

友尼摩哆公司 UNIMOTOR COMPANY

一號加基武吉六道一樓門牌九十四號 新加坡郵區四一七八八三 **AUTOBAY @ KAKI BUKIT**

No. 1 KAKI BUKIT AVE 6 #01-94 SINGAPORE 417883

TELEPHONE: 6748 2795 FAX: 6747 2373
ERGO INSURANCE PTE LTD Registration No.: 203165/00D
8 TEMASEK BOULEVARD #04-01

SUNTEC TOWER THREE SINGAPORE 638985

(MOTOR CLAIM DEPT)		
DATE:20/04/2023 OUR REF:UAPL1596		
REPAIR ESTIMATE TO YOUR HINO 300 NO:YQ1451P		
	\$	1,150.00
1 FRONT WINDSCREEN GLASS ASSY	\$	220.00
1 FRONT WINDSCREEN GLASS MOULDING		
1 FRONT R/H WIND MIRROR ASSY	\$	580.00
1 FRONT R/H HEADLAMP ASSY	\$	650.00
1 FRONT R/H CORNER PANEL GARNISH		220.00
1 FRONT STLL PANEL SIDE GARNISH	\$	160.00
1 FRONT SUPPORT PANEL	\$	800.00
1 FRONT HINO STICKER	\$	80.00
1 FRONT 300 STICKET	\$	80.00
1 FRONT GRILLE ASSY	\$	540.00
1 FRONT BUMPER FACE	\$	600.00
1 FRONT BUMPER BRACKET	\$	300.00
1 FRONT R/H BUMPER FOG LAMP	\$	340.00
1 FRONT R/H STEP PANEL GARNISH	\$	280.00
1 FRONT R/H DOOR PILLAR	\$	520.00
1 FRONT R/H DOOR ASSY	\$	1,100.00
2 FRONT DOOR HINGES	\$	180.00
1 FRONT DOOR LOCK ASSY	\$	380.00
1 FRONT R/H DOOR OUTER HANDLE	\$	190.00
1 FRONT R/H DOOR 616 STICKER	\$	80.00
1 FRONT R/H DOOR EURO 6 STICKER	\$ \$	80.00
1 FRONT R/H DOOR SIDE LAMP		120.00
1 FRONT R/H DOOR OUTER MOULDING	\$	120.00
1 FRONT R/H DOOR OUTER BLACK STRIP	\$	90.00
1 FRONT R/H DOOR WEATHERSTRIP	\$	240.00
1 FRONT R/H DOOR GLASS	\$	340.00
1 FRONT R/H DOOR INNER TRIM BOARD	\$	900.00
1 FRONT R/H FENDER GARNISH SHIELD	\$ \$	210.00
1 FRONT AIR CLEANER HOUSING	\$	680.00
2 REAR TAILLAMP ASSY	\$	360.00
	\$	11,590.00
ADD 10%	\$	1,159.00
GST FROM SUPPLIER 8%	\$	927.20
	\$	13,676.20
1 SET WOODEN PLATFORM	\$	2,800.00
1 SET ALUMINIUM CHEQUERED PLATE ON DECK.	\$	1,700.00
LOGO WRITING ON ALUMINIUM BOX.	\$	700.00
1 ALUMINIUM BOX 14 1/2 FT ASSY	\$	5,200.00
	9	9,500.00
1 TON ANTEO TAILGATE LABOUR TO REMOVE THE EXISTING BOX AND TAILAGTE	\$ \$	600.00
LADOUR TO REMOVE THE EXISTING BOX AND TAILAGTE	0	20,500.00
ADD 10%	\$	
GST FROM SUPPLIER 8%	\$	2,050.00 1,640.00
GST FRUM SUPPLIER 6%	\$	
	Þ	24,190.00



