

**NATIONAL Assessment Centre Services** (Call 1-800-555-5555) **NA2300525**

Date In: 20/02/2023 14:39	Job description: SAS e-Mailing	Date & Time Completed:	Done by:
Ref No: NBS1800280018381			
Veh No: GBL 587E	E-mail (Vehicle File, A/C 2013)		
D.O.A: 10/01/2023 20:30	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (Vehicle: 2013, 2014, 2015)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: GBL 587E INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: List Status (W/O): N: 0-30%, R: 21-70%, F: 80-100%)

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

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

General Remarks: ( )

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

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

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

Remarks: ( ) (INC Notation: 0788, 0015) Date & Time Completed: ( ) Done by: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date: ( ) Time: ( )

Location: ( )

Vehicle: ( )

Driver: ( )

Owner: ( )

Insurer: ( )

Assessor: ( )

Surveyor: ( )

Repairer: ( )

Other: ( )

**NA2300525**

Invoice Preparation Checklist	Amount
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$50)	
3) TP: Towing Fee (\$10/\$45)	
4) PF: Yellow Through Survey (\$12)	
5) PF: Yellow Through Survey (Unsurvey) (\$30)	
6) TR: Deformation (\$25)	
7) NI: New DA + SMRT Survey (\$145)	
8) NTUC Additional Fee (\$10)	
GM	
*NI: Courtesy Car / Tot Allowance (\$5)	
*NI: Repair Coordination (\$10)	
*NI: Post Repair Inspection (\$20)	
*NI: DV / Collect Excess Coordination (\$1)	
TP (NI): TP Given INC / Survey INC (\$25)	
Final Total	101

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

Signature: ( )

Date: ( )

## 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	20/02/2023 14:39 (SGT)
Reported by	Driver
Date of Accident	10/02/2023 20:30 (SGT)
Exact Location of Accident	Marsiling Industrial Estate Rd 7, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3877L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GATHREGATES SWITCHGEAR PTE. LTD.
Company Reg No	2XXXXX049R
Email Address	hasnah.lani@gathregates.com
Mobile Phone No	(Phone) +65-65554441
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPCVE000001

#### DRIVER

Name of Driver	ANDAVAN VIJAYAKUMAR
Passport No/FIN	FXXXX247U
Date Of Birth	08/03/1975
Occupation	Outdoor

Date Of Driving Pass .....	27/07/2004
Driving experience .....	18 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96809928
Alt. Phone Number .....	-
Email Address .....	hasnah.lani@gathergates.com
Address .....	BLK 337 SEMBAWANG CRESCENT #13-174
Address complement .....	-
Postcode .....	750337
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 .....	No Collision
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? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	COLLEQUE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230220/2043

#### 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 .....	GBL1587E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KHAIRUL IRFAN BIN JOHARI
NRIC No .....	SXXXX129Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
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 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.



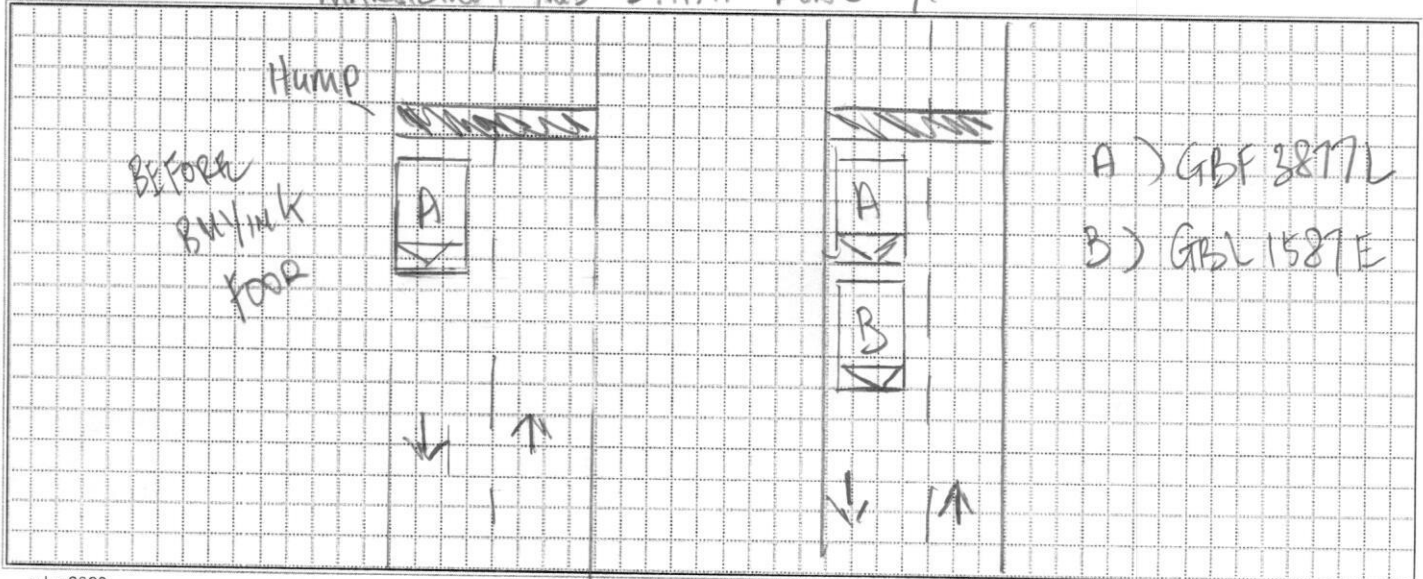
Policyholder's Signature / Date & Time

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

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

### Sketch Plan

MARILYN IND ESTATE ROAD 7.



