

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119107418

Date In: 16/18/19 14:18	Job description	Date & Time Completed	Done by
Ref No: NA/ TMZ 190/4292164	SAS e-filing		
Veh No: YM 8162T	E-mail (within 2hrs, AIC 2hrs)		
ICOA: 15/18/19 12:20	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GBJ 1362Y 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: (INC 160116 16/18/0016)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Actions: ( )

( )

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NA1906050

Claimant's Particulars	1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	3) TP: Towing Fee	4) PT: Follow-Through Survey	5) PT: Follow-Through Survey (Resurvey)	6) TR: Re-inspection	7) NI: Idas DA + SMRT Survey	8) NTUC Additional Services:	9) NI12: Idas Mobile	Fee Charged	Invoice dated
Driver/Owner:		INC (\$80)	\$40/\$45	\$120	\$30	\$75	\$160				
Contact No:											
Damaged Portion:											
QC Checked by (Engr-In-Charge):											
Auditors' Comments:											
Ref: 1:											
Ref: 2:											
Ref: 3:											

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	16/08/2019 14:18
Date Of Accident	15/08/2019 12:20
Exact Location Of Accident	AYE TWDS TUAS AFTER BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8162T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OJJ FOODS PTE LTD
Co Reg No	200107554R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91162452

### Vehicle Particulars

Manufacturer	ISUZU
Model	-
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

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MV004441-R03
Cover Note Number	-

### Driver

Name of Driver	KHUN NYAN TUN
NRIC No	G6238333Q
Date Of Birth	05/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91162452
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 158 YUNG LOH RD #18-54
Postcode	610158
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190815/2159

#### 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	GBJ1362Y
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)

**DETAILS OF INJURED PERSON 1**

Name	KHUN NYAN TUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YN8162T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.



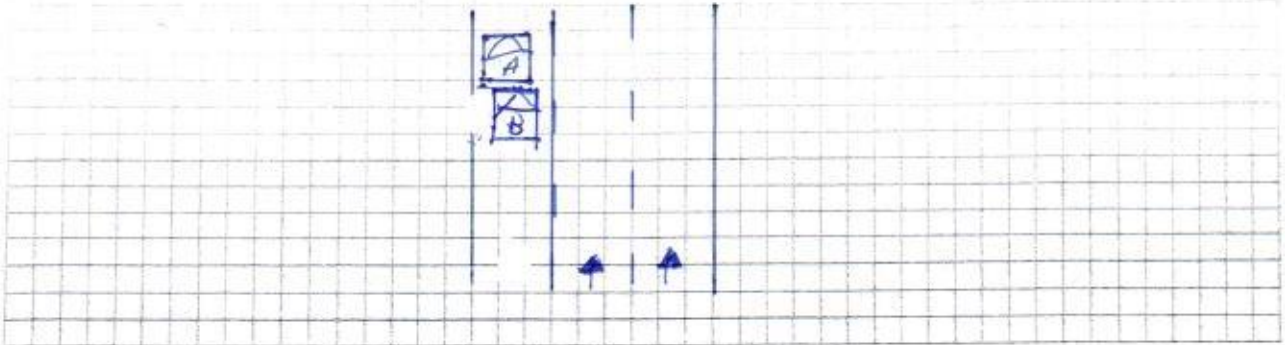
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Vehicle A: YN 8162T  
Vehicle B: GBJ 1362Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter 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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 8 / 19 (DD/MM/YYYY), TIME: 12 : 20 (HH:MM)

LOCATION: AYE tends Tuay after Bukit merah

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 8162T  
b) INSURANCE COMPANY: Tokio marine  
c) POLICY NUMBER: 19-MV004441-R03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Isuzu NMB 854H 5A  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work purpose  
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: OSS Foods pte ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 200107554R CONTACT: \_\_\_\_\_  
c) ADDRESS: 9 Wan Lee Rd (S) 627941

