

N/A1707785		Invoice Preparation Checklist		Bill	Adj. Bill
Human's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$50)		
Contact No:		3) TP: Towing Fee	\$40/\$40		
Damage Portion:		4) FT: Follow-Through Survey	\$120		
		5) PT: Pull-Through Survey (Resurvey)	\$30		
		For claimant against INC Only (Mar 10 Jan 2005)			
		6) TR: Re-inspection	\$75		
		7) NI: Inc DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		ON:			
		*NI: Courtesy Car / Tpl Allowance	\$5		
		*NI: Repair Coordination	\$10		
		*NI: Post Repair Inspection	\$25		
		*NI: DV / Collision Under Coordination	\$5		
		TE (NI): TP (NI) INC against INC	\$20		
		P) NI: Inc Mobile	\$0		
		Invoice dated	File Charged		
		Invoice filed	File Received		

## 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	15/12/2017 17:12
Date Of Accident	15/12/2017 12:45
Exact Location Of Accident	ALONG WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9722K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOLL LOGISTICS (ASIA)LIMITED
Co Reg No	-
Email Address	YONGKIN.NONG@GMAIL.COM.SG
Mobile Phone No	(LOCAL) +65-82273687
Alternative Phone No	OFFICE-82273687

### Vehicle Particulars

Manufacturer	SCANIA
Model	TRUCK
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17089241MFCV/12
Cover Note Number	

### Driver

Name of Driver	NONG YONG KIN
NRIC No	S7976342Z
Date Of Birth	05/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82273687
Fax Number	
Contact Number	OTHERS-82273687
Email Address	YONGKIN.NONG@GMAIL.COM.SG

Address	BLK 422 BUKIT BATOK WEST AVENUE 2 #11-207
Postcode	650422
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	1

#### 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	SBX9968Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Name of Driver	STEVEN
NRIC/Passport Number	
Contact Number	92715890
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## SKETCH PLAN

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7. By the lodgment 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:

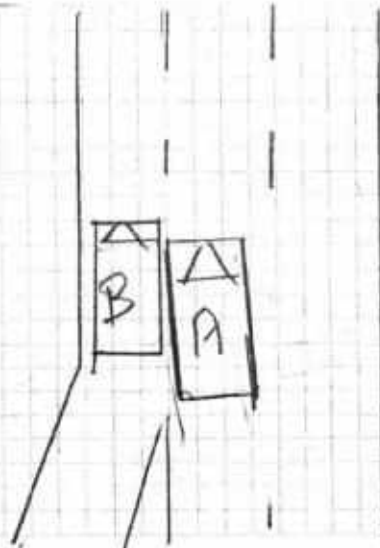
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

X  
Policyholder's Signature  
Date & Time:

Non  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/12/2017  
12:45 p.m.

18/12/2017  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



ALONG WASH COAST  
HIGHWAY

A) XD9722K  
B) SBX9968Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 12:45pm dated 15/12/2017, when I need go to left lane after a flyover (merging lane), there is a vehicle SBX9968Z in my blind spot, after I giving signal to turn to left lane, I heard a "knack" sound from my left hand side and found that my vehicle is collision ~~last~~ with SBX9968Z. There is small scratches in his driver side door. No person is injury.

## DECLARATION

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

X



Policyholder's Signature  
Date & Time:

Now

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/12/2017

12:45 P.M.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/12/2017

RODRI WATERS



# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 12 / 2017 (DD/MM/YYYY), TIME: 12.45 (HH:MM)  
LOCATION: West coast highway

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: XD 9722 E  
b) INSURANCE COMPANY: First Capital Insurance Limited  
c) POLICY NUMBER: D-17089341MFCV/12  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Scania  
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: TOLL Logistic (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers  
(Including driver)  
(1)

DRIVER  
a) NAME: Nong Yong Kim (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7976342 CONTACT: 82273687  
c) ADDRESS: BLK 422, #11-207 BUKIT BATOK WEST AVE  
2, 650422 S'PORE

\* d) DATE OF BIRTH: 05 / 08 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 05 Jan 2010

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

No of passenger  
(Including driver)  
(1)

a) VEHICLE NUMBER: SBX 9968 Z MODEL: Mercedes Benz  
b) DRIVER'S NAME: STEVEN  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92715890

## 9. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_

email = Yongkim.nong@gmail.com.sg

fax = \_\_\_\_\_

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7976342Z



Name

NONG YONG KIN

農 榮 權

Race

CHINESE

Date of birth

05-08-1979

Sex

M

Country/Place of birth

MALAYSIA



5553021



Identity Card No. S7976342Z

Date of issue

21-01-2016

Address

APT BLK 422 BUKIT BATOK WEST AVENUE 2  
#11-207  
SINGAPORE 650422

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B	Motorcycles <= 200 CC	27 Dec 1999
Class 2A	Motorcycles between 201 CC and 400 CC	27 Dec 1999
Class 2	Motorcycles > 400 CC	27 Dec 1999
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor vehicles <= 2500 kg	27 Dec 1999
Class 4A	Omni-buses	24 Mar 2001
Class 4	Heavy motor cars and motor tractors > 2500 kg	04 Sep 2009
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	05 Jan 2010

S7976342Z

S / No. 9000110710



N° 428A

**CERTIFICATE OF INSURANCE**

ORIGINAL

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)

Type of Policy: COMMERCIAL VEHICLE - FLEET  
Type of Cover: Comprehensive  
Certificate No: D-17089241MFCV/12  
Vehicle No / Chassis No: XD9722K / YS2R5X40005360072  
Name of Insured: TOLL LOGISTICS (ASIA) LIMITED  
Period Of Insurance: 01.12.2017 To 30.11.2018  
Insured Estimated Value: Market Value At Time Of Loss

**Excess:**

SGD5,000.00 SECTION I

SGD2,500.00 SECTION II

ADDITIONAL SGD1,500.00 ON ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE  
BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

**Authorised Driver\***

ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\***

Any person who is driving on the Insured'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.

**Limitations as to use\***

- (1) Use in connection with the Insured's business.  
(2) Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

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 greater no. of trailers in all that is permitted by law.

\* 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.

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)

First Capital Insurance Limited  
(Approved Insurers)

JENNY/B0009/MZ801A1

Issued at Singapore on 30.11.2017

  
Authorised Signature