vJun2022

Photo 1  
BEFORE BUYING  
FOOD

Photo 2  
AFTER  
BUYING FOOD



Describe Circumstance of the Accident

ON 10/02/2023 AT ABOUT 20:30HRS I PARK MY LORRY GBF3877L  
 AT MARSHLICK IND EXTENSION ROAD 7 (NEAR AL-AMIN EATING CORNER)  
 THE TIME I PARK THERE IN FRONT OF ME WAS NO VEHICLE. SO  
 I GO & BUY MY <sup>FOOD</sup> AT THE EATING HOUSE. WHEN I CAME  
 BACK THE WAS GBL1587E. A GUY CAME TO ME & ASK  
 FOR MONEY BECAUSE ME OF SAULT INTO HIS VAN. AND SAY  
 THAT IF I DID NOT GIVE MONEY HE WILL CALL POLICE.  
 SO I TELL HIM CAN JUST CALL FOR THE POLICE. SO HE  
 DECIDED NOT TO CALL. SETTLE MONEY EVERYTHING OK.  
 SO AFTER THAT HE TOLD ME NOT TO REPORT FOR BOTH  
 PARTY & WE EXCHANGE PARTICULARS & CMT. ON 15/02/2023  
 I RECEIVE A LETTER FROM Sompo INSURANCE THAT I HAVE  
 INVOLVED INTO ACCIDENT THAT, ALL.  
 POLICE REPORT T/20230220/2043

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 20/02/2023

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



# SINGAPORE POLICE FORCE



T/20230220/2043

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20230220/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
20/02/2023 13:09

Vide Report No.:

Station Diary No.:  
55

**Informant's Particulars**

Name of Informant: ANDAVAN VIJAYAKUMAR		Address: APT BLK 337 SEMBAWANG CRESCENT #13-174 SINGAPORE 750337	
ID Type / ID No.: FIN NO / F7508247U		Contact No.: Home/Office: Mobile: 96809928	
Nationality: INDIAN		Email:	
Sex: Male	Age: 47	Date of Birth: 08/03/1975	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/02/2023 20:30	Type of Location:
Location: MARSILING IND ESTATE RD 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3877L	Lorry				No Damage	0
GBL1587E	Car				Slightly Damaged	0





SINGAPORE  
POLICE FORCE

Police Station Of Origin:

Choa Chu Kang N.P.C

20 Choa Chu Kang Street 52 #01-02

SINGAPORE 689286

Tel No: 1800-7659999

CONTINUATION OF REPORT

Report No. T/20230220/2043

T/20230220/2043



10021  
A7 MARSILING  
the time I  
I do buy  
BACK 11. MAR

Brief Details.

On 10/02/2023 at about 2030hrs, I parked my lorry at marsiling ind estate road. The time I parked my lorry there was no vehicle in front of me.  
I went to buy food and when I came back, the van driver of GBL1587E came forward and ask for money and accuse me to banding onto his van.  
This report is for insurance claimed purposes.



Investigation and Report Road 7 (near Al-Aminah Road) 20030220/2043  
I took my lorry G8F3877L

2043  
2 of 3  
20230220/2043



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Sketch Plan  
Informant is not able to provide sketch plan

CONTINUATION OF REPORT

Report No. T/20230220/2043

3 of 3

T/20230220/2043



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
J/  
SGT 2 ALAN YAP PENG KWEE

*[Signature]*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

NP168

Classification Of Case:

Date/Time:  
20/02/2023 13:09

Signature Of Informant:

*[Signature]*

20th February 2023

TO: **Whom It May Concern,**

Dear Sir/Madam,

RE: **LETTER OF AUTHORISATION**

Please kindly assist Mr Andavan Vijayakumar, F7508247U to file an accident report for Vehicle no. GBF3877L on behalf of Gathergates Switchgear Pte Ltd.

Thank-you.

