

NATIONAL Assessment Centre Services (with 1/2000)

MAH 118045166

Date In: 04/04/2018 18:08	Job description	Date & Time Completed	Done by
Ref No: NBA/FC18006322/4	SAS e-illing		
Veh No: XE 38204	E-mail (within 2hrs, A/C 2hrs)		
O.O.A: 04/04/2018 12:00	1-Motor Claim Form		
OD / TP (Leaving Only)	1-Motor W/O (within 100 hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wkup		

Preferred Wkup / INC Assign Wkup / OWI:	Tell	Fax
TP Particulars	Yeh No: XE 38204	INC () / Non-INC ()
Owner / Drivers:	Tell	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	(%) (Note: BIL 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks:

1) Apply for Trans/In Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Other Tolls:

Action:

MAH 118045166	Invoice Preparation Checklist	SALES	SATISF
Insurance Broker/Insurer	1) AR: Accident Reporting (300)		
Driver/Owner	2) DA: Damage Assessment (3100) INC (210)		
Contact No:	3) TP: Towing Fee \$100		
Insured Portion:	4) FT: Follow Through Survey \$130		
	5) PT: Follow Through Survey (Recovery) \$30		
	6) TR: Re-inspection \$13		
	7) RT: RTV DA + SMRT Survey \$160		
	8) NTUC: Additional Survey (200)		
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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 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 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	04/04/2018 18:08
Date Of Accident	04/04/2018 12:10
Exact Location Of Accident	WEST COAST HIGHWAY TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3820U
Insured/Policyholder	
Name Of Registered Owner	TOLL LOGISTICS (ASIA) LIMITED
Co Reg No	-
Email Address	JINGYOU.LAI@TOLLGROUP.COM
Mobile Phone No	(LOCAL) +65-94247123
Alternative Phone No	OFFICE-94247123

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	ACTROS-11,9 D 2632 6X4 (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17089241MFC/21
Cover Note Number	

Driver

Name of Driver	ZHANG XUXIANG
Passport No/FIN	G5265386Q
Date Of Birth	18/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94247123
Fax Number	
Contact Number	OTHERS-94247123
Email Address	JINGYOU.LAI@TOLLGROUP.COM

Address	BLK 1007 LOWER DELTA ROAD #06-04
Postcode	099310
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	XE3440H
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEW YOON HONG
NRIC/Passport Number	F7463952Q
Contact Number	98526133
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.

Policyholder's Signature
Date & Time: 5/4/18 11:30

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/4/18 14:50

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

WEST COAST HIGHWAY TOWARDS KIRONG



B/ XE 3440H

XE3820U hit behind XE3440H which belong to Woodlands Transport at around 12.10pm at west coast highway. Driver accelerated after traffic light turn green, suddenly front vehicle stop and caused the collision. There no anyone injury and XE3820U suffered front damage and XE3440H damaged at number plate.

