10/22

D.O.I.

13/10/22

Survey held at

FORZA

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

ENGINE COMPARTMENT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIMIT - 1K

TOTAL LOSS

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

) S + RS SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I. (\$))

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 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	11/10/2022 15:17 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 15:00 (SGT)
Exact Location of Accident	Near 171 Paya Lebar Rd, Singapore 409048
Additional Location Information	ALONG PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9564B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	200008358D
Company Reg No	2XXXXX358D
Email Address	SALES@AEROMAC-ENGINEERING.COM.SG
Mobile Phone No	(Phone) +65-67582971
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG21010781

DRIVER

Name of Driver	KOWSER MD ABU
Work Permit No	GXXXX836R
Date Of Birth	01/01/1989
Occupation	Outdoor

Date Of Driving Pass	30/09/2016
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86477010
Alt. Phone Number	-
Email Address	MDK10994@GMAIL.COM
Address	34 MANDAI ESTATE #01-15
Address complement	-
Postcode	729940
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

Was the accident reported to the police?	Yes
Police Station Name	ONLINE TRAFFIC REPORT
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER STATED TIME AND DATE, I WAS TRAVELING ALONG PIE TUAS TOWARDS CHANGI EXITING PAYA LEBAR INTO PAYA LEBAR ROAD WHEN SUDDENLY MY VEHICLE CAUGHT FIRE , AFTER 20 MINS POLICE AND CIVIL DEFENCE ARRIVE AT THE SCENE TO PUT OUT THE FIRE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN

IMPORTANT NOTICE

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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

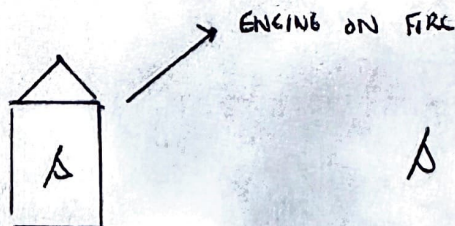
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - 6849564B



**SINGAPORE
POLICE FORCE**



T/20221011/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221011/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65476200

NP168

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

Date/Time:
11/10/2022 11:11

Classification Of Case:

**SINGAPORE
POLICE FORCE**

T/20221011/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221011/7012

CONTINUATION OF REPORT

Driver			
Name	KOWSER MD ABU	ID No.	G6649836R
Related Vehicle	GBA9564B (Lorry)	Contact No.	86477010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

AS PER STATED TIME AND DATE, I WAS TRAVELLING ALONG PIE TUAS TOWARDS CHANGI EXITING PAYA LEBAR WHEN SUDDENLY MY VEHICLE CAUGHT FIRE , AFTER 20 MINS CIVIL DEFENCE AND POLICE ARRIVED AT THE SCENE AND THE FIRE WAS PUT OUT BY THE FIRE FIGHTER.



SINGAPORE POLICE FORCE



T/20221011/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221011/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2022 11:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KOWSER MD ABU		Address:	
ID Type / ID No.: FIN NO / G6649836R		Contact No.: Home/Office: Mobile: 86477010	
Nationality: BANGLADESHI		Email: mdk10994@gmail.com	
Sex: Male	Age: 33	Date of Birth: 01/01/1989	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2022 15:00	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: VEHICLE ON FIRE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBA9564B	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

ERGO**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)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG21010781
 Vehicle Registration Number : GBA9564B
 Cover Type : Third Party Fire & Theft
 Policy Type : Commercial Vehicle (Pte Use)
 Name of Policyholder/Insured : AEROMAC ENGINEERING PTE LTD
 Commencement Date of Insurance : 31/08/2021
 Expiry Date of Insurance : 27/10/2022
 Excess :

FLASH
 Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620**Finance Company/Hire Purchase Owner :*****Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

*** Limitations as to Use:**

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

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) 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 (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.
 Approved Insurer

Karl-Heinz Jung

Authorized Signature

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : JTFAT35Y303001743, Vehicle Engine Number : 1KD1804193		CP1, 30/08/2021 15:04

Describe Circumstances of the Accident

AS PER POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	358D
Vehicle No.:	GBA9564B
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1KD1804193
Chassis No.:	JTFAT35Y303001743
Maximum Power Output:	-
Open Market Value:	\$24,243.00
Original Registration Date:	28 Apr 2008
First Registration Date:	28 Apr 2008
Transfer Count:	2
Actual ARF Paid:	\$1,213.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	28 Feb 2023
COE Category:	E - Open Category
COE Period (Years):	5
PQP Paid:	\$23,496.00
COE Rebate Amount:	\$1,762.00
Total Rebate Amount:	\$1,762.00

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 14 Oct 2022

OK