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

### DRIVER

- a) NAME: Khan Hyan Tun (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G6238333R CONTACT: 91162452  
c) ADDRESS: Bik 158 Tung Loh Rd #1B-54

\* d) DATE OF BIRTH: 5 / Nov / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: G85 1362Y MODEL: Toyota Hince  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = [ric060autoservices@gmail.com](mailto:ric060autoservices@gmail.com)

fax = 6286 7060



# SINGAPORE POLICE FORCE



T/20190815/2159

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 3

Report No. T/20190815/2159

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2019 20:12	Vide Report No.: A/20190815/0090	Station Diary No.: 91
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**Informant's Particulars**

Name of Informant: KHUN NYAN TUN		Address: APT BLK 158 YUNG LOH ROAD #18-54 SINGAPORE 610158	
ID Type / ID No.: FIN NO / G6238333Q		Contact No.: Home/Office: Mobile: 91162452	
Nationality: MYANMAR		Email:	
Sex: Male	Age: 34	Date of Birth: 05/11/1984	Type of Informant: Driver
Race: Others		Language:	Institution / School Name:
Occupation: SUPERVISOR		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/08/2019 11:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
YN8162T	Lorry				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190815/2159

2 of 3

Report No. T/20190815/2159

Police Station Of Origin  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

**CONTINUATION OF REPORT**

Driver		ID No.		G6238333Q
Name	KHUN NYAN TUN		Contact No.	91162452
Related Vehicle	YN8162T (Lorry)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	ACUMED MEDICAL GROUP		Date Treatment	15/08/2019
Date Discharge		15/08/2019		
No. of Days granted Medical Leave	02	Degree of Injury	Slight	

**Brief Details.**

On 15/08/2019 at about 1145hrs, I stopped my lorry at the road shoulder of Central Expressway towards AYE to check on my lorry. All of a sudden, another van collided onto the back of my lorry causing the rear of my lorry to be dented. The Van driver was conveyed to the hospital. Traffic Police was at scene vide: A/20190815/0090. I do not an in car camera. I then got myself checked at Acumed Medical Group at their Taman Jurong Branch and was given 2 days MC for abrasion on my left elbow area.



SINGAPORE  
POLICE FORCE



T/20190815/2159

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No. 1800-2659999

3 of 3

Report No. T/20190815/2159

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:

J /

Sgt 2 NIFAIL HADI BIN NORMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/08/2019 20:12

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP158

Singapore Police Force

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **G6238333Q**

Name:

**KHUN NYAN TUN**

Birth Date: **05 Nov 1984**

Issue Date: **03 Jan 2018**

Valid Till **02/01/2023**



002759945K



**S PASS**

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

Employer

**SOON HIN FOODS PTE. LTD.**

Sector: **MANUFACTURING**

Name

**KHUN NYAN TUN**

Occupation

**ASSISTANT OPERATIONS SUPERVISOR**



S Pass No.  
**0 92385639**

Date of Application  
**04-10-2017**

Date of Issue  
**26-10-2017**      **0 92385639**

Date of Expiry  
**06-11-2019**



**L8407447**

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  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  03 Jan 2018

NP 428A



Licence No: G6238333Q

VISIT PASS

Immigration Regulations

Name

KHUN NYAN TUN



Date of Birth Sex

05-11-1984 M

Nationality

MYANMAR

FIN

Date of Issue

Date of Expiry

G6238333Q 26-10-2017 06-11-2019

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.





## 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.:** 19-MV004441-R03 (Comm Vehicle Carry Own Goods)

- |   |   |                                       |
|---|---|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | YN8162T   | <b>Chassis No.:</b> JAANMR85HE7102159 |
| <b>2. Name of Policyholder</b>  | OJJ FOODS PTE LTD   |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 19/06/2019  |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 18/06/2020  |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                              | 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:** 2114DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	DBS BANK LTD	

**Tokio Marine Insurance Singapore Ltd.**

**Authorised Signature**