WATTONAL Assessment Centre	Services (wef Jan 06)	Q1097871000H	
Date In: 10/07/2012 12:55	Job description	MA13/80903	
18ef No: X/RA/SMO23 506922/	SAS e-filing	, Date & Time Completed	Done
Yeh No: XF 9/26			
D.O.A: 07/07/2028 11:05	E-mail (within Shrs, AIC 2hrs)		
	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, 'I'P 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		· · · · · · · · · · · · · · · · · · ·
Preferred When LINC A	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Ve: No. (//		Tel: Fax	:
Owner / Driver: (S BOSSK . INC (
Policy No. (Tel:)
Confirmed by : (od: ()	Cover Type: (
Inqu. 1/D:	Date:	Time:)
Vear of Dogina	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 30-100	%1
P. (2)	arranty: YES ()/NO ()	
General Remarks:	()/\$2,000()		
1 1 1 1 2000 COL - 2008 COLUMN - 2018 COLUMN 2018 COLUMN -			
() Walk-In Customer: Customer's inform () Total Loss Case : to e-mail Insuran	ation strictly Confidential & Str	ictly NO refer of renairer	
Deine I /	URGENILY.	- Toponer.	·
, throath (), mvoice: 1	ZES()/NO(); To	owing Co: (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	
Apply for Transport Allowance ()/Cou	rtesy Car ()	Sweet title Collible ad	Done b
2) QC Check / Post Repair Inspection	()		-
3) Upload Resurvey Photo [Repair Cost > \$300	01 ()		
Injury:			
Date/Time Actions			
archions,		4.0	
11422020611	I Succession of the second of		
41 20209	Invoice Prepa	aration Checklist	Anit (\$)
umant's Particulars :-	1) AR : Accident R		Ist Bill /
iver/Owner:	2) DA : Damage As	ssessment (\$100): INC (\$90)	
	3) TF: Towing Fee 4) FT: Follow-Three	S40/\$45 ough Survey \$120	
ntact No:	5) FT : Follow-Thre	ough Survey (Resurvey) 530	
naged Portion:	6) TR: Re-inspection	inst INC Only (wef 10 Jan 2005)	
	7) N1 : Idac DA + S	MRT Survey	
Checked by (Engr-In-Charge):	8) NTUC Additions	Il Services:-	
ANA 01	*NS: Courtesy Co	or/Tpt Allowance \$5	
ditors! Comments::-	*N6: Repair Co-c	rdination 510	
1:	*N8: DV / Collec	L'Excess Coordination 55	
2/3:	TP (N11): TP (N 9) N12: Idae Mobile	on INC) against INC \$20	
	Invoice dated	Fee Charged	
	Invoice dated		O'Petrale

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/07/2023 13:55 (SGT) **Actual Driver** 07/07/2023 11:05 (SGT) Outram Rd, Singapore JUNCTION WITH NEW BRIDGE ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XE982E

INSURED/POLICYHOLDER

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

Yes ARBOR SERVICES & TRADING PTE. LTD. 2XXXXX153E asntpl@gmail.com (Phone) +65-91913399

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

Employment

Isuzu

Cyz52r

No - Claiming third party Commercial vehicle

Manual 15681

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTPCVE002344

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

LAKSHMANA PILLAI PANNEERSELVAM FXXXX331K 12/10/1971 Outdoor

Date Of Driving Pass 26/04/1999 Driving experience 24 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-83582861 Alt. Phone Number **Email Address** asntpl@gmail.com Address 767 SERANGOON ROAD #03-16 Address complement SPAZIO @ KOVAN Postcode 534635 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 - Change/cross lane Weather Conditions 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) 6 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 PASSENGER 1 Name SUMON Gender Male PASSENGER 2 Name RIFAT Gender Male PASSENGER 3 Name SHIMUL Gender Male PASSENGER 4 Name LAL MIAH Gender Male PASSENGER 5 Name RONI Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

PLEASE REFER TO SKETCH PLAN

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	SLS8085K
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	2
Vehicle Category	Private car
Name of Driver	TAN KOK TONG
NRIC No	SXXXX836A
Contact Number	(Phone) +65-91169988
Address	- New York Control of the Control of
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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 Traffic Police Department for investigation.
- 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

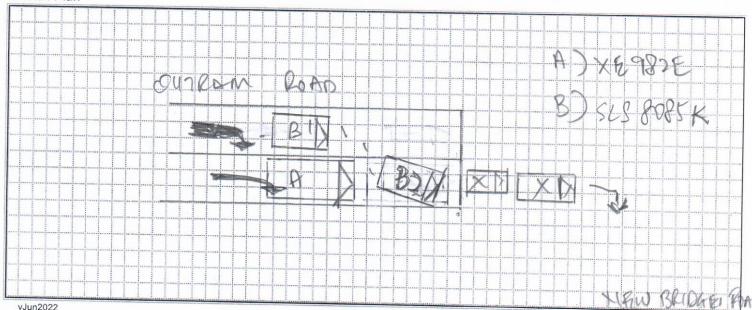
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident ON THE 07/07/2023 AT ABOUT 11:05 HBS . I WAS TRAVELLIA
flower ourkom ROOD TIMETHIN TOWARDS NEW BRIDGE ROOD.
I STOPPRO AT THE JUCTION OF OUTROM DUR TO RED LIGHT.
OMER THE LIGHT TURN GREEN, I MOUR SUDDEN A CAR
SLS 8085K TRYING TO SWICH SANK BUT TO CLOSK
THE RUBER RIGHT OF HIS CAR HIT THE CEPT PROUT OF
my lorry XE982E 1401 ALL.

