

Sum 92319000

Fax:

Owner / Driver: (

Tel:

Policy No: (

Period: 1

Cover Type: (

Confirmed by: C

Date: _____

Times

Insured/Driver Liability: (96) (Note-Inst. Status (WO): H: 0-2014, F: 21-79%, F: 80-11/03/14)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$)) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC holding: 6788,0016)

Dr. J. W. Campbell

Done by

- | | |
|---|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | |

Injury :

Date Turned In: Actions:

NA2300063

Invoice Preparation Checklist

- | | |
|---|------------|
| 1) AR: Accident Reporting (\$300) | |
| 2) DA: Damage Assessment (\$1000) | INC (\$50) |
| 3) TP: Towing Fee | \$10/\$40 |
| 4) PT: Follow-Through Survey | \$150 |
| 5) PT: Follow-Through Survey (Recovery) | \$50 |
| Excess time beyond 120 Days (over 10 hrs 70%) | |
| 6) TR: Reimbursement | \$75 |
| 7) NI: New DA, & SMPT Survey | \$140 |
| 8) NUC Additional Form 101 | |

river/Owner:

Project No:

Unmanned Portion: 100%

10. Checked by (Engr-In-Charge):

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

1

12/9

513

*NS: Country Card / Tot Allowance

*NS: Repair Coordination

17. Post Flight Inspection

*N7: Post Report Inspection

• ND: DV / Collect Excess Coordination
 • ND: DV / Collect Excess Coordination

TP (N1): TP (N1a INCI) against INCI

53 M1213400 Mobile

(10-7-18 1916)

Not Charged

1908

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	09/01/2023 09:53 (SGT)
Reported by	Driver
Date of Accident	06/01/2023 16:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS SLIP ROAD TOWARDS JALAN BAHAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGH2448D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAT HONG CONSTRUCTION & TRANSPORT PTE. LTD.
Company Reg No	2XXXXX703C
Email Address	meeling2009@hotmail.com
Mobile Phone No	(Phone) +65-96821839
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0002058_04

DRIVER

Name of Driver	SIM GUAN SING
NRIC No	SXXXX645D
Date Of Birth	20/08/1960
Occupation	Indoor

Date Of Driving Pass	03/11/1980
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96821839
Alt. Phone Number	-
Email Address	meeling2009@hotmail.com
Address	BLK 603C PUNGGOL ROAD #14-734
Address complement	-
Postcode	823603
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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)

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	SGC7777Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address
 Address complement
 Postcode
 Insurance Company Name AIG Asia Pacific Insurance Pte. Ltd.
 Nature Of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM GUAN SING
Gender	Male
Phone No	(Phone) +65-96821839
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK PAIN
Injured person in which vehicle?	SGH2448D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

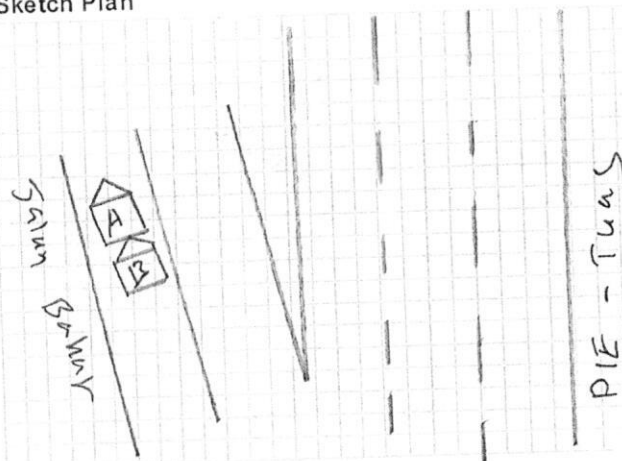


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SGH 2448 D

B = SGC 7777 Y

Describe Circumstances of the Accident

I was traveling Along exit of PIE towards Tuas
Jalan Bahar, I Stop stationary waiting to move off,
Suddenly a vehicle collided onto the rear of my car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

[Signature] 09/01/2023
Witnessed by Reporting Centre
Personnel

Date of Accident

: 6/11/2023 Accident Time: 1655 (24-HR-Format)

Accident Place

: Slip Road of PIE towards Tuas (Selan Bahar)

Vehicle No. (Car Plate No.)

: SGH 2448 D Make/Model: Toyota Camry 2.5 Auto

Insurance Company

: India International Policy No: D18MPC 002058-04

Owner or Company Name / IC No.

: TAT HONG CONSTRUCTION & TRANSPORT PTE LTD
UEN: 200613703 L

Owner or Company Contact No.

: _____ Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No.

: SIM GUAN SING S1428645D

DRIVER'S Date Of Birth

: 20/08/1960 DRIVER'S License Pass Date 03/11/1980

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling Employee Others: _____

DRIVER'S Address

: BLK 603C Punggol Road #14-734 S(823603)

DRIVER'S Contact No./ Alt No.

: 1) 9682 1839 2) _____

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: meeling2009@hotmail.com

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver):

1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): YES, Bod-1 Neck

Other Party Driver's Particular (if any)

Vehicle No: SGC 7777 Y (A16)

Vehicle No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____


IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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.: D18MPC0002058_04		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SGH2448D	
Chassis No	: MR053AK5004009928	
2. Name of Policyholder	: TAT HONG CONSTRUCTION & TRANSPORT PTE. LTD.	
3. Effective date of Insurance	: 19 Nov 2022	
4. Expiry date of Insurance	: 18 Nov 2023	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>	
Excess Sect I (For Employees):	SGD750.00	
Excess Sect I (For Non-Employees):	SGD1,250.00	
Windscreen Excess:	SGD100.00	
Hire Purchase Company	: OCBC Bank Limited	
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	: A000012/Lim Beng Lien	For India International Insurance Pte Ltd
Date of Issue	: 18/11/2022 09:13:02	
M.X. 4 - PRIVATE CAR (ORGANIZATION)		Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	703C
Vehicle Details	
Vehicle No.:	SGH2448D
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.5 AUTO
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	2ARU268041
Chassis No.:	MR053AK5004009928
Maximum Power Output:	133.0 kW (178 bhp)
Open Market Value:	\$28,170.00
Original Registration Date:	19 Nov 2015
First Registration Date:	19 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$31,438.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Nov 2025
PARF Rebate Amount:	\$18,862.00
Intended COE Rebate Details	
COE Expiry Date:	18 Nov 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$58,190.00
COE Rebate Amount:	\$16,115.00
Total Rebate Amount:	\$34,977.00

The information contained herein is correct as at 09 Jan 2023

OK