THE PARTY OF THE PROPERTY OF THE PARTY OF TH	projects. (not 1 120)	· · · · · · · · · · · · · · · · · · ·	die de la constitución de la con		
TIONAL Assessment Centre S	ch description	Date &Time	Completed	Done pl.	-
ale in: YIII (X) 22 (A)	SAS e-filing				
et No: 1/38/100772 100714				, ,	
all No. YP 6927D	E-mail (within three ACC			4 3 7	
10.A: 7/1/2022 17/5V+	I-Motor Claim Form	AUSTRALIA CONTRACTOR C	-	- Mary	
A	1-Motor W/O (white	: QD 1hrs, 77 41-rs)			
D (7) 1 Reporting Only	1-Photo Uploaded		-	SETZER ZARASSE - AND SPECIAL SECTION &	
and the state of t	Assessment/Survey R	eport		and the state of t	!
Pinsurett	Ass't Report by Enx	Hand to Owner/Wis	Fa	The second secon	1
eferred Wksp / INO Assign Wksp / QW: (1	Tel:	and the second section of the section of the second section of the section of the second section of the section of th	X.	
Particulars: Veli No: XD	9643E	INC(,)/ Non-F	MC()',		
Ovyner / Driver: (Tel:			
Policy No: () Perio	:4: () Cover Typ	Miles and Miles	· · · · · · · · · · · · · · · · · · ·	
The state of the s	Da	121	7095 F- 80-1	00%)	
Insured Driver Liability: (%) (No	ote-Est Status (WO):	N: 0-20%, F: 24.	1 2 744 1 30-1		
Vers of Registration: () W	different to the first	NO()			
Excess: (\$) Londing: \$1,00	0()/52,000()			
The state of the s		A Wilder Land Commence	Sangalin.	3.427 .41	
energi Remarks: 2 Customer's inform	nation strictly Confide	ntial & Strictly NO 13	er of tepauer.	-	-
) Total Loss Cas: : to e-mail Insurer	URGENTLY.				-
Y. Introduction	YES()/NO() ; Towing Co:	1		j
amarks 1970 (ING holding: 6788(6616)		25455 CT 103-840		- Done by	Salar Sa
temarks 10 (ING halling, 6788,6616) Apply for Transport Allowance ()/ Co	ourtesy Car ()			Doneby	
temaPlish P (ING halling, 6788,6616) Apply for Transport Allowance ()/ Co OC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > \$3	ourtesy Car ()			Doneby	
emaPlisto P. QUNG hardine: 6788(6616)) Apply for Transport Allowance () / Company () QC Check / Post Repair Inspection b) Upload Resurvey Photo (Repair Cost > \$3 Injury :	ourtesy Car ()			Doneby	
emaphs of P(ING haddine; 6788,6616)) Apply for Transport Allowance ()/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3 Injury:	ourtesy Car ()			Doneby	
emaplish P. (ING holling, 6788,6616) Apply for Transport Allowance ()/Co OC Check/Post Repair Inspection Outplosd Resurvey Photo (Repair Cost > \$3 Injury :	ourtesy Car ()			Done by	
emaphs of AING hardine; 6788.6616) Apply for Transport Allowance ()/Co OC Check / Post Repair Inspection Outplosed Resurvey Photo (Repair Cost > \$3 Injury :	ourtesy Car ()			Donesy	
emaphs of AING hardine; 6788.6616) Apply for Transport Allowance ()/Co OC Check / Post Repair Inspection Outplosed Resurvey Photo (Repair Cost > \$3 Injury :	ourtesy Car ()			Doreby	
emaphs of AING hardine; 6788.6616) Apply for Transport Allowance ()/Co OC Check / Post Repair Inspection Outplosed Resurvey Photo (Repair Cost > \$3 Injury :	ourtesy Car ()				Assilla
emaPlistic A (ING harline: 6788,6616) Apply for Transport Allowance ()/Co O QC Check / Post Repair Inspection O Uplacd Resurvey Photo (Repair Cost > \$3 Injury :	ourtesy Car ()		d Completed in		
emarks: P. (ING Equine: 0788:0016) Apply for Transport Allowance ()/Co OC Check / Post Repair Inspection Outplosed Resurvey Photo (Repair Cost > \$3 Injury: Add Turas Actions	Ourtray Car () () () ()	avoice Preparation	Checlarst Sy.		
emarks: P. (ING Equine: 0788:0016) Apply for Transport Allowance ()/Co OC Check / Post Repair Inspection Outplosed Resurvey Photo (Repair Cost > \$3 Injury: Add Turas Actions	Ourtray Car () () () ()	Nuice Freparation AR: Accident Baserias DA: Demage Assumes	Checklist St. (330); INC	(150)	
