

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 119010676

Date In: 22/1/19 16:30	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ19001456144	SAS e-filing		
Veh No: G8F 7254H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/1/19 15:30	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: G8G 2530M	INC ( ) / Non-INC ( )
Owner / Driver: (	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	Actions

Customer's Particulars:	Invoice Itemization Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
At 1:	For claiming against INC Only (wef 10 Jan 2005)		
At 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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 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 Report	22/01/2019 16:30
Date Of Accident	19/01/2019 15:30
Exact Location Of Accident	168 ROBINSON RD CAPITAL TOWER LOADING BAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF7254H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WHITE HORSE MARKETING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93397863
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT001111
Cover Note Number	-
<b>Driver</b>	
Name of Driver	YUNG SAU LING
NRIC No	S2605242D
Date Of Birth	12/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97220982
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 124 TAMPINES ST 11 #08-402
Postcode	521124
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2530M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## 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**.
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 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.

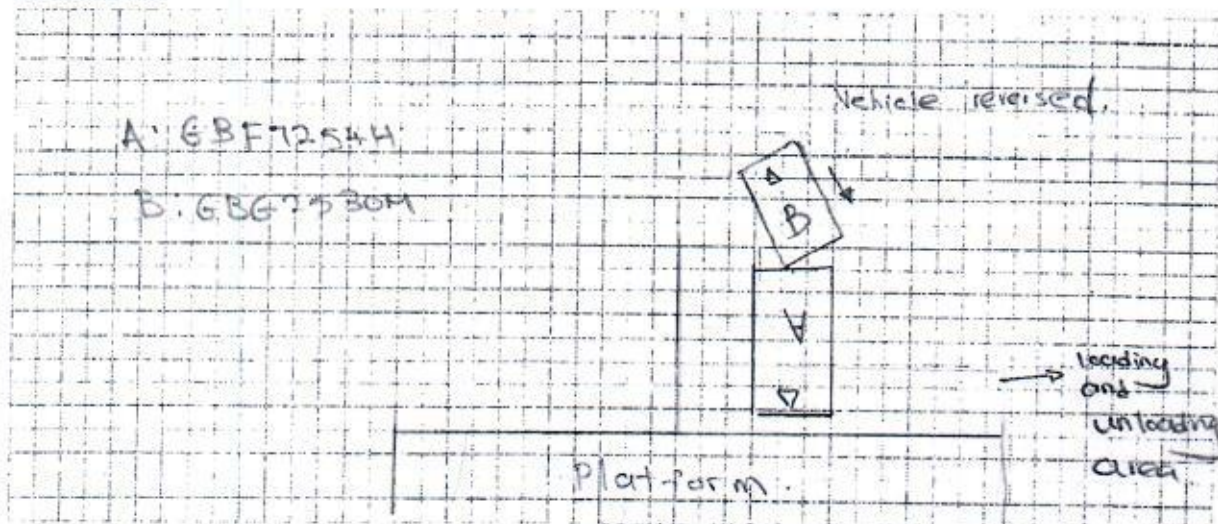


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

## 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:

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





**SINGAPORE  
POLICE FORCE**



G/20190121/2141

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20190121/2141

Police Station Of Origin  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Date/Time Report Made 21/01/2019 19:15	Vide Report No.	Station Diary No. 75
Name Of Informant YUNG SAU LING	Address APT BLK 124 TAMPINES STREET 11 #08-402 SINGAPORE 521124	
ID Type / ID No. NRIC NO / S2605242D	Contact No. Home/Office 93397863	Mobile 90220982
Nationality BRITISH NATIONAL OVERSEAS	Email Address whmktg@gmail.com	
Occupation Self-Employed	Sex Female	Age 63
Institution/School Name	Date of Birth 12/09/1955	Race Chinese
Date/Time Of Incident 19/01/2019 15:30	Location Of Incident 168 ROBINSON ROAD CAPITAL TOWER SINGAPORE 068912	
	Loading/Unloading Bay	

**Brief details.**

On 19/01/2019 at about 3.10pm, I had parked my vehicle GBF7254H at 168 Robinson Road Capital Tower loading/unloading bay. My husband, son and I were loading goods onto my van (dark brown Nissan).

