

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III 23007733/44	SAS e-filing		
Yeh No: YP8139B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/07/2023 19:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLN 1237L	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	)
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 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	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2302271	Invoice Preparation Checklist	Am't (\$)	An
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$30)		
Driver/Owner:	3) TP : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Auditors' Comments:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	ON*		
Cat. 2 / 3:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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 First Submission	31/07/2023 18:03 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE-CHANGI BEFORE STEVEN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8139B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DESTINY SOLUTION SERVICES PTE LTD
Company Reg No	2XXXXX231R
Email Address	KENNYKUBPOM99@GMAIL.COM
Mobile Phone No	(Phone) +65-91881302
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Manual
CC	2998

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MCV0001080

#### DRIVER

Name of Driver	KHING THIAM CHAI
NRIC No	SXXXX469C
Date Of Birth	08/11/1970
Occupation	Outdoor

Date Of Driving Pass .....	06/09/2005
Driving experience .....	17 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88385252
Alt. Phone Number .....	-
Email Address .....	KENNYKUBPOM99@GMAIL.COM
Address .....	APT BLK 295A COMPASSVALE CRESCENT
Address complement .....	# 05-219
Postcode .....	541295
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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) .....	8
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 .....	KHING THIAM CHAI
Gender .....	Male

#### PASSENGER 2

Name .....	NEO KIM YAM
Gender .....	Male

#### PASSENGER 3

Name .....	CHEANG ZHI YI JORDAN
Gender .....	Male

#### PASSENGER 4

Name .....	LOH KANG JUN
Gender .....	Male

#### PASSENGER 5

Name .....	WENG RONG RONG
Gender .....	Male

#### PASSENGER 6

Name .....	CHIA YONG KHOON
Gender .....	Male

#### PASSENGER 7

Name .....	PHUA PIN SHEN
Gender .....	Male



# DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Traffic Police  
 Police Station Phone No ..... (Phone) +65-65470000  
 Alt. Police Station Phone No ..... (Fax) +65-65474900  
 Police Station Address ..... 10 Ubi Avenue 3 Singapore 408865  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

# CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230731/7072

# 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 ..... SLN1237L  
 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) ..... -

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... KHING THIAM CHAI  
 Gender ..... Male  
 Phone No ..... (Phone) +65-88385252  
 Address ..... APT BLK 295A COMPASSVALE CRESCENT  
 Address Complement ..... # 05-219  
 Post Code ..... 541295  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK AND BACK  
 Injured person in which vehicle? ..... YP8139B  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... LEE HUAN RONG NICK  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK AND BACK

Injured person in which vehicle? .....	YP8139B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 3

Name of injured person .....	NEO KIM YAM
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	YP8139B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 4

Name of injured person .....	CHEANG ZHI YI JORDAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	YP8139B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5

Name of injured person .....	LOH KANG JUN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	YP8139B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 6

Name of injured person .....	CHIA YONG KHOON
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	YP8139B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 7

Name of injured person .....	PHUA PIN SHEN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	YP8139B

Were seat belts worn? .....

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 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.

### 6. 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  
(Name as in NRIC/ID card)

Sketch Plan

PIE - changi Before Steven Road

gmuell 31/7/23

PIE - CHANGI  
BEFORE  
CHANGI

VEH A:  
YP 8139 B

VEH B:  
SLN 1237 L

A

B



Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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

  
Policyholder's Signature / Date & Time

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

 31/7/23  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20230731/7072

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 5

Report No. T/20230731/7072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2023 15:57	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: KHING THIAM CHAI			Address: 295A COMPASSVALE CRESCENT #05-219 SINGAPORE 541295		
ID Type / ID No.: NRIC NO / S7039469C			Contact No.: Home/Office: Mobile: 91881302		
Nationality: SINGAPORE CITIZEN			Email: ST.DATA@HOTMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 08/11/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Mobile machinery supervisor and general foreman			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2023 19:30	Type of Location: Straight Road
Location:  ADAM PARK				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLN1237L	Car				Seriously Damaged	2
YP8139B	Lorry				Slightly Damaged	0





# SINGAPORE POLICE FORCE



T/20230731/7072

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230731/7072

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KHING THIAM CHAI	ID No.	S7039469C
Related Vehicle	YP8139B (Lorry)	Contact No.	91881302
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious
<b>Passenger</b>			
Name	LEE HUAN RONG NICK	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	NEO KIM YAM	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20230731/7072

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230731/7072

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	CHEANG ZHI YI JORDAN	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	LOH KANG JUN	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	WENG RONG RONG	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	CHIA YONG KHOON	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20230731/7072

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230731/7072

**CONTINUATION OF REPORT**

Passenger				
Name	PHUA PIN SHEN		ID No.	NIL
Related Vehicle	YP8139B (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On the 29th of July 2023 at around 1930HRS, I was traveling straight along PIE towards changi in my vehicle (YP8139B) when suddenly I felt a huge impact from the right hand side. I stopped my vehicle and came down to check and saw that a car bearing carplate number SLN1237L had collided into my vehicle rear right hand portion.



