

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 28 Oct 2022 / 07:50:00)

Vehicle Insurance Details



Vehicle No.:

SHD3988P

Make Description/Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20221028161241471410

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print



You have successfully logged out.

Your last login date and time was 28 Oct 2022, 16:12:14.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Transaction Type	Transaction Amount(\$\$)	Log Date/Time
1	Vehicle	SHD3988P	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	28 Oct 2022



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 01/11/2022

Your Ref No: GBD8213E(Precise)

Dear Sir/Madam,

Date of Accident: 28/10/2022 00:00 (SGT)

Vehicle No: GBD8213E

Place of Accident: PIE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SHD3988P	PIE, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



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 29/10/2022 15:38 (SGT)
Reported by Driver
Date of Accident 28/10/2022 07:50 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3988P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ae ioniq
Variant -
Vehicle Category Taxi
Transmission Auto
CC 1580

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver GOH PENG GUAN
NRIC No S1691995J
Address BLK 170C PUNGGOL FIELD #12-695
Address complement -
Postcode 823170
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision



Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T20221029/2026

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 FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ2306U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver UNKNOWN
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX67P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver UNKNOWN
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBD8213E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMG7772T
Vehicle Manufacturer -
Vehicle Model -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Insurance Company Name	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH PENG GUAN
Gender	Male
Phone No	-
Injured person in which vehicle?	SHD3988P

SKETCH PLANIMPORTANT 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 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. 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