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

Date & Time

| Date & Time | 12-30 pm | Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: Ft July 2023	TIME OF ACCIDENT: 11.05 9m
VEHICLE NO: XZ 982 E	TRANSMISION: AUTO MANUAL
MAKE & MODEL: KUZU CYZ52 R	NEW BRIDGE ROAD JUNCTION TO
EXACT PURPOSE USE DURING ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY REPORTING ONLY
INSURANCE COMPANY:	POLICY NO: D22 MTPCV ZOO23 44
TYPE OF COVERAGE:	VEHICLE TYPE : (SALOON /
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Albor Services & Trading Ple 15td	NRIC: 201401153E
ADDRESS: 767, Ugger Serangoon Roas	CONTACT NO: 91913399
#03-16 SPAZIO (KON AN 5/534635)	
	VIDEO RECORDING : YES (NO)
NAME OF DRIVER: AS ABOVE IF NO:	NRIC: F783331 K CONTACT NO: 83582861
Lakshmang Pilla: Panneerselvam	10
DRIVER OWNER RELATIONSHIOP : EMPLOYEE.	PASSENGER: 5 MALE (/) FEMALE ()
	Sumon, RIFAT, SHIMUL, LALMIAH, RONI
DATE OF BIRTH: 12/10/1971	DRIVING PASSING DATE: 26/64/1999
OCCUPATION: INDOOR OUTDOOR	ADDRESS: BLK 807 Yishun Ring Road
DRIVER	#01-4197 S(760807)
ANY INJURIES (NO) IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE DRY / WET / OTHERS
VEHICLE B REG NO: SL S 8085 R.	VEHICLE C REG NO :
DRIVER NAME: Tan Kok Tong	DRIVER NAME :
NRIC: 51686836 A	NRIC :
CONTACT: 91169988	CONTACT :
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES NO)	WERE SEAT BELTS WORN ?: YES NO
11 120, Adrillo 11 11 11 11 11 11 11 11 11 11 11 11 11	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

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.

: D22MTPCVE002344

1. Registration No.

: XE982F

2. Insured Name

: ARBOR SERVICES & TRADING PTE. LTD. 3. Commencement Date : 03 SEPTEMBER 2022 00:00

4. Expiry Date

: 02 SEPTEMBER 2023 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* a) The Insured.

b) Any other person who is driving on the Insured's order or with his 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*

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

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 greater number of trailers in all than is permitted by law. N.B. Use solely for "Breakdown" purposes is not deemed to be used for hire or reward.

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

Visit 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.

Lui 20

Date/Time of Issue: 05 AUGUST 2022 02:03

*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

1. 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 permit any other person to use a motor vehicles without a valid policy of insurance under the Act.

2. 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)

3. 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.

4. 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.

5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy



Vehicle Registration Details

Vehicle No. XE982E	Make/Model ISUZU/CYZ52R	Vehicle Scheme -		
Current Propellant	Chassis No.	Vehicle Type		
Diesel	JALCYZ52RF7000058	Goods (Open) Lorry (Metal Body)/Pickup		

Owner's Details

Owner Name:

ARBOR SERVICES & TRADING PTE. LTD.

NRIC/Passport/Company Cert No.:

201401153E

Mailing Address:

Registration Details

Previous Vehicle No.:

-

Original Registration Date:

03 Sep 2015

No. of Transfers:

0

Vehicle Specifications

Engine No.:

6WG1424351

Year of Manufacture:

2015

Secondary Colour:

Owner ID Type:

Company

Registered Address

767 UPPER SERANGOON ROAD #03-16 SPAZIO @ KOVAN SINGAPORE 534635

Birth Date

Effective Date of Ownership:

03 Sep 2015

Registration Date:

03 Sep 2015

IU Label No .:

2010504551

Chassis No.:

JALCYZ52RF7000058

Primary Colour:

White

Passenger Capacity:

Engine Capacity / Power Rating:

15681 cc/-

Max Unladen Weight:

18980 kg

Vehicle Attachment 1:

With Crane

Vehicle Attachment 3:

Maximum Power Output:

Maximum Laden Weight:

28000 kg

Vehicle Attachment 2:

With Hood

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$76,991.00

Actual ARF Paid:

\$3,850.00

OPC Cash Rebate Eligibility:

No

COE No .:

2015090105000128E

COE Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota

Premium:

\$49,302.00/-

QP (Regn Cat):

\$49,302.00

Additional Registration Fee Rate:

5.00%

Vehicle Lifespan Expiry Date:

02 Sep 2035

QP during COE Bidding Exercise:

\$49,302.00

COE Expiry Date:

02 Sep 2025

COE Registration Category:

C - Goods Vehicle & Bus

Actual QP Paid

\$49,302.00

PARF Rebate Details

PARF Eligibility:

No

Minimum PARF Benefit:

PARF Eligibility Expiry Date:

Vehicle Emissions Details

CO2 Emission:

-	1	gen.	100			
-	()	-1	miss	CIC	CAR	21
1	1		1113.	211	-3.1	1

HC Emission:

NOx Emission:

PM Emission:

Message:

Printed on 13 Feb 2022 14:04:20

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