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Professed Weep / INC Assign Weep / QW:   TP Insurer:  Assessment Survey Report  Assessment Survey Survey Report  Assessment Survey Report  Assessment Survey Survey Report  Assessment Survey Report  As	Date In: 02/08/3023	Jeb descriptio	h .	Date & Time Completed	Done b
Professed Weep / INC Assign Weep / QW:   TP Insurer:  Assessment Survey Report  Assessment Survey Survey Report  Assessment Survey Report  Assessment Survey Survey Report  Assessment Survey Report  As	Ref No: NA/ III 2300 - 1801 / C	4 SAS e-filing	e.		
D.O.A.: Old 8 2023 0730  OD TP Reporting Only  TP Insurer:  Asstrant/Survey Report  Tot:  Tot:  Fax:  TP Particulars:  Velt No: UBH 6/58 7 INC ( )/Non-RC ( )  Owner / Driver: ( Tel: )  Policy No: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Bst Status (Wo): N:0-20%; P: 21-79%; P: 80-100%]  Year of Registration: ( Warranty: YES ( )/NO ( )  Bacess: (S ) Loading: \$1,000 ( )/\$2,000 ( )  General Registration: ( )/Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( )/Towed-in ( ); Invoice: YES ( )/NO ( ); Towing Co: (  Remails:  (Asstrant/Survey Photo Repair Cost > \$3000) ( )  Injury:  Date Time: ( ) Date: Transport Allowance ( )/Courtey Car ( )  2) QC Check/Post Report Inspection ( )  3) Upload Resurvey Photo Repair Cost > \$3000) ( )  Injury:  Date Time: ( ) Date Date Report		E-mail (with	shrs, AIC 2hrs)		
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TP Insurer:  Asstsment/Survey Report  Tel: Fax:  TP Particulars: Veli No: CIBH 6156 Z INC ( )/Non-INC ( )  Owner / Driver: (	OD TO Panadus Only	i-Motor YY/	O (Within: OD 2hrs	(TP 4hrs)	
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Owner / Drivet: ( Tel: ) Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( ) Period: ( ) Cover Type: ( )  Insured/Drivet Liability: ( %) [Note-Bst. 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: ( ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towel-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (  Remarks: ( ) Minimum ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (					ax:
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Confirmed by: (   Date:   Time: )		Period: (		. 23.00.11.00.00	)
Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]  Year of Registration: ( ) Warranty: YES ( )/NO ( )  Excess: (\$ ) Londing: \$1,000 ( )/\$2,000 ( )  General Reputables: ( ) Londing: \$1,000 ( )/\$2,000 ( )  General Reputables: ( ) Londing: \$1,000 ( )/\$2,000 ( )  General Reputables: ( ) Londing: \$1,000 ( )/\$2,000 ( )  General Reputables: ( ) Londing: \$1,000 ( )/\$2,000 ( )  General Reputables: ( ) Londing: \$1,000 ( )/\$2,000 ( )  General Reputables: ( ) Londing: \$1,000 ( )/\$2,000 ( )  Difference: ( ) Total Loss Case: it to e-mail insurer URGENTLY.  Drive-In ( ) / Towing Co: ( )  General Reputables: ( ) Loss Case: it to e-mail insurer URGENTLY.  Drive-In ( ) / Towing Co: ( )  General Reputables: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: it to e-mail insurer URGENTLY.  Difference: ( ) Loss Case: (		· ortou. (			. )
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2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury :  Date Time: Actions:  NA2 3622 46  Involve Proparation Checkist  Am(5)  Am(5)  Involve Proparation Checkist  Am(5)  Am(5)  Involve Proparation Checkist  Involve Proparation Checkist  Am(5)  Involve Proparation Checkist  Involve Proparation Chec				Datescrime Completed	
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Triver/Owner:   3) TF: Towing Fee   \$40/545   4   FT: Follow-Through Survey   \$120   5   5   FT: Follow-Through Survey   \$120   5   5   FT: Follow-Through Survey (Resurvey)   \$30   For claiming against INC Only (wef 10 Jen 2005)   5   TR: Re-inspection   \$75   7   NI: Idae DA + SMRT Survey   \$160   5   TR: Re-inspection   \$75   TR: Re-i					0)
Solution	river/Owner:		3) TF : Towing F	540.	/\$45
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7) N1: Idae DA + SMRT Survey \$160  8) NTUC Additional Services:-  OD:  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  *N7: Post Repair Inspection \$75  *N8: DV / Collect Excess Coordination \$5  I. 1:  TP (N11): TP (Non INC) against INC \$20  9) N12: Idae Mobile \$30	amaged D		For claiming a	Reinst INC Only (wef 10 Jon 2005)	
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*N6: Repair Co-ordination \$10  *N7: Post Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5  I. 1: TP (N11): TP (Non INC) against INC \$20  9) N12: Idaa Mobile \$30	Checked by (Engr-In-Charge):	2.		Car / Tpt Allowance	22
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t. 2/3: TP (N11): TP (N2n INC) against INC S20 9) N12: Idao Mobile 30	THE RESIDENCE OF THE PROPERTY		*N7: Post Rep	air Inspection	
	•		TP (NII): TP	(Non INC) against INC	\$20
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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 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 First Submission 02/08/2023 09:08 (SGT)
Reported by Actual Driver
Date of Accident 01/08/2023 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TOH GUAN CENTER GANTRY
Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD5455T

### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

P-FIRE ENGINEERING PTE LTD

2XXXXX895M

pfireengng@gmail.com

(Phone) +65-91459519

# 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

Manual

CC

Nissan

Cabstar

Private use

No - Claiming third party

Commercial vehicle

Manual

CC

2953

# INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D22MCV0008582

### DRIVER

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

RENGANATHAN ARAVINDHAN

GXXXX235N

12/07/1997

Outdoor

Date Of Driving Pass 28/10/2020 Driving experience 2 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-89195365 Alt. Phone Number Email Address pfireengng@gmail.com Address 24 TOH GUAN ROAD EAST Address complement # 05-69 Postcode 608594 Is the driver the policyholder? 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 - Head on 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? Yes Was any injured conveyed to hospital by ambulance? No 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 THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH DRIVER **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBH6158Z



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	RENGANATHAN ARAVINDHAN
Gender	Male
Phone No	(Phone) +65-89195365
Address	24 TOH GUAN ROAD EAST
Address Complement	# 05-69
Post Code	608594
Approximate Age Years Old	
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	GBD5455T
Were seat belts worn?	Yes
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 <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

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

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

Sketch Plan

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Describe Circumstance of the Accident  I am travelling along Toh Guan Center gantry. I am stationary while waiting for vehicle B to exit gantry. Suddenly, vehicle B reverse and hit on my vehicle.									
I	am	travelling	along To	h Guan	Center	gantry.	I am	stationary	while
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# Declaration

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

Policyholder Schaffer Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 01/08/2023 Accident Time: 07:30 (24-HR-FORMAT)
Accident Place	: TOH GUAN CENTER GANTRY
Vehicle Reg. No (Car plate No.)	: GBD 5455 T CC: 2500 Vehicle Make/Model: NISSAN CABSTAR
Insurance Company	: INDIA INTERNATIONAL Policy No. D22MCV0008582
Name of Registered Owner	: Company / Individual P- FIRE ENGINEERING PTE LTD
ID of Registered Owner  OWNER EMAIL ADDRESS:	: Co Reg No: 201908895 M Owner's NRIC No:
pfireengng @ gmail.com	: Co Contact No: Owner's Contact No: 91#5 9519
DRIVER'S Name	RENGANATHAN : ARAVINDHAN DRIVER'S NRIC No: G2994235N
DRIVER'S Date of Birth	: 12 JUL 1997 DRIVER'S License Pass Date 28 OCT 2020
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee \Others:
DRIVER'S Address	: 24 TOH GUAN RD EAST #05-69 S 608594
DRIVER'S Contact No./ Alt No.	:1) 3919 5365 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	:
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the in	iver): 1 Name & Gender; RENGANATHAN (MALE)
Other	Party Driver's Particulars (if any)
Vehicle Reg No: GBH 6158 Z	Vehicle Reg No:
Vehicle Make\Model: TOYOTA DYNA	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : ENGLISH /	CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER	



### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

**COVER:** Comprehensive

 Office
 (65) 63476100
 Email insure@iii.com.sg

 Fax
 (65) 62244174
 Website www.iii.com.sg

# 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.: D22MCV0008582

GBD5455T

1. Index Mark and Registration Number of Vehicle

Chassis No

: JN1SC2F24Z0856533

2. Name of Policyholder

P-FIRE ENGINEERING PTE. LTD.

3 Effective date of Insurance

30 Sep 2022

4. Expiry date of Insurance

: 29 Sep 2023

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 : N.A

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 : A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE

LTD

Date of Issue : 28/09/2022 17:03:04

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

For India International Insurance Pte Ltd

Authorised Signatory