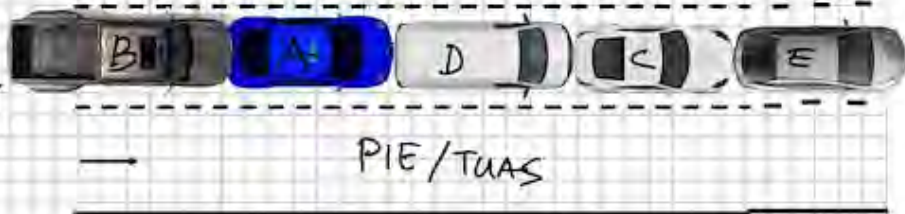
A - SHD3988P

B - YQ2306U

C - SLX67P

D - GBD8243E

E - SMG7772T



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T20221029/2026

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
& Time

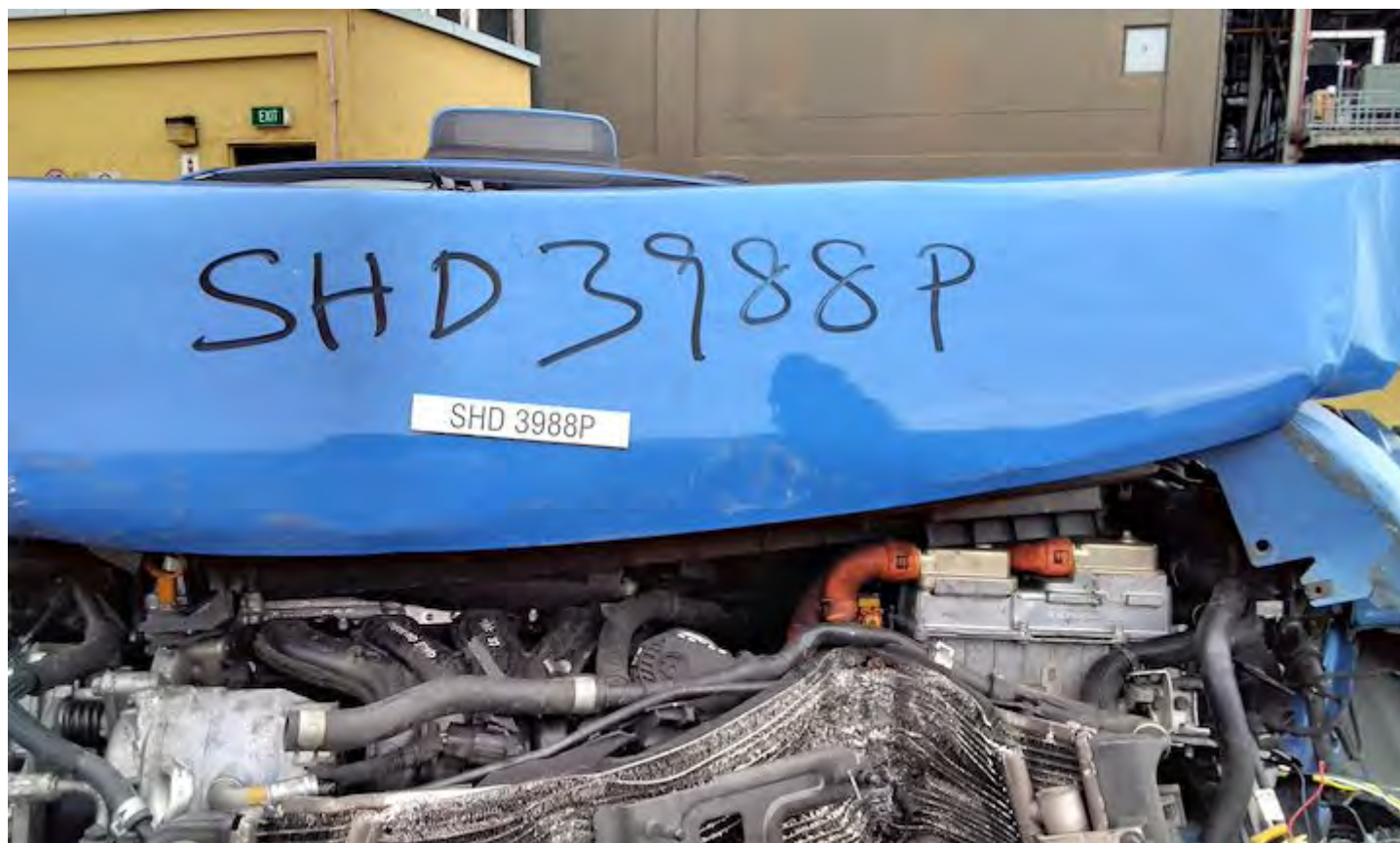
Witnessed by Reporting Centre
Personnel

[Signature]

29.10.2022 1045HRS

[Signature]

Kyran Young

















**SINGAPORE
POLICE FORCE**



T/20221029/2026

1 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 826727
Tel No: 1800-6049999

Report No. T/20221029/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2022 08:46	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: GOH PENG GUAN			Address: APT BLK 170C PUNGGOL FIELD #12-695 SINGAPORE 823170	
ID Type / ID No.: NRIC NO / S1691995J			Contact No.: Home/Office:	Mobile: 91467966
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 13/10/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/10/2022 07:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8213E	Lorry					0
SHD3988P	Car				Seriously Damaged	0
SLX67P	Car					0
YQ2306U	Lorry					0

JH PAN - 96168673



**SINGAPORE
POLICE FORCE**



T/20221029/2026

2 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20221029/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH PENG GUAN	ID No.	S1691995J
Related Vehicle	SHD3988P (Car)	Contact No.	91467966
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2022	Date Discharge	28/10/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I am a taxi driver of SHD3988P. On 28/10/2022 at about 0750hrs, I was travelling on the 2nd lane of the PIE going towards Tuas. Suddenly, the vehicle in front of me made a jam brake and I managed to stop in time. However, right after I made a complete stop, there was a big impact came from the rear.

I believed I was in concussion upon the impact and only woke up after about 5 minutes later. I then alighted from my vehicle and discovered that there is a lorry bearing registration number YQ2306U had hit me from the rear. The impact caused me to moved forward and banged on the rear of the front vehicle. There were a total of 4 vehicles including mine and 2 vehicles in front of me were SLX67P and GBD8213E. However, I could not recall which vehicle was right in front of me.

Due to the impact, my vehicle sustained serious damage on the front and rear. I was then conveyed to Changi General Hospital and received 2 days of Medical Leave. Doctor diagnosed me with muscle strain on the back of my neck and back of my waist. There were also some redness on my right arm. It was quite painful whenever I try to move around. That is all.



**SINGAPORE
POLICE FORCE**



T/20221029/2026

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

3 of 3

Report No. T/20221029/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
F /
STAFF SGT FARHAN BIN ABU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

NP168

Signature Of Informant:

Date/Time:
29/10/2022 08:46

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20221101/2017

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20221101/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2022 08:02	Vide Report No.: T/20221029/2026	Station Diary No.: 6
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Informant's Particulars

Name of Informant: GOH PENG GUAN			Address: APT BLK 170C PUNGGOL FIELD #12-695 SINGAPORE 823170	
ID Type / ID No.: NRIC NO / S1691995J			Contact No.: Home/Office:	Mobile: 91467966
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 13/10/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/10/2022 07:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG7772T	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221101/2017

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20221101/2017

CONTINUATION OF REPORT

Driver			
Name	GOH PENG GUAN	ID No.	S1691995J
Related Vehicle	NIL	Contact No.	91467966
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I would like to add on in my initial report that there is another vehicle SMG7772T was involved in the accident. I was also given 2 days medical leave (28/10/2022 to 29/10/2022) by Changi General Hospital and another 3 days medical leave (30/10/2022 to 01/11/2022) by Onecare Clinic, Punggol Plaza, tel: 69043511. Thats all.



**SINGAPORE
POLICE FORCE**



T/20221101/2017

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

3 of 3

Report No. T/20221101/2017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
F /
SI DAENG MUHAMMAD FAIRUS
BIN RAMLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Signature Of Informant:

Date/Time:
01/11/2022 08:02

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G22AT000R Vehicle Registration No: SHD3988P
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 28/10/2022 Time of Accident: 07:50
 Place of Accident: PIE,
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT



 Policyholder / Driver's Signature
 Date:

Siti

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 02.11.2022

GEARMC Addendum Form

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.
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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 28/10/2022 16:08 (SGT)
Reported by Driver
Date of Accident 28/10/2022 07:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8213E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FUTAR ENTERPRISES PTE LTD
Company Reg No 197101311Z
Email Address KARAN@FUTAR.COM.SG
Mobile Phone No (Phone) +65-96792026
Alternative Phone No (Office) +65-65433818

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2953

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V05422/VCV/R06

DRIVER

Name of Driver KARUPPIAH RAJARAM
Passport No/FIN G3048772P
Date Of Birth 20/02/1989
Occupation Indoor

Date Of Driving Pass	11/07/2022
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81541996
Alt. Phone Number	-
Email Address	KAREN@FUTAR.COM.SG
Address	19 CHANGI N WAY S.498786
Address complement	-
Postcode	-
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	Chain 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	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
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	ALAM MOHD SAMSUL
Gender	Male

