

**NATIONAL Assessment Centre Services** (all times) **Sheet 2330006**

Date In: <b>27/03/2023 13:22</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>BA/60123003/24/Y</b>	E-mail (with AIC 2013)		
Veh No: <b>SE 8480J</b>	i-Motor Claim Form		
D.O.A: <b>20/03/2023 17:50</b>	i-Motor W/O (with: 00 2013, 00 2013)		
QC: TP: Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkop / INC Assgn Wkop / GW: ( ) Tel: Fax: ( )

TP Particulars: ( ) Veh No: **SEY 60595** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confirmed by: ( )

Insured/Driver Liability: ( ) % (Note: Use Survey (W/O): 10: 0-30%, 11: 31-79%, 12: 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 info of repair.

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

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

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Injury: ( )

Location of Injury: ( )

Time of Injury: ( )

Weather: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

Invoice Particulars:	Invoice: Preparation Charge	Amount	Remarks
1) AIC: Accident Paperwork (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$10/\$45		
4) PC: Follow Through Survey	\$15		
5) PT: Follow Through Survey (Barter)	\$50		
6) TR: Re-inspection	\$75		
7) NT: New DA & Survey	\$145		
8) NTUC Additional Services			
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## 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	27/03/2023 13:22 (SGT)
Reported by	Actual Driver
Date of Accident	20/03/2023 17:50 (SGT)
Exact Location of Accident	2A Pioneer Sector 1, Singapore 628415
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE8480J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YISHUN TOWING PTE LTD
Company Reg No	2XXXXX908W
Email Address	feliciatan80@hotmail.com
Mobile Phone No	(Phone) +65-94588480
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	FY1EULA-MXS
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	Auto
CC	12913

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCOHQ23-000029

#### DRIVER

Name of Driver	KARUNAKARAN PRASANTHI
Passport No/FIN	GXXXX082Q
Date Of Birth	09/06/1983
Occupation	Outdoor

Date Of Driving Pass .....	09/12/2022
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81376089
Alt. Phone Number .....	-
Email Address .....	feliciatan80@hotmail.com
Address .....	BLK 405 ANG MO KIO INDUSTRIAL PARK 1 #01-502
Address complement .....	-
Postcode .....	569631
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 .....	Side Swipe
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) .....	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 .....	SJY6059S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4



## 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 willful 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;

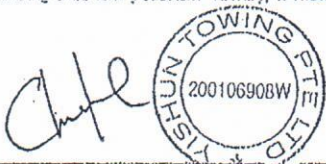
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



*Handwritten signature*

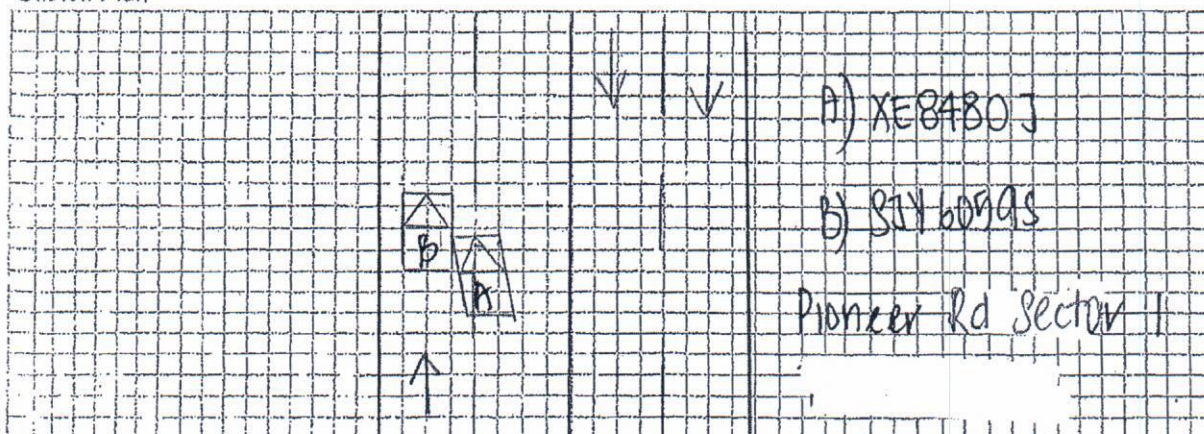
*Witnessed by Reporting Centre Personnel*  
27/03/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident

I was travelling along Pioneer Rd Sector 1 (In front of NO 2A) on the right lane.  
When I was about to proceed to the left lane, my truck collided  
onto the right side of vehicle B (SJY 6059S)

Declaration

We declare the foregoing particulars are true in every respect.

