

NATIONAL Assessment Centre Services

(ver 1.2/2000)

NAI177/64778

Date In: 14/12/2017 18:21	Job description	Date & Time Completed	Done by
Ref No: NAI177/64778	SAS e-filing		
Veh No: VN 94637	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 13/12/2017 21:30	1-Motor Claim Form		
OD / TP? Reporting Only	1-Motor W/O (within OD 2hrs, TP 1hr)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Yeh No: SCT 6152H	INC () / Non-INC ()	
Owner / Drivers: (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	Action

NAI1707749	Invoice Preparation Checklist	NAI (S)	NAI (J)
Human's Particulars:	1) AR: Accident Reporting (\$20)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$20)	
Contact No:	3) TP: Towing Fee (\$40/\$45)		
Damaged Portion:	4) FT: Follow-Through Survey (\$120)		
	5) RT: Follow-Through Survey (Resurvey) (\$20)		
	For claimant against INC Only (ver 10 Jan 2010)		
	6) TR: Re-inspection (\$75)		
	7) NI: 1 day DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:		
	Q11:		
	*N3: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DY / Collision Unsett Coordination	\$5	
	TP (NI): TP (N) in INC against INC	\$20	
	9) N12: 1 day trouble	\$10	
	Invoice dated	File Charged	
	Initiator Filed	Use 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 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 ability.
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 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 Report	14/12/2017 18:21
Date Of Accident	13/12/2017 21:30
Exact Location Of Accident	ZION ROAD TOWARDS TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9463T
Insured/Policyholder	
Name Of Registered Owner	SOON HIN FOODS PTE LTD
Co Reg No	201523964W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98329939
Alternative Phone No	OFFICE-98329939

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-HKFMS3-4.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV007891-R01
Cover Note Number	

Driver

Name of Driver	NG CHEE BENG
NRIC No	S6837579G
Date Of Birth	05/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98329939
Fax Number	
Contact Number	OTHERS-98329939
Email Address	NOEMAIL

Address	BLK 105 JALAN BUKIT MERAH #11-1938
Postcode	160105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT6152H
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Name of Driver	ZHANG JIE
NRIC/Passport Number	S7069330E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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7. By the lodging 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

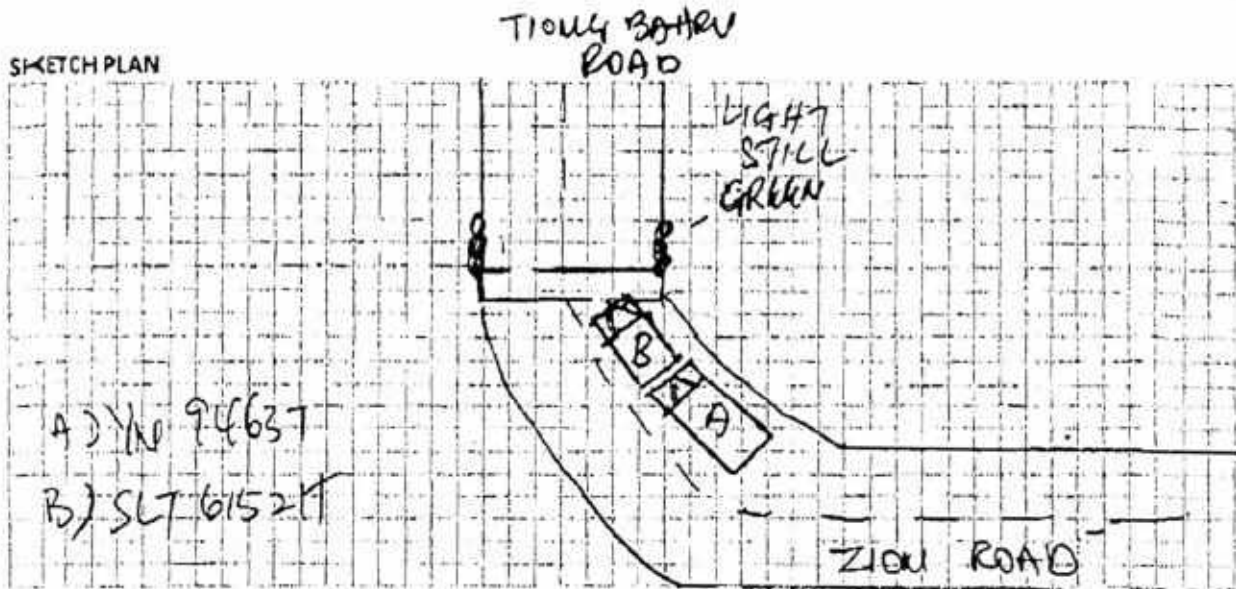


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A) YN 94637

B) SLT 6152H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/12/2017 AT ABOUT 21:30 HRS I WAS AT ZION ROAD & WANTED TO GO TO TIONG BAHRU ROAD. I WAS BEHIND SLT 6152H AND AT THE SANG POK ROAD THE DRIVER WANTED TO TURN BUT THE ROAD IS ONE WAY OUT. THEN SHE MOVED FORWARD & AT THE JUNCTION OF TIONG BAHRU RD SHE SUDDENLY BRAKE & I WAS ALSO BRAKE BUT BECAUSE OF HEAVY RAIN & THE ROAD WAS SLIPPERY MY LORRY YN 94637 MOVED FORWARD & HIT THE REAR OF THE CAR SLT 6152H. THE TRAFFIC LIGHT WAS GREEN WHEN SHE STOP & SHE WAS NOT FAMILIAR WITH ROAD. THAT ALL

DECLARATION

(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:

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

(Signature, stamped and dated)

ACCIDENT STATEMENT

ACCIDENT DATE: 13/12/2017 (DD/MM/YYYY), TIME: 21:30 (HH:MM)

LOCATION: ZION ROAD TOWARDS HONG BATHU ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 94637
 b) INSURANCE COMPANY: TOKIO MARINE
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SOON HUI FOODS PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 20152354W CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG EHK BRUN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S68375799 CONTACT: 98329939
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLT 6152H MODEL: MARCHEZ BRUN

b) DRIVER'S NAME: ZHANG JIE

c) NRIC/FIN/PASSPORT: S7069330E CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6837579G



Name

NG CHEE BENG

Race

CHINESE

Date of Birth

05-10-1968

Country of Birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6837579G

Name

NG CHEE BENG

Birth Date: 05 Oct 1968

Issue Date: 30 Mar 2007



2655362

APIC No: S6837579G



Blood Group: Date of Issue:

A+

04-07-1995

APT BLK 105 JALAN BUKIT MERAH #11-1938
SINGAPORE 160105

APIC No: S6837579G

Date: 08/06/2009 (R)

No:

61631797

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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg 30 Mar 2007

NP 4-3A



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 102300014M) (GST Reg No: M2-0000023-4)

20 McCullum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 62211111 F: (65) 62214355 / (65) 62240895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group**TOKIO MARINE**
INSURANCE GROUP

FORM M2300

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)

Policy No.: 17-MV007891-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle YN9463T Chassis No.: JHHUCS3M80K014364
2. Name of Policyholder SOON HIN FOODS PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 30/09/2017
4. Date of Expiry of Insurance 29/09/2018
5. Persons or Class 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.
6. Limitations as to use*
 - 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
 The policy does not cover:
 - 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2114DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 1,000	
	Windscreen Excess	SGD 100	
Financial Interest:	MAYBANK		

Tokio Marine Insurance Singapore Ltd.

Authorised Signature