PASSENGER 2

Name	SADDAM MOHD
Gender	Male

PASSENGER 3

Name	MOHSIN MOHD
Gender	Male

PASSENGER 4

Name	HOSSAIN MD BILLAL
Gender	Male

PASSENGER 5

Name	RIDOY MD MEHADI HASAN
Gender	Male

PASSENGER 6

Name	ISLAM MOHD ASHIFUL
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

REFER ATTACHED RPORT AND POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3988P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX67P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ2306U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMG7772T
 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 ALAM MOHD SAMSUL
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBD8213E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person SADDAM MOHD
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBD8213E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person MOHSIN MOHD
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBD8213E
 Were seat belts worn? -

Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person HOSSAIN MD BILLAL
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBD8213E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 5

Name of injured person RIDOY MD MEHADI HASAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBD8213E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 6

Name of injured person ISLAM MOHD ASHIFUL
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBD8213E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

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.
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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.



Longin

Longin

28/10/22 @ 14:00pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Wm SC

Sketch Plan

Changi South

→ [Diagram showing vehicle positions and directions on a grid. A line labeled 'Changi South' points towards the top right. Below it, a horizontal line has several boxes representing vehicles. Arrows indicate directions. A hatched area at the bottom is labeled 'TPE Towards PIE'.

TPE Towards PIE

Veh. (A) = GBD 8213E
 Veh. (B) = SHD 3988P
 Veh. (C) = SLX 67P
 Veh. (D) = YQ 2306U
 Veh. (E) = SMG 7772T

Describe Circumstances of the Accident

On 28-10-2022 at about 07:54 am, I was driving my company lorry (GBD 8213E) along TPE towards PIE in the left-most lane after exiting from Changi South, with 6 passengers inside my lorry.

The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.

All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (SLX 67P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision accident as follows sequence:

1st Vehicle (SMG 7772T) == E

2nd Vehicle (SLX 67P) == C

3rd Vehicle (GBD 8213E) == A

4th Vehicle (SHD 3988P) == B

5th Vehicle (YQ 2306U) == D

I and my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by ambulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.

Hence, I hereto lodge this report to claim against vehicle B (SHD 3988P)'s insurance for my accident damages.