*Chye*



Policyholder's Signature / Date & Time

*Z.P.A*

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

*[Signature]* 27/03/2023  
Witnessed by Reporting Centre Personnel



VEHICLE NO: XE8480J

MAKE &amp; MODEL: HINO PIIEULA-MXS

AUTO / MANUAL

5

DATE OF ACCIDENT	20 / 03 / 2023	C.C.	12913
TIME OF ACCIDENT	1750 hrs	AM / PM	
LOCATION OF ACCIDENT	Pioneer Rd Sector 1 (in front of 2A)		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Yishun Towing Pte Ltd		
MAIL	feliuatan80@hotmail.com	Office	6458 8480
MOBILE			
IRIC	200106908W		
CLAIM TYPE	OD / THIRD PARTY	(REPORTING ONLY)	
LEET POLICY	YES / NO ?		
INSURANCE CO.	EQ		
TYPE OF COVERAGE	(Comprehensive) Third Party / Third Party Fire & Theft		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / (IF NO.) Karunakaran Prasanth		
IRIC	G2338082G		
DATE OF BIRTH	09 / 06 / 1983		
ANY PASSENGER	YES (NO)		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / (Indoor)		
DATE OF DRIVING PASS	09 / 12 / 2022		
GENDER	(Male) / Female		
CONTACT NO.	Mobile	81376089	Office
MAIL	feliuatan80@hotmail.com		
ADDRESS	Blk 4015 Ang Mo Kio Industrial Park   #01-502 8569631		
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No.		INSURER
RELATIONSHIP	(Employee) / If No.		
WEATHER CONDITION	(Clear) / Raining / Other		
ROAD SURFACE	(Dry) / Wet / Other		
ANY INJURIES	(No) / If yes, Who?		
CONVEYED BY AMBULANCE	(No) / If yes, Who?		
POLICE REPORT	(No) / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?		
VEHICLE B NO.	SJY6099S		Any Passenger: 3 + 1
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger,		
VEHICLE D NO.	Any Passenger,		
VEHICLE E NO.	Any Passenger,		
VEHICLE F NO.	Any Passenger,		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
**WORKSHOP:			
Have you been approach by unknown person soliciting (s) /			
Offering accident claims assistance?	YES / NO		



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**COMMERCIAL VEHICLE OTHERS (SCH VI)****Third Party****Certificate No. : DMCOHQ23-000029**

Form: MZ801

Excess:

YEID-AC Additional:

S\$3,000.00

ExcessTPWR-AllClaims:

S\$1,500.00

TPPD by Crane:

S\$20,000.00

**1. Index Mark and Registration Number of Vehicles**

XE8480J

**2. Name of Policyholder**

YISHUN TOWING PTE LTD

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

10/01/2023

**4. Date of Expiry of Insurance**

09/01/2024

**5. Person or Classes of persons entitled to drive\***

Special Type (MZ801) - Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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 has not been cancelled at the time of accident loss or damage.

**6. Limitation 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 Insured's business.

**THE POLICY DOES NOT COVER:**

(1) Use for racing, pace- making, reliability trial or speed-testing

(2) Use whilst drawing a greater number of trailers in all that is permitted by Law

(3) Use for the carriage of passengers for hire or reward

(4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders

\*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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase :

A000463/Sinins Agency Pte Ltd  
Date of Issue : 06/01/2023 16:39

Authorised Signatory  
EQ Insurance Company Limited

**Exp No. : DMCOHQ22-000038**



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

908W

### Vehicle Details

Vehicle No.:

XE8480J

Vehicle to be Exported:

No

Intended Deregistration Date:

06 May 2023

Vehicle Make:

HINO

Vehicle Model:

FY1EULA-MXS

Primary Colour:

White

Manufacturing Year:

2012

Engine No.:

E13CWL10107

Chassis No.:

FY1EUL10025

Maximum Power Output:

-

Open Market Value:

\$104,622.00

Original Registration Date:

30 Sep 2013

First Registration Date:

30 Sep 2013

Transfer Count:

3

Actual ARF Paid:

\$5,232.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

29 Sep 2023

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$59,001.00

COE Rebate Amount:

\$7,863.00

Total Rebate Amount:

\$7,863.00

The information contained herein is correct as at 27 Mar 2023

OK