**INDIA INTERNATIONAL INSURANCE PTE LTD**

(INCORPORATED IN SINGAPORE) CO. REG. NO.: 198703792K

64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711

TEL: 6347 6100 FAX: 6224 4174

POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

**ORIGINAL**

Motor Dept: 5th Level

A/C: P. &amp; C

Cover Note No. 105612

This cover note is valid for  
Singapore Registered Vehicles only.

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)

Cover note not valid if issued on or after

Date: 06/01/2023

**DESTINY SOLUTION SERVICES PTE LTD**

..... having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of **COMPREHENSIVE** Policy applicable thereto for the period from **0:01 a.m./p.m. 7/01/2023** to midnight on **5/01/2024** unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk and provided that an insurance covering the aforesaid liability has not been effected with other authorised insurers.

**SCHEDULE**

Make and Type of Body	Year of Manufacture	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/Diesel Eng.
MITSUBISHI CANTER FEBDIER 43DEN	2017	1.77 TONS	MARKET VALUE	<del>Private Car</del>	
				Commercial Vehicle	Registration No.
	Engine No: 4P10D07621		<del>Motor Cycle</del>	YP 8139B	
	Chassis No: FEBDIEA95019				
Use	Authorised Driver			Excess	
Comm USE	-			As Arranged	

**CERTIFICATE OF INSURANCE**

I/WE HEREBY CERTIFY that this cover note 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).

Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD

Hire Purchase: **MITSUBISHI HC CAPITAL  
ASIA PACIFIC PTE LTD**

**IMPORTANT NOTE:**

Please note that this Cover Note is valid for 30 days only from the date of issue and should be replaced by a Certificate of Insurance as soon as possible.

Authorised Signatory



VEHICLE NO: YP 8139BMAKE & MODEL: MITSUBISHI CANTERAUTO / MANUAL  
C.C. 2998

DATE OF ACCIDENT	<u>29 / 07 / 23</u>	
TIME OF ACCIDENT	<u>07:30</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>PIE - CHANGI BEFORE STEVEN RD</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>Destiny Solution Services Pte Ltd</u>	
EMAIL	<u>KENNYKUBOM99@gmail.com</u>	OFFICE: MOBILE: <u>9188 1302</u>
NRIC	<u>VEN: 202205231R</u>	
CLAIM TYPE	<u>OD</u> / <u>THIRTY PARTY</u> / REPORTING ONLY	
FLEET POLICY	<u>YES</u> / <u>NO</u>	
INCURANCE CO.	<u>Indie International Insurance Pte Ltd</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: <u>Khing Thiam Chai</u>	
NRIC	<u>57039469C</u>	
DATE OF BIRTH	<u>08 / 11 / 1970</u>	
ANY PASSENGER	<u>YES</u> / NO: <u>07 PAX</u>	
NAME OF PASSENGER	<u>NICK LEE, PHUA PIN SHEN, JORDAN CHEAH, NEO KIM YAN,</u>	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE <u>07 MALE PAX</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	<u>31 / 05 / 06</u>	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	Mobile: <u>88385252</u> Office: Home:	
EMAIL	<u>Kennykubom99@gmail.com</u>	
ADDRESS	<u>Bik 295A Compassvale Crescent #05-219 (541295)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: <u>OWNER</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, Who? <u>NICK, NEO, KHING</u>	
CONTACT NO.		
ROLICE REPORT	No / If yes, Where? <u>ONLINE</u>	
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?	
VEHICLE B NO.	<u>SLN1237L</u> Any Passenger: <u>01 (F)</u>	
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>	
Original Language Used	English / <u>Mandarin</u> / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

WENH  
RONG RONG  
JUN  
LOH KANG  
YONG KHON



## 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.: D23MCV0001080**

**COVER: Comprehensive**

1. **Index Mark and Registration Number of Vehicle** : **YP8139B**  
**Chassis No** : **FEB21EA25019**
2. **Name of Policyholder** : **DESTINY SOLUTION SERVICES PTE. LTD.**
3. **Effective date of Insurance** : **10 Jan 2023**
4. **Expiry date of Insurance** : **17 Jan 2024**
5. **Persons or Classes of Persons entitled to drive\***  
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.
6. **Limitations as to use\***
  - a) Use in connection with the Policyholder's business.
  - b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
  - c) Use for social, domestic and pleasure purposes.

**The Policy does not cover**

  - a) Use for hire or reward.
  - b) Use for racing, pace-making, reliability trial or speed-testing.
  - c) 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.

Excess Section I : SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF S\$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 : A000041/P & C INSURANCE AGENCY

Date of Issue : 20/01/2023 11:11:20

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

  
Nalini Venugopal  
MD & CEO