Laya

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

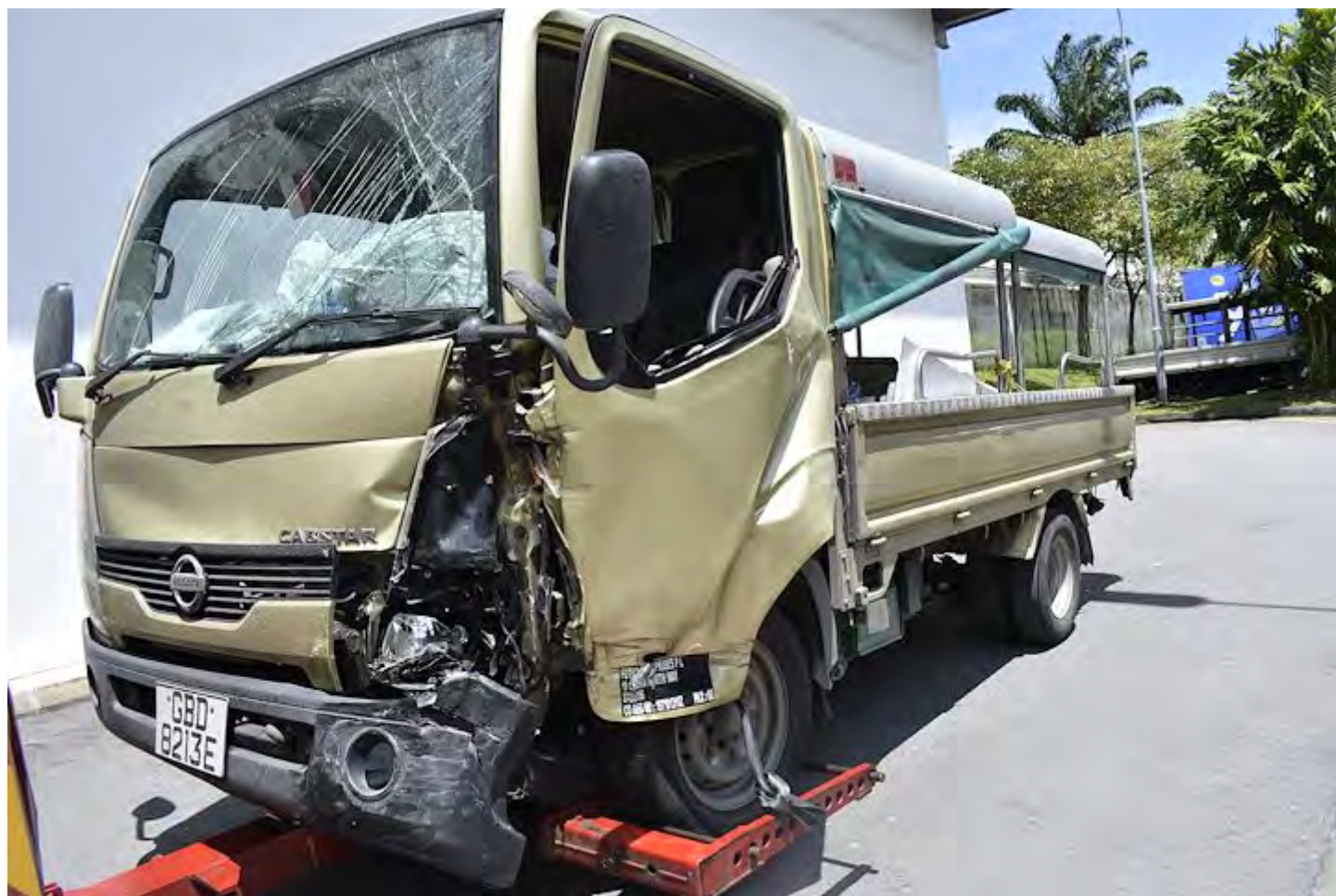
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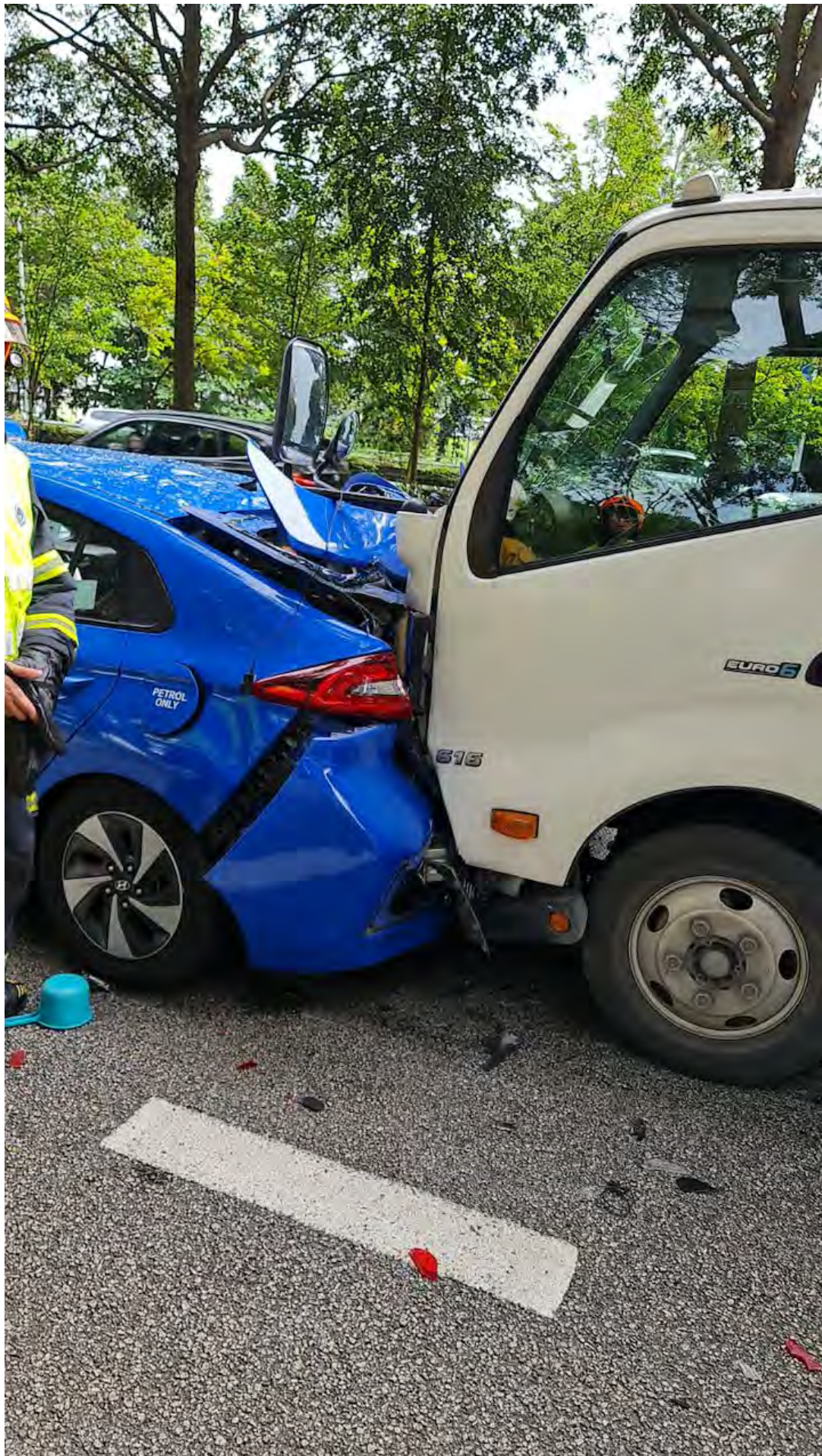


















**SINGAPORE
POLICE FORCE**



T/20221028/7036

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

1 of 5

Report No: T/20221028/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 14:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KARUPPIAH RAJARAM			Address: 25 DEFU LANE 6 DEFU INDUSTRIAL PARK A SINGAPORE 539378		
ID Type / ID No.: FIN NO / G3048772P			Contact No.: Home/Office: Mobile: 81541996		
Nationality: INDIAN			Email: karen@futar.com.sg		
Sex: Male	Age: 33	Date of Birth: 20/02/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Production Coordinator			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2022 07:50	Type of Location: Straight Road
Location: ANCHORVALE CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: 5 Vehicles Chain Collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBD8213E	Lorry	NISSAN	CABSTAR		Seriously Damaged	6
SHD3988P	Car					0
SLX67P	Car					0