Yours truly,



**Hasnah MOHD LANI**  
Admin Executive

# ACCIDENT STATEMENT

ACCIDENT DATE: (10/02/2023) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: MARSHLY INDUSTRIAL ESTATE RD 7

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 3877L  
 b) INSURANCE COMPANY: SWAPO  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA DYNA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: GATHAR GATHES SWITCHGEAR PTM LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 65511111  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: ANDAVAN VIJAYAKUMAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: F7508247U CONTACT: 96809928  
 c) ADDRESS: 16 Jlnko Dr 758203

\* d) DATE OF BIRTH: (08/03/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 27/07/2004

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES/NO)  
 7. a) REPORTED TO POLICE (YES/NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL 1587E MODEL:  
 b) DRIVER'S NAME: RAHMAN BIN ZHARI  
 c) NRIC/FIN/PASSPORT: S99291292 CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME: CONTACT:  
 c) NRIC/FIN/PASSPORT:

Email: HASNATH.LANI@GATHARGATHES.COM  
 VIDEO

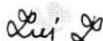


**Certificate of Insurance****ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

- Cert No./Policy No. : D23MTPCVE000001
1. Registration No. : GBF3877L - Item No. 5
2. Insured Name : GATHERGATES SWITCHGEAR PTE. LTD.
3. Commencement Date : 01 JANUARY 2023 00:00
4. Expiry Date : 31 DECEMBER 2024 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$600 - Section I
7. Persons or Classes of Persons entitled to drive\*
- b) Any person who is driving on the Insured'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.  
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.
8. Limitations as to use\*
- 1) Use in connection with the Insured's business.  
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business  
3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.  
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
9. ExcelDrive Workshops & Accident Reporting  
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
- It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.  
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555
- Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 24 AUGUST 2022 14:10

\*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.

**IMPORTANT NOTICE**

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11K08804 & KYORITSU INSURANCE BROKERS (SINGAPORE) PTE. LTD. CI Code: 20D JQDHPY444KDDLFAW

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport  
/Company Cert No.: 200205049R

Owner ID Type: Company

Owner Name: GATHERGATES SWITCHGEAR PTE. LTD.

Registered Address: 16 SENOKO DRIVE WOODLANDS EAST INDUSTRIAL ESTA SINGAPORE 758203

Mailing Address: -

Birth Date: -

**Vehicle Particulars**

Vehicle No.: GBF3877L

Previous Vehicle No.: -

Effective Date of Ownership: 03 Oct 2016

Original Regn Date: 03 Oct 2016

Registration Date: 03 Oct 2016

Year of Manufacture: 2016

Vehicle Type: Goods (Open) Lorry (Metal Body)/Pickup

Vehicle Scheme: -

Vehicle Attachment 1: With Hood

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: TOYOTA

Vehicle Model: DYNA 3.0 M

Primary Colour: White

Secondary Colour: -

Passenger Capacity: 2

Chassis No.: KDY2318024203

Engine No.: 1KD2602878

Engine Capacity /Power Rating: 2982 cc / -

Maximum Power Output: -

Propellant: Diesel

Max Unladen Weight:	1780 kg
Maximum Laden Weight:	3425 kg
Open Market Value:	\$39,238.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	1042821412
COE No.:	2016100305000356G
COE Expiry Date:	02 Oct 2026
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	- / \$48,963.00
PQP Paid:	\$34,296.00
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$0.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$1,962.00
Vehicle Lifespan Expiry Date:	02 Oct 2036
CO2 Emission:	174.00 (g/km)
CEV/VES Rebate Utilised Amount:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	The vehicle is registered under Early Turnover Scheme.





**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Our ref : CMTD2300667/PAULOONG

Date : 15-FEB-2023

GATHERGATES SWITCHGEAR PTE. LTD.  
16 SENOKO DRIVE  
WOODLANDS EAST INDUSTRIAL ESTATE  
SINGAPORE 758203

For Your Urgent Attention

Dear Sirs

Accident on : 10-FEB-2023

at / along : MARSILING INDUSTRIAL ESTATE RD 7, SINGAPORE

Involving : GBF3877L/GBL1587E

REGISTERED

We have received a claim in connection with the above accident and your vehicle GBF3877L was alleged to be involved.

Our records show that you have not reported this accident to us. If your vehicle was involved, please advise us the reason for not reporting to us immediately after the accident as this would constitute a breach of General Condition (4) of our policy which entitles us to repudiate all liabilities arising out of this accident.

Notwithstanding this breach, please proceed to any of our ExcelDrive Workshops or Accident Reporting Centres to file an accident report immediately. You may refer to your Policy or our website at [www.sompo.com.sg](http://www.sompo.com.sg) for the list of workshops and reporting centres.

If you are not the driver at the material time of the accident, please request the driver to bring along this letter, police report (if any), driving licence and NRIC to report.

Please note that this letter does not amount to an admission of liability on the part of the Company. If we still do not hear from you within 14 days from the date of this letter, the matter will be referred to the Traffic Police for their necessary action.

If you have already made a report to us, kindly ignore our present request.

Please quote our claim reference when writing to us.

Thank you.

Yours truly

  
GNOH PAU LOONG

Claims Executive

DID : 63295217

Fax : 62213147

cc KYORITSU INSURANCE BROKERS (SINGAPORE) PTE. LTD.  
112 ROBINSON ROAD  
#10-02  
SINGAPORE 068902

- Please assist

REMNR