

NATIONAL Assessment Centre Services

Date In: 07/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/MSG20000381/13	SAS e-filing		
Veh No: 924327L	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/01/20 1010	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 924327L 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%; F: 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 hotline: 6788 6616)	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

NA2000373	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
Auditors' Comments:	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	07/01/2020 12:59
Date Of Accident	07/01/2020 10:10
Exact Location Of Accident	PIE(TUAS)AFTER EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ4327L
Insured/Policyholder	
Name Of Registered Owner	JONG FRESH SUPPLIES PTE LTD
Co Reg No	2XXXXX204H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86218883
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 27866936 TMV
Cover Note Number	
Driver	
Name of Driver	CHONG CHING HENG
NRIC No	GXXXX010U
Date Of Birth	15/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86128883
Fax Number	
Contact Number	
Email Address	HENG86218883@GMAIL.COM

Address	BLK 3 BEACH ROAD #01-4829
Postcode	189674
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?	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

I WAS TRAVELLING STRAIGHT ALONG PIE(TUAS) AFTER EUNOS EXIT ON THE 2ND LANE OF A4-LANES RD.SUDDENLY INFRT OF MY VEH JAMMED BRAKE,I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

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	GBB8731L
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG YONG HUI
NRIC/Passport Number	SXXXX104Z
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:

[Signature] 7/1/20

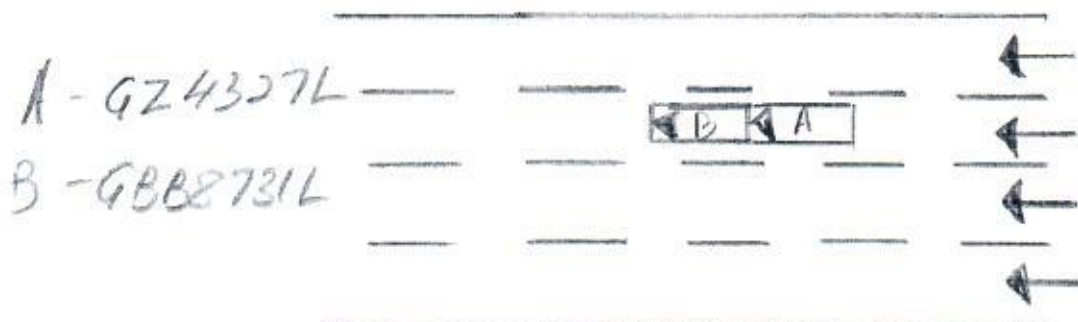
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 07/01/20

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

SKETCH PLAN

P1E (TUAS) AFTER EUNOS EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 7/1/20

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

[Signature] 07/01/20

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

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 1 / 2020) (DD/MM/YYYY), TIME: (10 : 10) (HH:MM)

LOCATION: P/E Expressway After Ben Enus Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G124327L
b) INSURANCE COMPANY: M&I G
c) POLICY NUMBER: B 27866936 TMV
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Jong Fresh Supplies Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86218883
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chong Ching Heng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G 8020101 CONTACT: 86218883
c) ADDRESS: _____

*d) DATE OF BIRTH: (15 / 3 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 Years

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: GBB 8731L MODEL: Nissan Cabstar
b) DRIVER'S NAME: Ng Yong Hui
c) NRIC/FIN/PASSPORT: S 1703104 Z CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - TP
Third Party

Certificate No. B 27866936 TMV

1. Index Mark and Registration Number of Vehicle
GZ4327L

2. Name of Policyholder
Jong Fresh Supplies Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
18/04/2019

4. Date of Expiry of Insurance
17/04/2020

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer

TAX INVOICE

Name and Address of Insured

Jong Fresh Supplies Pte Ltd
53
Ubi Avenue 3
Singapore 408863

Invoice No : 2786693600005

Invoice Date : 26/03/2019

Account No. : 220089D
Client Code : 10389611
Policy Class : COMMERCIAL VEHICLE - TP
Policy No. : B 27866936 TMV
Transaction Type : Renewal Issue
Period of Insurance : 18/04/2019 to 17/04/2020

PREMIUM DEBIT NOTE

Gross Premium	:	SGD1,333.78
GST @ 7.00%	:	SGD93.36
Amount Due	:	<u>SGD1,427.14</u>

Note : If you have already made payment, this Invoice is for your record only.
Otherwise, Cheque should be crossed and made payable to
MSIG Insurance (Singapore) Pte. Ltd.
Please quote the Invoice No. when making payment.