Apply for Transport Allowance ()/Comply for Transport Allowance ()/Comply QC Check/Post Repair Inspection O) Uplosed Resurvey Photo (Repair Cost > \$3 Injury: Onto Turna (Actions)	Ourtasy Car ()	AR: Acelent Basering DA: Demage Assessment (Fr: Fellow-Through Sci	Chirchdist of the control of the character of the charact	(350) (350) (310) (310) (310) (310) (310)	
emaplistic A(ING holdings 6788,6616) Apply for Transport Allowance ()/Comparing the properties of th	Ourtasy Car () () () () ()	NUICE Eroparation AR: Accident Basering DA: Demage Assistance (Ff: Fellow-Through Sur Ff: Follow-Through Sur Ff: Follow-Through Sur	Chirchdist of the control of the character of the charact	(13-1) (1	
Apply for Transport Allowance ()/Co 2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3 Injury : Onto Tural Actions () Injury : Photo Tural Actions () Injury : Injury :	Ourthey Car () () () () ()	AR: Accident Responds (DA: Demage Anassmer) (Fr: Fellow Through Sate Facelite Indian Anassmer) (Fr: Respondent Indian Anassmer) (Fr: Respondent Indian India	Chricklist of (130); (300); (3	(350) (350) (310) (310) (310) (310) (310)	
emaplished (ING hollings 6788,6616) Apply for Transport Allowance ()/Co OC Check / Post Repair Inspection Outpload Resurvey Photo (Repair Cost > \$3 Injury: Actions Act	Ourthey Car () () () () ()	AR: Accident Reserves. DA: Denney Assistance. PT: Fellow-Through Sur Excitational Accident Sur OTR: Recompedia.) NI: Has DA + SAIRT. S.) NI: Calciumant Sur. () NI: Has DA + SAIRT. S.	Chricklist of (130); (300); (3	(359) 510/542 5150 530 100 5160	
emaplished (ING hollines 6788,6616) Apply for Transport Allowance ()/Co OC Check / Post Repair Inspection Outpload Resurvey Photo (Repair Cost > \$3 Injury : Onic Timal Actions Lister/Owner: Smiged Portion:	Ourthey Car () () () () ()	ARIACCIONI PARAMENTALISMA SALESTA SALE	Checklists (330); (330); (3500); INC	(13-1) (1	
Apply for Transport Allowance ()/Co 2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3 Injury : Onto Tural Actions () Injury : Photo Tural Actions () Injury : Injury :	Ourthey Car () () () () ()	ARIACIST FEDURATION ARIACIST FEDURATION ARIACIST FAMILIANA DAIDONAGE ANGERMAN (FITTONICA THOUGH SAI FITTONICA THOUGH SAI (NICA Additional Service (NICA ADDITIONAL SERV	Checklist (S). (330): (3100): INC. (730): Annother (S). (730): Annother (S).	(1355) (1355) (1355) (1356) (1356) (1357) (1357) (1358) (1	
Camarks and Allows (1886) Apply for Transport Allowance ()/Co Cy Cy Check/Post Repair Inspection Distributed Resurvey Photo (Repair Cost > \$3 Injury / Data Tural Actions) High antis Ramiculins (Inter No. Smaged Portion: **** Checked by (Engi-In-Charge):	Ourthey Car () () () () ()	ARIACIDENT SUPERING SALES OF THE CONTRACT STATES OF THE CONTRACT SALES OF THE CONTRACT S	Checklist (S) (330) (3100): INC (3100): IN	(154) (154) (154) (150) (1	ASTONIA ASTONIA
Camarics (CING holdings 6788,6616) 1) Apply for Transport Allowance ()/Co 2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3 Injury: Actions Actions Actions Timal Actions The Cowner Inter No.	Ourtasy Car () () () () () () () () () ()	AR: Accident Report August Series Tresion Through Series (Pri Pellow Through Series) (Pri Pellow Through Series) (Pri Recognisation August Series) (Pri Report Coordinate Pri DV / Collect United Series (Pri DV / Collect United Series (Pri DV / Collect United Series) (Pri DV / Collect United	Checklist (S) (30): (30	(350) 510/542 510/5	
Camarks and Allows (1886) Apply for Transport Allowance ()/Co Cy Cy Check/Post Repair Inspection Distributed Resurvey Photo (Repair Cost > \$3 Injury / Data Tural Actions) High antis Ramiculins (Inter No. Smaged Portion: **** Checked by (Engi-In-Charge):	Ourtasy Car () () () () () () () () () ()	ARIACIDENT SUPERING SALES OF THE CONTRACT STATES OF THE CONTRACT SALES OF THE CONTRACT S	Checklist (S) (330) (3100): INC (3100): IN	(154) (154) (154) (150) (1	Add Bill