友尼摩哆公司 UNIMOTOR COMPANY

一號加基武吉六道一樓門牌九十四號 新加坡郵區四一七八八三 AUTOBAY @ KAKI BUKIT

No. 1 KAKI BUKIT AVE 6 #01-94 SINGAPORE 417883 TELEPHONE: 6748 2795 FAX: 6747 2373

Registration No.: 203165/00D

SPECIAL NETT:	•	20.00
1 FRONT ERP BRACKET	\$	26.00 25.00
1 REAR NUMBER PLATE	\$	60.00
1 FRONT WINDSCREEN RUBBER GUN 1 AIR FILTER	\$	60.00
8L ENGINE OIL	\$	96.00
LABOUR CHARGES:-		
TO RENEW COMPANY LOGO	\$	1,000.00
TO TOW VEHICLE TO WORKSHOP	\$	300.00
TO SERVICE/CHECK ENGINE FOR OIL LEAK FROM THE ENGINE	\$	300.00
TO DISM/REWIRING DAMAGED PORTION AND FUSE BOX	\$	320.00
TO DISM/RENEW FRONT WINDSCREEN GLASS	\$	180.00
TO PANEL BEAT DAMAGED FRONT PORTION AND RENEW PARTS	\$	2,200.00
TO PUTTY AND RESPRAY DAMAGED PORTION	\$	2,000.00
	\$	44,433.20



2.500.00

24-Hour Helpline: 6100 1620

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 : DMCG22012447

Vehicle Registration Number : YQ1451P

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Pte Use)

Name of Policyholder/Insured : LAUNDRY LOBBY PTE. LTD.

Commencement Date of Insurance : 01/10/2022

Expiry Date of Insurance : 30/09/2023

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YOUNG&INEXP DRIVERS(SECTION I)

Finance Company/Hire Purchase Owner: UNITED OVERSEAS BANK LTD

*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).

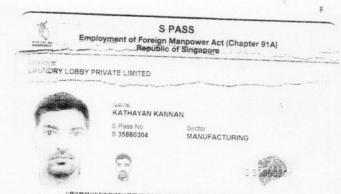
For and on behalf of **ERGO Insurance Pte. Ltd.**Approved Insurer

Karl-Heinz Jung

Authorized Signature

A000122	GTRUST PTE LTD	Contact Number: 61005006
Vehicle Chassis N	umber : JHHTCV3H50K004095, Vehicle Engine/Motor Number : N04CVV10845	CP1, 05/09/2022 14:50





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW 11 Feb-2015
Class 3 Ambulances / Medical transport vehicles / Motor cars 05 Aug 2020
≤ 3000kg with ≤ 7 passengers, exclusive of the
driver / Motor tractors or vehicles ≤ 2500kg
Class 4 Heavy motor cars and motor tractors > 2500kg 19 Dec 2022

G2183035L

- NF 498A

S / No.9000437998



VISIT PASS

Immigration Regulations

18-11-2020

K2363667

KATHAYAN KANNAN

G2183035L

Date of Birth 09-06-1989

INDIAN

MULTIPLE JOURNEY VISA ISSUED

SS2X234I0009 / SME MOTOR PTE LTD ENTRY DATE & TIME: 18/04/2023 15:35 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (18/04/2023 15:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

18/04/2023 15:35 (SGT) Actual Driver 09/04/2023 07:20 (SGT) CTE, Singapore TWDS ANG MO KIO Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YQ1451P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes LAUNDRY LOBBY PTE LTD 201010662G ann@laundryl.com.sg (Phone) +65-97204692

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Hino XZU700R

Employment

Commercial vehicle Manual 4009

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number ERGO Insurance Pte. Ltd. DMCG22012447

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

KATHAYAN KANNAN G2183035L 09/06/1989 Outdoor

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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?

Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230409/2053

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

No

05/08/2020

Male

560414

Employee

No

No

Clear

Dry

No

Yes

No

Yes

1

No

2

2 YEARS AND 8 MONTHS

BLK 414 ANG MO KIO AVE 10 #05-295

(Phone) +65-90366359

ann@laundryl.com.sg

Collision - Head to Rear

Yes

NOT AVAILABLE. WITH TP WORKSHOP

Ang Mo Kio South Neighbourhood Police Centre

81 Ang Mo Kio Ave 3 Singapore 569929

(Phone) +65-18004519999

(Fax) +65-65535679

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model SMJ8921H

-

-



Page 2 of 20

INJURED PERSONS DETAILS

INJURED 1

No. Of Passenger (Including Driver)

KATHAYAN KANNAN Name of injured person Male Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained YQ1451P Injured person in which vehicle? Yes Were seat belts wom? Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the adoldent to speed up the cause process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Crives
- 3. shormation provided must be as trushful and accurate as opsible. Any width respective enterior or with being of respect focis may allow assurance companies to reputalists policy liability.
- 4. The same and acceptance of this Formity insurance companies, sinct an admission of coacy rapidly 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 associated by the General Association
- of Brigapore (CIA) for archiving and that copies of this report will for a fee he made available upon anotostion by interested parties
- 7. By the lodgement of this report to the visurers, you hereby consent to the archiving of this report of the centre and to oppus of the report being made available storesard.
- 8. Consent under the Parsonal Data Protection Act (PDPA)