**SINGAPORE
POLICE FORCE**



T/20221028/7036

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

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Report No. T/20221028/7036

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMG7772T	Car					0
YQ2306U	Lorry					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARUPPIAH RAJARAM	ID No.	G3048772P
Related Vehicle	GBD8213E (Lorry)	Contact No.	81541996
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ALAM MOHAMMAD SAMSUL	ID No.	G2242983W
Related Vehicle	GBD8213E (Lorry)	Contact No.	90824021
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious
Passenger			
Name	SADDAM MOHAMMAD	ID No.	G2300431
Related Vehicle	GBD8213E (Lorry)	Contact No.	93436292
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20221028/7036

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

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Report No. T/20221028/7036

CONTINUATION OF REPORT

Passenger			
Name	ISLAM MOHAMMAD ASHIFUL	ID No.	G2304867T
Related Vehicle	GBD8213E (Lorry)	Contact No.	84235584
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	HOSSAIN MD BILLAL	ID No.	G2486140L
Related Vehicle	GBD8213E (Lorry)	Contact No.	93454865
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	RIDOY MD MEHADI HASAN	ID No.	G8928765R
Related Vehicle	GBD8213E (Lorry)	Contact No.	86553740
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	MOHSIN MOHAMMAD	ID No.	M3052713L
Related Vehicle	GBD8213E (Lorry)	Contact No.	81760133
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20221028/7036

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

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Report No. T/20221028/7036

CONTINUATION OF REPORT

Brief Details.

On 28-10-2022 at about 07:54 am, I was driving my company lorry (GBD 8213E) along TPE towards PIE in the left-most lane after exiting from Changi South, with 6 passengers inside my lorry.

The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.

All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (SLX 67P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision accident as follows sequence :

- 1st Vehicle (SMG 7772T)
- 2nd Vehicle (SLX 67P)
- 3rd Vehicle (GBD 8213E)
- 4th Vehicle (SHD 3988P)
- 5th Vehicle (YQ 2306U)

I and my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by ambulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.

Hence, I hereto lodge this report to claim against vehicle B (SHD 3988P)'s insurance for my accident damages.



**SINGAPORE
POLICE FORCE**

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



T/20221028/7036

5 of 5

Report No. T/20221028/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2022 14:25
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: GSD 8213E
 Name (as shown in NRIC): Futar Enterprises P/L NRIC/FIN/Passport No: 1971013112
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 19 Changi, N Way Singapore Singapore (498786)
 Contact (Tel): 6543 3818 Mobile No.: 9679 2026
 Email Address: karan@futar.com.sg
 Date of Accident: 28/10/2022 Time of Accident: _____
 Place of Accident: TPE towards PIE
 Insurance Company: Liberty Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Email address: karan@futar.com.sg

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:





SINGAPORE POLICE FORCE



T/20221028/7036

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

1 of 5

Report No. T/20221028/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 14:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KARUPPIAH RAJARAM			Address: 25 DEFU LANE 6 DEFU INDUSTRIAL PARK A SINGAPORE 539378		
ID Type / ID No.: FIN NO / G3048772P			Contact No.: Home/Office: Mobile: 81541996		
Nationality: INDIAN			Email: karen@futar.com.sg		
Sex: Male	Age: 33	Date of Birth: 20/02/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Production Coordinator			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2022 07:50	Type of Location: Straight Road
Location: ANCHORVALE CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: 5 Vehicles Chain Collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD8213E	Lorry	NISSAN	CABSTAR		Seriously Damaged	6
SHD3988P	Car					0
SLX67P	Car					0



SINGAPORE POLICE FORCE



T/20221028/7036

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

2 of 5

Report No. T/20221028/7036

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMG7772T	Car					0
YQ2306U	Lorry					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARUPPIAH RAJARAM		ID No. G3048772P
Related Vehicle	GBD8213E (Lorry)		Contact No. 81541996
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	28/10/2022		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ALAM MOHAMMAD SAMSUL		ID No. G2242983W
Related Vehicle	GBD8213E (Lorry)		Contact No. 90824021
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	28/10/2022		Date NIL
No. of Days granted Medical Leave	04	Degree of	Serious
Passenger			
Name	SADDAM MOHAMMAD		ID No. G2300431
Related Vehicle	GBD8213E (Lorry)		Contact No. 93436292
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	28/10/2022		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20221028/7036

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

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Report No. T/20221028/7036

CONTINUATION OF REPORT

Passenger			
Name	ISLAM MOHAMMAD ASHIFUL	ID No.	G2304867T
Related Vehicle	GBD8213E (Lorry)	Contact No.	84235584
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	HOSSAIN MD BILLAL	ID No.	G2486140L
Related Vehicle	GBD8213E (Lorry)	Contact No.	93454865
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	RIDOY MD MEHADI HASAN	ID No.	G8928765R
Related Vehicle	GBD8213E (Lorry)	Contact No.	86553740
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	MOHSIN MOHAMMAD	ID No.	M3052713L
Related Vehicle	GBD8213E (Lorry)	Contact No.	81760133
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20221028/7036

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

4 of 5

Report No. T/20221028/7036

CONTINUATION OF REPORT

Brief Details.

On 28-10-2022 at about 07:54 am, I was driving my company lorry (GBD 8213E) along TPE towards PIE in the left-most lane after exiting from Changi South, with 6 passengers inside my lorry.