SN0822BL0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 21/11/2022 18:39 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (21/11/2022 18:39 (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 21/11/2022 18:39 (SGT)
Reported by Driver
Date of Accident 21/11/2022 12:30 (SGT)
Exact Location of Accident Benoi Sector, Singapore
Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SUZU

Vehicle Registration Number YP6027D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

1XXXXX747H

Email Address

Mobile Phone No

Alternative Phone No

Yes

CRAMOIL SINGAPORE PTE LTD

1XXXXX747H

elaine@cramoil.com.sg

(Phone) +65-94480181

-

VEHICLE PARTICULARS

Manufacturer

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
Policy Number / Cover Note Number

DHOM110173302002

DRIVER

Name of Driver
Passport No/FIN
Date Of Birth
Occupation

VINAY KUMAR
GXXXX269W
05/06/1991
Outdoor

Date Of Driving Pass	11/08/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94480181
Alt. Phone Number	-3
Email Address	elaine@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	
, and the second	-
Insurance Company of Other Vehicle Owned by Driver	-
OFFICE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
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?	NO
Was any injured conveyed to nospital by ambulance:	Yes
Was any other vehicle or property damaged?	
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	2
Translator's phone number	_
Translator's email	
Original language used in the statement	_
Original language used in the statement	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
38 / 22 C V	

CIRCUMSTANCES OF ACCIDENT

WHEN I WAS DRIVING STRAIGHT ALONG BENOI SECTOR, VEHICLE XD9643E FAILED TO STOP AT THE STOP LINE TO GIVE WAY TO MAIN TRAFFIC HAS COLLIDED WITH MY VEHICLE YP6027D. MY LORRY HAS CARRIED SOME DRUM AND SOME OF ITS SPOILED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9643E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver NRIC No	SENG KIA HUAT SXXXX209J
Contact Number	(Phone) +65-94305020
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in against	-
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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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 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' 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.

SHCAPOR BE

Policyholder's Signature / Date & Time

Vincey Kum ar

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

Withessed by Reporting Centre Personnel

Sketch Plan

1P602DD Berson sector

A) 4P6027D

A) 4P6027D

B) 7D9643E

Describe Circumstances of the Accident

ICENSE PLATE: YP	60270	ACCIDENT DATE & TIME: 21/	11/22, 1230 hrs
CONTACT NUMBER: 944	180181	E-MAIL ADDRESS:	1-20113
OCATION: BENUI	Sector		
When	I was driv	ing straight all	ung Benui
Secto	r. vehicle	x 9643 & faile	11 to Han
6+ +	he stop line	to silver la la	to me
tralli	i liber colle	ded Pills by	al vel
VIS	6077 0	er and my	Luicis
170	, , , ,		
MI	larry has a		2 1
	10119 MAS CO	irrial some down	and
Come	1+5 Spo	iled:	

	*		
NOTE: PLEASE I	NOTE THAT YOUR INSURER M	AY HAVE 14 DAYS TIME FRAME FOR YOU	J TO SUBMIT AN
OWN DAMAGE CLA	AIM UNDER YOUR OWN POLIC	Y. PLEASE CHECK YOUR POLICY FOR M	ORE INFORMATION.
Please state:			
() Claim Own Policy	(Claim Third Party	() Claim OD/TP at other workshop	() Reporting Only
			. , , , , , , , , , , , , , , , , , , ,

Declaration

Time

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Vinay Kumar

Witnessed by Reporting Centre

Personnel

Accident Reporting Form

Accident details			TOTAL	7.543-53
**Own Damaged Claim	**Third Party	Claim	**Rep	porting only
**Date of accident	21/11/2022	**Time of	accident	1330 hrs
**Location of accident	Benoi sec	tur	19	
Type of accident	Manor to	mijor.	rd.	
**Weather condition	Clear	Raining	Others	S:
**Road surface	Dry	Wet	Others	S:
**Any foreign vehicle involved?		Yes, foreig	n vehicle no 8	& category :
**Number of vehicles involved i	The same of the sa	2		
Has the driver been approached	by unknown person(s) sol	liciting/offering :	accident clain	ns assistance? Yes No
Was the accident reported to th			station name	
Was notice of intended prosecu		LKO I	Yes, against	
Own vehicle (Please provide			A	
Vehicle registration number	YP 60>7 D	Vehicle ca	tegory	forny.
Vehicle manufacturer	15424	Vehicle mo	odel	F
**Vehicle transmission	Auto Manual	i cc		
Exact purpose for which vehicle	was being used at time of	accident	100	rK
**Number of passengers, include				
(Please provide name & gend	AND THE PROPERTY OF THE PROPER	1 pr	CX	
max 7 person)		/		
Own vehicle policy (Please pr	ovide certificate of insur	rance)		
Handling insurer 00	21	Coverage	type	composeh on sitted
**Fleet policy Ye	s No	Policy no ,	/ cover note r	no DHOM 110173302
Registered owner ID type	COMPANY	p//**Registe	red owner ID	,
Registered owner name	Cramoil singapo	ore **Email		elaine (cramull. co
**Mobile no	94480181		alternative ph	hone no 686/116/
Driver information	Maria de la compania	COLUMN TO THE TOTAL OF THE TOTA		
Name of driver //ina	Y KUMAr	Driver ID	type	NRIC JEIN
Driver gender M	ale Female	Driver ID	no	66913269W
Driver date of birth	5/6/1991	Driving pa	ass date	11/8/2020
**Driver mobile no	94480181		nail address	
**Driver address	4 THAS Vie	wlane	5 637	750
Driver occupation	Indoor	Outdoor		
Driver & owner relationship	employe.	2_		
Does driver own other vehicles	i? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes. Vehi	cle number &	handling insurer:
TP Vehicle or Property	the state of the s			MALE CARLO AND
Vehicle registration no (1)	XD 96436	**Vehicle	e category	
Name of driver	Sens Kia Hu	164 Driver mo	obile no	94305000
Driver ID type	NRIC FIN	Driver ID	no	5 1630209 J
Vehicle registration no (2)		**Vehicle	e category	
Name of driver	Annual control of the Charles of the	Driver mo	obile no	
Driver ID type	NRIC FIN	Driver ID	no	
Vehicle registration no (3)		**Vehicle	e category	
Name of driver		Driver me	obile no	
Driver ID type	NRIC FIN	Driver ID		
Vehicle registration no (4)			e category	
Name of driver		Driver m		
Driver ID type	NRIC FIN	Driver ID		
**Was anybody injured in the			s, in which vel	hicle?
**Any injured conveyed to ho		No No		in which vehicle?
**Was there any witnesses?	Spital by Ambulance:	Yes. Witness		Transcription.
**Was there any video captur	THE REAL PROPERTY OF THE PERSON OF THE PERSO			annot be uploaded :
**Was there any audio captur		Yes		



United Overseas Insurance Limited 146 Robinson Road #02-01 UOI Building Singapore 068909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Fax (65) 6327 3872 (claims) Email: contactus@uol.com.sg uoi.com.sg

Co. Reg. No. 197100152R

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.

DH0M110173302002

Excess: \$1000/-SECTION 1

Type of Cover COMPREHENSIVE \$2000/-APPL TO <25 YR\$ & OR <3YRS EXP

Vehicle Number

YP6027D

Name of Insured

CRAMOIL SINGAPORE PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 7 April 2022 to 6 April 2023

Engine#

\$100/-WINDSCREEN DAMAGE CLAIM

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

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

Date: 28/03/2022 **FSCPP**

For the Company