Tunderstand, acknowledge, agree and consont that

(a) My insurer, my wideshop and the General Insurance Association of Singapore: GIA1 importer permeted to object, use idioclassic 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 in and disclose and transfer such Personal Information to all insurers who have insured vehicles) involved in this accident (all insurers) with have insured vehicles; involved in this accident shall be collectively referred to as the "Insurers"), the Insurers (swiyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposers) of

- (i) processing, handling and/or dealing with my dayns including the settlement of the observious and any necessary investigations relating to the claims.
- (a) investigating the accident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquines by the
- (w) administering my claims (including the making of correspondence, statements, invokes reports of including the making of correspondence, statements, invokes reports of including the parameters of certain personal data about me to bring about delivery of the same as well as in the external cover of enveloped and packages); and/or
- (v) complying with applicable law in administering, processing manding audion dealing with mail claims

(collectively the "Purposes")

(b) all insurer; s) wito have insured vehicle(s) involved in the accoder, and the insurer; sixty ensurer interes has remited to obtain use, disclose ancien process my Personal Information for one or more of the above Purposes, and

(c) my Personal internation may/can be declosed by any of the histories and/or GIA to their third party service provides or opents (including their timy personal firms), which may be seed outside of Singapore, for one or more of the above Purposes



Pokcyholder's Signature / Date & Time

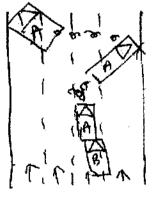


Orwer's Signature (# driver is not the policyholder) (Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan





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Describe Circumstances of the Accident	
	-
	W
	Wines dispassion
ATI DAVE 100 - T - T 10-02-04-05 (2005)	
ATT: POLICE PEPDET: T/20230409/2053.	
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Ditage

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20230409/2053

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2023 16:08		Vide Report No.: E/20230409/0072	Station Diary No.: 51		
Informa	nt's Partice	ulars			
Name of Informant: KATHAYAN KANNAN			Address: APT BLK 465 ANG MO KIO AVENUE 10 #10-1060 TE GHEE HORIZON SINGAPORE 560465		
ID Type / ID No.: FIN NO / G2183035L			Contact No.: Home/Office: Mobile: 90366359		
National INDIAN	ity:		Email:		
Sex: Age: Date of Birth: Male 33 09/06/1989		Type of Informant: Driver			
Race: Indian		Language: English			
Occupation: DRIVER			Driving Licence Informa Class: 2B,3,4	ation: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2023 07:20	Type of Location Straight Road
Location: CENTRAL EX Weather: Clear	(PRESSWAY	Road Surface:		
- cc		Traffic Control:		Traffic Volume: Light
Traffic Flow: One Way		Not Controlled		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMJ8921H	Car					0
YQ1451P	Lorry				Seriously Damaged	0

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





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

2 of 3 Report No. T/20230409/2053

CONTINUATION OF REPORT

Driver			1 7 S S S T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sept.		
Name	KATHAYAN KANNAN			ID No		G2183035L
Related Vehicle	YQ1451P (Lorry)			Conta	ct No.	90366359
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licent Expiry	g	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	09/04/2023 Date Disc			charge	09/04	/2023
			Degree o	f Injury	Sligh	t .

Brief Details.

On 09/04/2023 at about 0720hrs, I was driving my vehicle, YQ1451P, along the second lane from the left of Central Expressway before Upper Serangoon Road exit. Suddenly, I heard a loud sound and felt an impact from the rear of my vehicle. I suddenly lost control of my vehicle and my vehicle flipped to the right side. Passerby subsequently came to assist me to exit the vehicle. When I got out of the vehicle, I realised that it was a chain collision accident and a vehicle (SMJ8921H) got collided into the rear of my vehicle. I also felt pain on my right chest area, neck area and my right hip area. Traffic police and ambulance were called to scene. Traffic police had also taken the SD card of my in-car camera as well. Afterwards, I was conveyed to Tan Tock Seng Hospital by the ambulance. I was then given 4 days MC.





3 of 3

Report No. T/20230409/2053

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Signature of Officer Recording Th	e Report:
F / SGT 2 TAN CHEE HEIN	0
	7

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / STAFF SGT NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347 Signature Of Informant:

4.4

Date/Time: 09/04/2023 16:08

Classification Of Case:

NP168