The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.

All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (SLX 67P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision accident as follows sequence :

- 1st Vehicle (SMG 7772T)
- 2nd Vehicle (SLX 67P)
- 3rd Vehicle (GBD 8213E)
- 4th Vehicle (SHD 3988P)
- 5th Vehicle (YQ 2306U)

I and my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by ambulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.

Hence, I hereto lodge this report to claim against vehicle B (SHD 3988P)'s insurance for my accident damages.



**SINGAPORE
POLICE FORCE**



T/20221028/7036

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

5 of 5

Report No. T/20221028/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/10/2022 14:25

Classification Of Case:

TNECNIV SERVICES

Blk 495-E Tampines Street 43, #04-368 Singapore 524495 Tel : 97859520

To : Futar Enterprises Pte Ltd
19 Changi N Way,
Singapore 498786.

Date : 10/3/2023

Invoice No : TP/2022/02611

PARTICULARS	AMOUNT
RE : <u>GBD8213E</u>	
SURVEY FEE : \$	\$ 1,477.00
PHOTOGRAPHS : \$	
TRANSPORT : \$	
RESURVEY : \$	
TOTAL DOLLARS : One Thousand Four Hundred and Seventy Seven only	

For TNECNIV SERVICES



LICENSED APPRAISER

E.&O.E.

TNECNIV SERVICES

Blk 495-E Tampines Street 43, #04-368 Singapore 524495. Tel : 97859520

Reg.No. : 53436440C Insurance Loss Adjuster Licensed Appraiser

(Member Of Singapore Automobile Appraisers Association)

AUTOMOBILE INSPECTION REPORT

m/s	Futar Enterprises Pte Ltd	Date :	10/3/2023
	19 Changi N Way,	Our Ref :	TP/2022/02611
	Singapore 498786.	Claim No :	-
		Policy No :	-

PARTICULARS OF VEHICLE

Reg No :	GBD8213E	Make/Model :	Nissan Cabstar Lorry	Year :	29/5/2015
Engine No :	ZD30343990K	Chassis No :	JN1SC2F24Z0856764	Colour :	M. Gold
Mileage :	305271 Km	Engine Cap :	2953 cc	Seat Belt :	Yes
Aircon :	Yes	Radio/Cassette :	Yes	Rims :	Standard

VEHICLE CONDITION (Static Test Only)

Brakes :	Serviceable	Handbrakes :	Serviceable	Steering :	Serviceable
General Body Works :	Good				

TYRE CONDITIONS

Front O/S :	6	Rear O/S :	6\6	Make :	Yokohama
Front N/S :	6	Rear N/S :	6\6	Size :	195\70R15 \ 155R12

(Remaining Estimated Life Of Tyre in mm)

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained an impact on its front n/s and rear portion resulting in the front cabin bent/twisted; n/s front door bent and buckled; front panel, n/s pillar, n/s wheel arch, n/s door back panel, front bumper bracket and reinforcement, front cabin lock, cabin spring, cabin mounting bent; w/screen, n/s headlamp, grille, view mirror, dashboard cracked/broken; rear chassis, tailgate, tailgate lower members, side gate, metal canopy bent/dented; taillamp, reverse sensor cracked. (see attached schedule for other damages)

Date of Accident :	28/10/2022	Date of Inspection :	3/11/22
Survey Held At :	Precise Auto Service	As Requested By :	Miss Arine
	1 Kaki Bukit Ave 6, #02-33/34	On :	3/11/2022
	Singapore 417883.		

ADJUSTMENT AND RECOMMENDATION COST OF REPAIR

Repairer's Estimate :	\$41,978.43	
Revised Amount :	\$34,810.36	
Less Excess :	N.A	
Nett Total :	\$27,850.00	(Lump Sum)
Estimated Period Required For Repair :	<u>30</u>	Days

Survey was conducted in accordance to your instructions. We ~~have~~ / have not authorised repairs.
75 photos were taken at the time of inspection and attached.