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

Date & Time: 5/4/18
1430

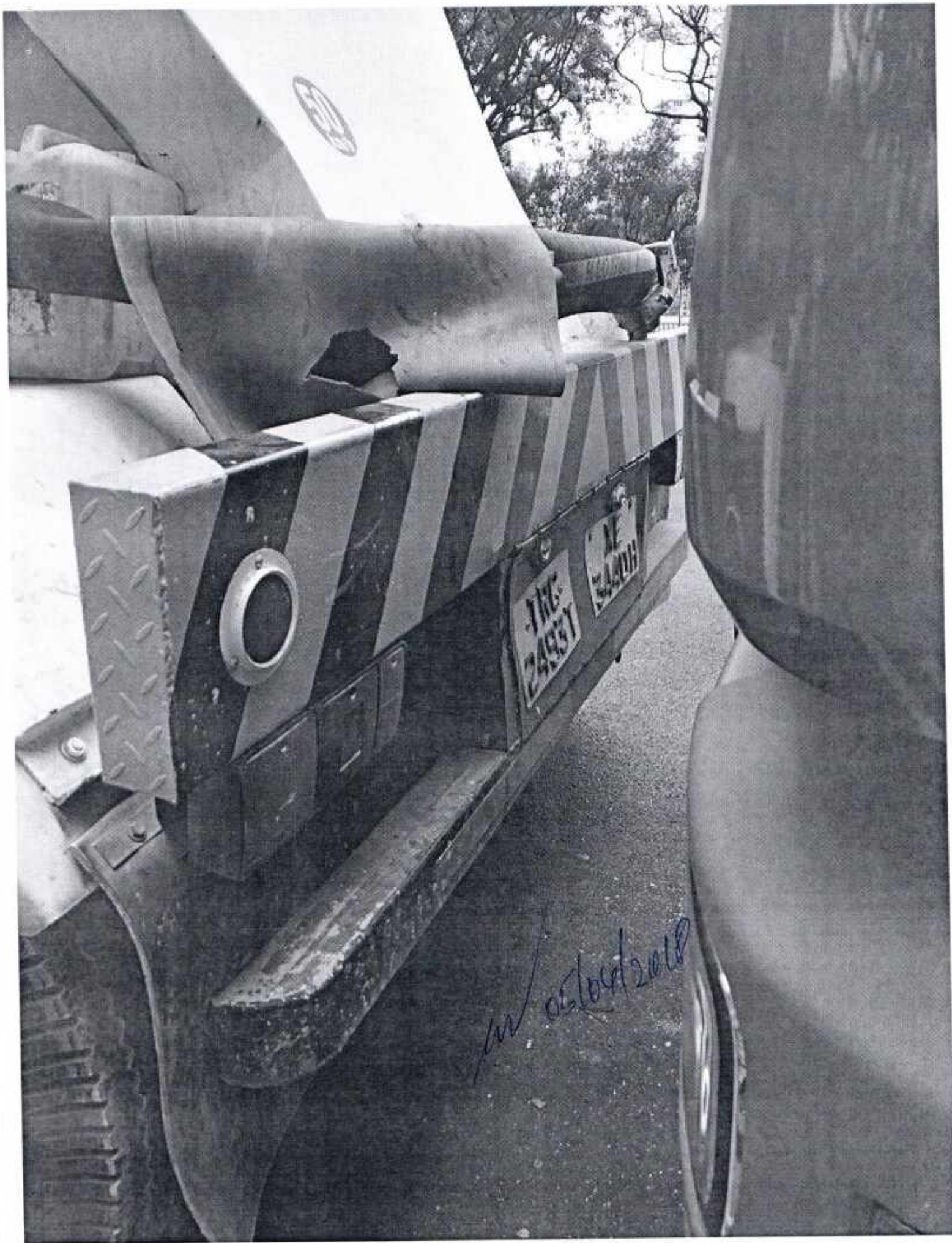
Date & Time: 4/4/18

NRIC/FIN No.:

05/04/2018
 re Personnel's Signature
 Reel 1 monitor

1450





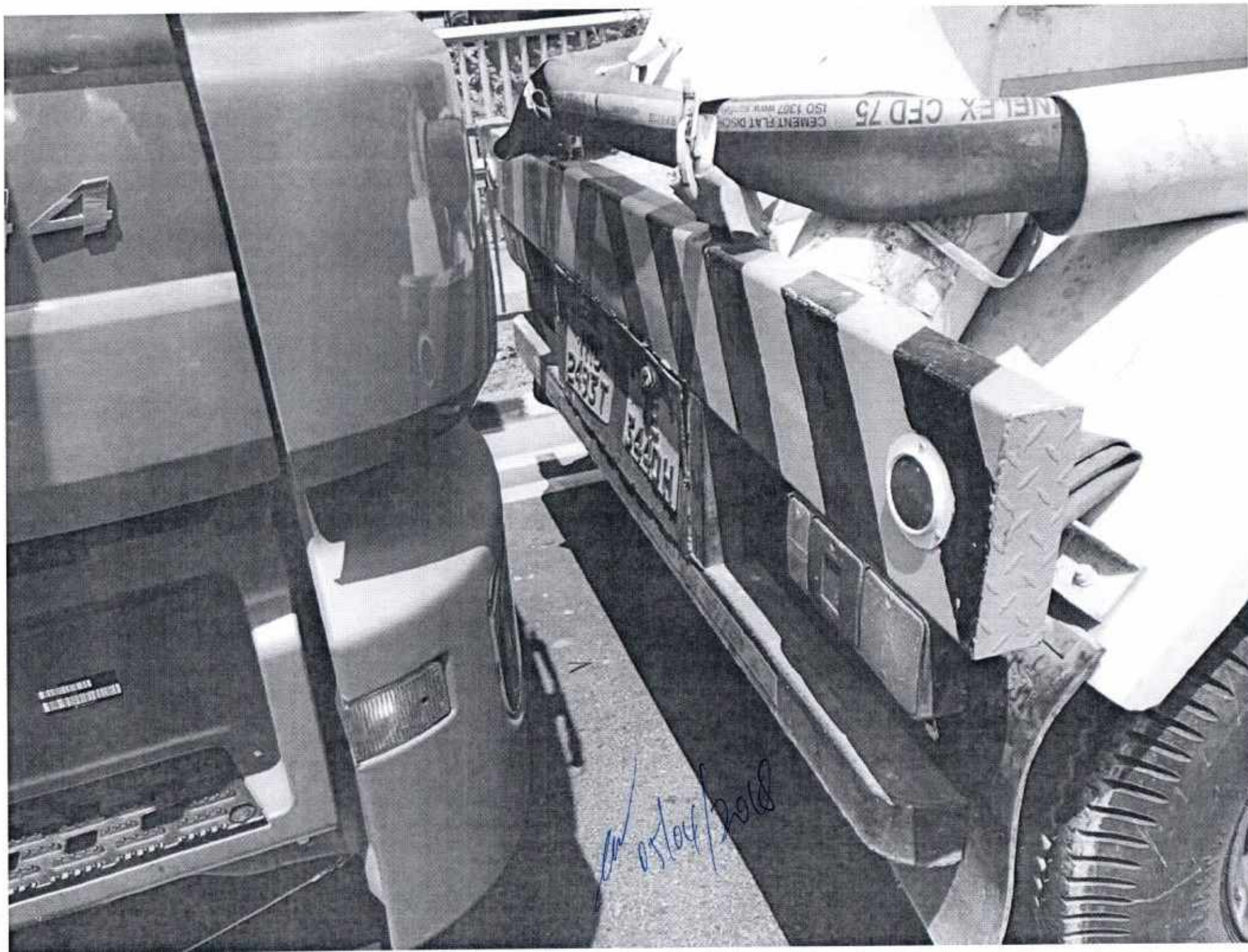
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3440H

gn/05/04/2018







Ins & SKETCH

ACCIDENT STATEMENT

ACCIDENT DATE: 4/4/2018 (DD/MM/YYYY) TIME: 12:10 (HH:MM)

LOCATION: West Coach Highway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE38204
b) INSURANCE COMPANY: First Capital
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 12:10
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: Low Yoon Hong Zhang Xuxiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: F9463952A 952653868 CONTACT: 98526133 94247123
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER Low Yoon Hong (MALE / FEMALE)

- a) NAME: Low Yoon Hong CONTACT: 98526133
b) NRIC/FIN/PASSPORT: F9463952A
c) ADDRESS: 1007 Low Yoon Hong Road #06104 TERRACE VILLAGE 099310
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: XE34404 MODEL: 13024
b) DRIVER'S NAME: Low Yoon Hong
c) NRIC/FIN/PASSPORT: F9463952A CONTACT: 98526133

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

Email: Jingyou.lai @ tollgroup.com

Fax: _____

✓ 1.020

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TOLL LOGISTICS (ASIA) LIMITED

Sector: **SERVICE**

Name:
ZHANG XUXIANG

Occupation:
DRIVER, PRIME MOVER

S Pass No.
G 74855585

Date of Appointment
22-08-2016

Date of Issue
13-10-2016

Date of Expiry
12-10-2018

Advantage
Co-pay \$5

ihp
Dental Only

L7297111





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 5265386 Q**

Name:
ZHANG XUXIANG

Birth Date: **18 Oct 1980**

Issue Date: **21 Apr 2017**

Valid Till: **24/04/2022**

002676964C




VISIT PASS
Immigration Regulations

Name:
ZHANG XUXIANG

Date of Birth: **18-10-1980** Sex: **M** Nationality: **CHINESE**

FIN: **G5265386Q** Date of Issue: **17-10-2016** Date of Expiry: **12-10-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	25 Apr 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	13 Jun 2012
Class 5	Motor vehicles not constructed to carry any load and the unladen weight $> 7250\text{kg}$	22 Dec 2015

NP 428A

Licence No: **G5265386Q**



First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000108C
GST Reg. No. M2-0001676-9

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/21
Vehicle No / Chassis No : XE3820U / WDB93416120171246
Name of Insured : TOLL LOGISTICS (ASIA) LIMITED
Period Of Insurance : 22.12.2017 To 30.11.2018
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A

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 02.01.2018


Authorised Signature