No Official Receipt will be printed unless payment by Cash.

Important Notice :

Premium Payment Warranty

(applicable to all business & commercial establishments)
Premium must be paid in full within 60 days from the inception date of the risk. Otherwise, the Policy will be automatically terminated from the expiry of the premium warranty period. Please refer to the Premium Warranty as indicated in your Policy for more details.

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

COMMERCIAL VEHICLE - TP

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
B 27866936 TMV	18/04/2019 to 17/04/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Jong Fresh Supplies Pte Ltd 53 Ubi Avenue 3 Singapore 408863		26/03/2019
		Account Number
		220089D
Premium	GST	Total Due
SGD1,333.78	SGD93.36	SGD1,427.14

RISK NUMBER 1

COMMERCIAL VEHICLE - TP

SCOPE OF COVER Third Party

INTEREST INSURED

ITEM	0001	
REGISTRATION NO.	GZ4327L	NO CLAIM DISCOUNT 20.00% (or F/D)
MAKE/MODEL	Mitsubishi FB70ABOSRDEB	EXCESS NIL
ENGINE NUMBER	4M40HB0344	WINDSCREEN NIL
CHASSIS NUMBER	FB70ABA00277	ANNUAL PREMIUM SGD1,333.78
YEAR OF MFG	2005	
CAPACITY	2 TONS	
SEATING CAPACITY	2 (INCL. DRIVER)	

AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE

Use in connection with the Insured's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
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.

ENDORSEMENTS & CLAUSES APPLICABLE:

MN32 THIRD PARTY ONLY

It is agreed that Section 1 of this Policy is deleted.

M18 FLEET RATED RISK - CANCELLATION OF N.C.D.

It is hereby understood and agreed that the No Claim Discount Clause of this Policy is deemed to be cancelled.

This Policy is renewed for the period shown above.
Subject to the terms exceptions and conditions of the Policy.

SIGNED FOR AND ON BEHALF OF THE COMPANY



for CHIEF EXECUTIVE OFFICER

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

19 May 2006

Our ref 1905060401N004001258

JONG FRESH SUPPLIES PTE LTD
BLK 9005 TAMPINES STREET 93
#04-258
SINGAPORE 528839

002934



Dear M/S THANG TECK JONG

NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO. GZ4327L

We are pleased to inform you that your vehicle, GZ4327L, has been successfully converted from B31 - Goods (Open) Lorry (Metal Body)/Pickup/Normal to B70 - Goods (Open) Refrigerated Vehicle/Normal with effect from 19 May 2006.

2. The updated vehicle information is as follows:

- | | | |
|----|-------------------------|-------------------------------|
| 1. | Name | : JONG FRESH SUPPLIES PTE LTD |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 200107204H |
| 4. | Place Of Passport Issue | : - |

3. The updated vehicle information is as follows:

- | | | |
|-----|--------------------------------------|---|
| 1. | Vehicle No. | : GZ4327L |
| 2. | Previous Vehicle No. | : - |
| 3. | Effective Date of Ownership | : 18 Apr 2006 |
| 4. | Original Registration Date | : 18 Apr 2006 |
| 5. | First Registration Date | : 18 Apr 2006 |
| 6. | Vehicle Type | : B70 - Goods (Open) Refrigerated Vehicle |
| 7. | Vehicle Scheme | : Normal |
| 8. | Attachment 1 | : No Attachment |
| 9. | Attachment 2 | : - |
| 10. | Attachment 3 | : - |
| 11. | Vehicle Make Description | : MITSUBISHI |
| 12. | Vehicle Model | : FB70ABOSRDEB |
| 13. | Year of Manufacture | : 2005 |
| 14. | Primary Colour | : White |
| 15. | Secondary Colour | : - |
| 16. | Passenger Capacity | : 2 |
| 17. | Chassis/Trailer Chassis No. | : FB70ABA00277 / - |
| 18. | Propellant | : Diesel |
| 19. | Engine No./Motor No. | : 4M40HB0344 / - |
| 20. | Engine Capacity(cc)/Power Rating(kw) | : 2835 / - |
| 21. | Unladen Weight(kg) | : 1480 |
| 22. | Maximum Laden Weight(kg) | : 3500 |
| 23. | Open Market Value | : \$18,512.00 |