Remarks : **The Survey was conducted strictly without prejudice.**

TNECNIV SERVICES

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

Veh.No : **GBD8213E**

QTY	DESCRIPTION OF PARTS AND LABOUR	CONDITION	REPAIRER EST (\$)	OUR REVISED (\$)
	TO SUPPLY (List item)			
1 pc	tailgate	bent/dented	1,688.40	1,688.40
1 pc	tailgate lower member	bent/dented	343.80	343.80
1 pc	tailgate "Nissan" sticker	necessary	32.10	32.10
1 pc	front bumper	bent/torn	667.10	667.10
1 pc	front bumper reinforcement	bent	590.60	590.60
2 pcs	front bumper bracket	n/s bent	194.20	97.10
1 pc	n/s front door	bent/buckled	1,396.50	1,396.50
1 pc	front n/s pillar	bent	1,646.40	1,646.40
1 pc	rear spare tyre bracket	bent	289.70	289.70
			6,848.80	6,751.70
	Less 30%		2,054.64	2,025.51
			4,794.16	4,726.19
	TO SUPPLY (NETT ITEM)			
1 pc	front n/s pillar inner	bent (repair)	388.80	-
3 pcs	tailgate hinge	2 pcs bent	484.20	322.80
2 pcs	tailgate side lock	bent	366.40	366.40
2 pcs	tailgate side lock bracket	bent	182.40	182.40
2 pcs	tailgate rubber stopper	n/s missing	38.80	19.40
2 pcs	tailgate rubber stopper bracket	bent (repair)	176.20	-
2 pcs	taillamp	cracked	225.00	225.00
2 pcs	taillamp bracket	bent	363.40	363.40
1 pc	rear step member	bent	480.00	480.00
1 pc	rear number plate lamp	broken	69.80	69.80
1 pc	rear number plate lamp holder	bent	88.10	88.10
1 pc	spare tyre carrier	bent	475.90	475.90
1 pc	front panel	n/s bent/dented	1,412.70	1,412.70
1 pc	front panel "Cabstar" emblem	dented	38.10	38.10
2 pcs	headlamp	n/s broken	946.80	473.40
2 pcs	headlamp lower garnish	n/s cracked	150.20	75.10
2 pcs	front side panel	n/s bent	779.80	389.90
1 pc	front grille	cracked	578.60	578.60
1 pc	front grille emblem	serviceable	55.10	-
8 pcs	front grille clip	necessary	51.20	51.20
1 pc	front grille inner garnish	cracked	34.40	34.40
1 pc	front wiper panel	cracked	494.60	494.60
8 pcs	front wiper panel clip	necessary	51.20	51.20
1 pc	front wiper linkage	serviceable	151.50	-
1 pc	front n/s view mirror (round)	cracked	55.30	55.30
1 pc	front n/s view mirror garnish	not such part	22.90	-
1 pc	front n/s view mirror bracket	bent	191.90	191.90
1 pc	front n/s view mirror garnish	cracked	111.30	111.30
	total c/f		8,464.60	6,550.90

TNECNIV SERVICES

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

Veh.No : **GBD8213E**

QTY	DESCRIPTION OF PARTS AND LABOUR	CONDITION	REPAIRER EST (\$)	OUR REVISED (\$)
	sub toal b/f		8,464.60	6,550.90
1 pc	front n/s view mirror	cracked	171.80	171.80
1 pc	front windscreen glass	cracked	991.00	991.00
1 pc	front windscreen glass top moulding	necessary	93.50	93.50
1 pc	front windscreen glass lower moulding	necessary	34.70	34.70
14 pcs	front windscreen glass clip	necessary	77.00	77.00
1 pc	front windscreen glass inner seal	necessary	50.00	50.00
2 pcs	front n/s door hinge	bent	112.20	112.20
2 pcs	front n/s door weatherstrip	torn	302.20	302.20
2 pcs	front door lock	n/s bent	333.40	166.70
1 pc	front n/s door trim board	cracked	755.90	755.90
8 pcs	front n/s door trim board clip	necessary	51.20	51.20
1 pc	front n/s door glass regulator	bent	288.10	288.10
1 pc	front n/s door glass	broken	760.00	760.00
2 pcs	front door glass channel rubber	n/s cut	370.40	185.20
2 pcs	front door glass channel bracket	n/s bent	382.20	191.10
2 pcs	front door rubber stopper	n/s torn	38.80	19.40
1 pc	front n/s door glass outer moulding	bent	181.40	181.40
1 pc	front n/s door glass vertical moulding	bent	141.80	141.80
1 pc	front n/s step board	cracked	139.40	139.40
1 pc	front n/s pillar trim	cracked	114.70	114.70
1 pc	front n/s wheel arcch	bent	399.80	399.80
1 pc	front n/s wheel arch trim	bent	197.40	197.40
1 pc	wiper washer tank	serviceable	85.40	-
1 pc	wiper washer motor	serviceable	95.10	-
1 pc	dashboard	cracked	1,689.90	1,689.90
1 pc	dashboard support member	bent	869.60	869.60
1 pc	dashboard support member n/s bracket	bent	91.40	91.40
1 pc	dashboard centre radio panel	cracked	598.10	598.10
1 pc	n/s console box	cracked	399.80	399.80
2 pcs	cabin front mounting	n/s bent	530.20	265.10
1 pc	cabin rear mounting	n/s bent	596.80	298.40
1 pc	cabin spring unit	bent	1,682.90	1,682.90
2 pcs	cabin lock	bent	362.20	362.20
2 pcs	cabin stopper	damaged	79.20	79.20
2 pcs	cabin spring bracket	bent	451.20	451.20
1 pc	aircon evaporator	cracked	1,310.60	1,310.60
1 pc	aircon blower	cracked	881.00	881.00
1 pc	aircon discharge pipe	serviceable	369.10	-
1 pc	aircon sustion pipe	serviceable	299.80	-
1 pc	spare tyre rim (big)	bent	388.10	388.10
1 pc	spare tyre rim (small)	bent	278.40	278.40
			25,510.30	21,621.30
	Less 10%		2,551.03	2,162.13
			22,959.27	19,459.17

TNECNIV SERVICES

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

Veh.No : **GBD8213E**

QTY	DESCRIPTION OF PARTS AND LABOUR	CONDITION	REPAIRER EST (\$)	OUR REVISED (\$)
	TO SUPPLY (SPECIAL NETT ITEM)			
1 pc	rear canopy assy	bent	2,800.00	2,000.00
1 pc	tailgate aluminium plate	bent	400.00	400.00
1 pc	rear number plate	missing	35.00	35.00
1 pc	rear "70km/h" sticker	necessary	20.00	20.00
1 pc	rear "12pax" sticker	necessary	20.00	20.00
1 pc	front w/screen glass sealant	necessary	60.00	60.00
1 pc	ERP bracket	necessary	20.00	20.00
1 pc	n/s front door R.O.C sticker	necessary	30.00	30.00
1 pc	spare tyre (big)	cut	220.00	220.00
1 pc	spare tyre (small)	cut	180.00	180.00
1 set	reverse sensor	damaged	380.00	250.00
			4,165.00	3,235.00
	Total Spare Parts		31,918.43	27,420.36
	LABOUR CHARGE			
	Towing. (2 trip)		240.00	240.00
	To do tailgate art work		300.00	-
	To check and reconnect damaged wiring, check lighting and focus headlamp alignment after repairs.		280.00	150.00
	To tuff-kote on cut and welded panel and other accident affected areas.		350.00	300.00
	To remove and lift front cabin to enable repairs.		800.00	600.00
	To remove and renew dashboard assy.		350.00	250.00
	To remove and renew aircon blower and evaporator and refill aircon gas after repairs.		350.00	250.00
	To remove and refix clutch, brake pedal, master pump, booster to enable repairs and bleed system after repairs.		300.00	200.00
	To remove and renew spare tyre carrier and bracket.		150.00	80.00
	To remove and transfer n/s front door parts to new door.		220.00	0.00
	To adjust wheel alignment after repairs.		120.00	120.00


TNECNIV SERVICES

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

Veh.No : **GBD8213E**

QTY	DESCRIPTION OF PARTS AND LABOUR	CONDITION	REPAIRER EST (\$)	OUR REVISED (\$)
	<p>To apply primer, to putty and paint front panel, n/s front door, n/s front pillar, n/s front wheel arch panel, cabin floor panel, grille, wiper panel, n/s door back panel, tail gate, tailgate lower member, side gate and other affected areas.</p> <p>To remove damaged parts, jack out, straighten and knock n/s front pillar inner, cabin floor panel, n/s front door back panel, rear chassis frame, side gate. Cut and weld front panel, front n/s pillar, front n/s wheel arch, tailgate lower member and renew recommended parts.</p> <p>Total Labour Charges</p> <p>GRAND TOTAL</p>		<p>2,800.00</p> <p>3,800.00</p> <p>10,060.00</p> <p>41,978.43</p>	<p>2,200.00</p> <p>3,000.00</p> <p>7,390.00</p> <p>34,810.36</p>
Note:	<p>The repairer had agreed to undertake the repair on Lump Sum basis of \$27,850.00 nett to reinstate this vehicle to its pre-accident condition.</p> <p>(repairer discretion to repair parts, to replace with second hand parts, or to replace with OEM or Genuine parts)</p> <p>.....</p>	End of Report

TNECNIV SERVICES



Vincent Ng Seow Gim

PRECISE AUTO SERVICE

NO 1 KAKI BUKIT AVE 6 #02-33/34/36 AUTOBAY SINGAPORE 417883

TEL : 6745 7367 FAX : 6841 3390

CO. REG. NO. : 35766600C GST REG. NO. : 35766600C

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Accident Date : 28-10-22

OUR REF : GBD 8213E/T/22

TAX INVOICE

Futar Enterprises Pte Ltd

19 Changi N Way

Invoice No. : TP2301-014

Singapore 498786

DATE : 31-01-2023

FINAL BILL ON VEH. NO. : GBD 8213E

VEHICLE MODEL : NISSAN CABSTAR

LUMP SUM REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

27,850.00

SUB-TOTAL	:	27,850.00
ADD GST 8%	:	2,228.00
TOTAL AMOUNT SGD	:	30,078.00

This is a computer generated document and requires no signature.

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
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SI22V05422 /VCV /R06
Form MZ300A
Date of Issue: 22-Apr-2022
1.Index Mark and Registration No. of Vehicle: GBD8213E
2.Chassis number of Vehicle: JN1SC2F24Z0856764
3.Name of Policyholder: FUTAR ENTERPRISES PRIVATE LIMITED
4.Effective date of Commencement of Insurance 29-MAY-2022 00:00
for the purposes of the Act:
5.Date of Expiry of Insurance: 28-MAY-2023 23:59
6.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.
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.

7.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.


8.The Policy does not cover:

- A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.
- B) 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 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers


Authorised Signature

For Information only:

COVERAGE: Comprehensive, Unlimited Windscreen
SUM INSURED (\$\$): MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$): Section I \$900.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$1,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:
PRODUCER NAME: E TAY TRADING COMPANY

Vehicle Details

Vehicle No.	Make / Model
GBD8213E	NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Vehicle Type :	Vehicle Attachment 1 :
B31 - Goods (Open) Lorry (Metal Body)/Pickup	With Hood
Vehicle Scheme :	Chassis No. :
Normal	JN15C2F24Z0856764
Propellant :	Engine No. :
Diesel	ZD30343990K
Motor No. :	Engine Capacity :
-	2953 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
3500 kg	1800 kg
Year Of Manufacture :	Original Registration Date :
2014	29 May 2015
Lifespan Expiry Date :	COE Category :
28 May 2035	C - Goods Vehicle & Bus
PQP Paid :	COE Expiry Date :
\$26,810.00	28 May 2025
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
28 Nov 2022	-
Inspection Due Date :	Intended Transfer Date :
28 May 2023	28 Oct 2022