On the same day at about 3.33pm, I was alone at the bay while waiting for my family to come down with

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL RAHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2019 19:15
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp CHEUNG SIU HAY Contact No.: 62447200	Classification Of Case:

**Authentication Stamp**



SIGNATURE



**SINGAPORE  
POLICE FORCE**



G/20190121/2141

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190121/2141

some goods when a lorry with registration number GBG2530M reversed in a fast and reckless manner within the small compound. As the driver reversed, one of the rear railing of the lorry hit onto the right bottom of the rear door which was opened up. Before he hit my door, I had to step back in order to avoid him and shouted at the driver.

However, the driver continued doing the 3-point-turn before parking the vehicle by the side and alighting from it. He then continued unloading his goods. As my son was approaching me, I told him that the lorry had just reversed onto our van as such my son went over to him to ask about the accident. We asked for his NRIC and driving license and told him about the accident. He appeared not concerned as if nothing happened, and when I showed him the damage to our van, he just said this always happen and passed his NRIC and Driving license to me. I asked for his contact number but he told us that he has none and refused to take down our details and for us to do what is necessary.

I already reported the accident to my workshop and am reporting with regards to his reckless driving behavior. His name is Ng Ah Lek IC: S1039255A M/1944. We have a rear view in car camera but as the rear door was opened up, it only captured the sound and indirect reflection when the incident happened.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL RAHIM

Signature Of Interpreter:  
Not applicable

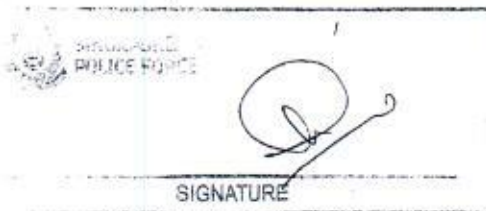
Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp CHEUNG SIU HAY  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
21/01/2019 19:15

Classification Of Case:

Authentication Stamp





Date of Accident : 14/01/14 Accident Time: 1530 (24-HR-Format)  
 Accident Place : 162 Robinson rd capital tower Singapore  
 : 068912 Loading / unloading Bay  
 Vehicle No. (Car Plate No.) : GBF7254H Make/Model: Nissan NV350  
 Insurance Company : TH Policy No: MT001111  
 Owner or Company Name /IC No. : White Horse Marketing / B45665800M  
 Owner or Company Contact No. : 93397863 Owner's Hp Company Tel  
 DRIVER'S Name / IC No. : S2605242D Yung Sam Ling  
 DRIVER'S Date Of Birth : 12/09/1955 DRIVER'S License Pass Date 16/09/1991  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : B124 Tanjong St 11 208-402 S521124  
 DRIVER'S Contact No./ Alt No. : 1) 98220982 2)  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address :  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): Driver only  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): NO injury

**Other Party Driver's Particular (if any)**


Vehicle No: GBG2530M	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**




*Slip*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2605242D



Name  
YUNG SAU LING  
翁秀齡  
Race  
CHINESE  
Date of birth  
12-09-1955  
Sex  
F  
Country of birth  
HONG KONG



S2605242D

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S2605242D  
Name  
YUNG SAU LING  
Expiry Date 12 Sep 1955  
Issue Date 13 Aug 2003

060742947H

0111722



NRIC No. S2605242D



Nationality  
BR NAT. OVERSEAS  
Date of issue  
08-11-2010

Address  
APT BLK 124 TAMPINES STREET 11  
#08-402  
SINGAPORE 521124

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

CLASS 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

ISSD DATE 16 Sep 1991

NP 428A

License No. S2605242D



**Tokio Marine Insurance Singapore Ltd.**

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

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

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE  
INSURANCE GROUP**

**Certificate of Insurance**

FORM MZ300

**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.: MT001111 (Commercial Vehicle)

- |  |   |                                |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | GBF7254H  | Chassis No.: JN1MC2E26Z0007629 |
| 2. Name of Policyholder  | WHITE HORSE MARKETING   |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 20/02/2018 (00:00:00)   |                                |
| 4. Date of Expiry of Insurance   | 19/02/2019  |                                |
| 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 95 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 No: 2009DDA	
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 750.00	(Original Excess : SGD 750.00)
	Additional Excess for Unnamed Driver(s)	SGD 1,500.00	(All Claims)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	TAN CHONG CREDIT PTE LTD		
Additional Terms:	Policy excesses are amended as follow:- (a) Additional Excess All Claims for non-employee \$1,500 (b) Additional Excess All Claims for YEID (below 26 yrs old and/or 70 yrs old & above and/or has less than 2 yrs driving experience in Singapore) \$3,000		

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature