

NATIONAL Assessment Centre Services.

[unf. 1 Jan'68]

MINA 200 77422

Date In: 07/09/2020 18:01	Job description	Date & Time Completed	Done by
Ref No: X/BA/TMT/20009553/4	SAS e-filing		
Veh No: GB31824B	E-mail (Update sheet, A/C sheet)		
D.O.A: 05/09/2020 14:00	I-Motor Claims Form		
OD : TP : Reporting Only	I-Motor W/O (With/OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Week / INC Assign Week / QW: (Totl	Faxl
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TP Particulars:	Veh No: <u>SC01 9807</u>	INC()/Non-INC()
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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 ()

СРОЧНО

() Walk-In Customer : Customer's Information strictly Confidential & strictly NO use of reprior.

() Total Loss Case : (a small Vauxhall V16 CANTLEY

Drive-In () / Towed-In () : Incident YRS () / NO () : Towing Exp ()

NO COPY OF THIS REPORT IS TO BE DISTRIBUTED OUTSIDE THE UNITED STATES GOVERNMENT PRINTING OFFICE: 1967 O 344-100

STANDARDIZATION OF QUANTITATIVE DATA

1) Apply for Transport Allowance () / Courtesy Car ()		
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2.) QC Check / Post Repair Inspection	()			
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0) Upload Resurvey Photo [Repair Cost > \$9000]	()				
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Induró 2

[The following page contains faint, illegible markings.]

11-20-4 has been moved to entry 11-20-5

1

10-11-1964

04/2004/42

DA1 Addendum for portion	500	
2) DA1 Damage Assessment	\$1000	INC (110)

Ycr/Owner:	3) TV: Towing Fee	\$1000
	4) PT: Yellow-Throated Survey	\$120

3) FT: Follow-Through Survey (Resurvey)	330
4) FT: Follow-Through Survey (Resurvey)	330

Object No:	For planning against the	373
	(1) Title: Re-inspection	

7) NI: Icao DA + EMRT Survey	3180
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1) NTUC Additional Services			
OR			

Checked by (Engr-In-Charge):		*NSr Courtesy Car / Tpl Allowance	\$0
			\$10

• Not Repair Coordination	\$25	
• Not Post Repair Inspection	\$1	

INQ: DV / Collect Unsubs Coordination	\$10		
TP (NU) / TP (NU) INC against INC	\$10		

	12-01-2017	30	
7) Nitidas Mobile	Has Charged		

2 / 3 Invoice dated Invoice dated Fee Charged

Figure 1. The effect of the concentration of the solution on the adsorption of the dye. The concentration of the solution was 0.001, 0.002, 0.003, 0.004, 0.005, 0.006, 0.007, 0.008, 0.009, 0.01, 0.012, 0.014, 0.016, 0.018, 0.02, 0.022, 0.024, 0.026, 0.028, 0.03, 0.032, 0.034, 0.036, 0.038, 0.04, 0.042, 0.044, 0.046, 0.048, 0.05, 0.052, 0.054, 0.056, 0.058, 0.06, 0.062, 0.064, 0.066, 0.068, 0.07, 0.072, 0.074, 0.076, 0.078, 0.08, 0.082, 0.084, 0.086, 0.088, 0.09, 0.092, 0.094, 0.096, 0.098, 0.1, 0.12, 0.14, 0.16, 0.18, 0.2, 0.22, 0.24, 0.26, 0.28, 0.3, 0.32, 0.34, 0.36, 0.38, 0.4, 0.42, 0.44, 0.46, 0.48, 0.5, 0.52, 0.54, 0.56, 0.58, 0.6, 0.62, 0.64, 0.66, 0.68, 0.7, 0.72, 0.74, 0.76, 0.78, 0.8, 0.82, 0.84, 0.86, 0.88, 0.9, 0.92, 0.94, 0.96, 0.98, 1.0. The concentration of the solution was 0.001, 0.002, 0.003, 0.004, 0.005, 0.006, 0.007, 0.008, 0.009, 0.01, 0.012, 0.014, 0.016, 0.018, 0.02, 0.022, 0.024, 0.026, 0.028, 0.03, 0.032, 0.034, 0.036, 0.038, 0.04, 0.042, 0.044, 0.046, 0.048, 0.05, 0.052, 0.054, 0.056, 0.058, 0.06, 0.062, 0.064, 0.066, 0.068, 0.07, 0.072, 0.074, 0.076, 0.078, 0.08, 0.082, 0.084, 0.086, 0.088, 0.09, 0.092, 0.094, 0.096, 0.098, 0.1, 0.12, 0.14, 0.16, 0.18, 0.2, 0.22, 0.24, 0.26, 0.28, 0.3, 0.32, 0.34, 0.36, 0.38, 0.4, 0.42, 0.44, 0.46, 0.48, 0.5, 0.52, 0.54, 0.56, 0.58, 0.6, 0.62, 0.64, 0.66, 0.68, 0.7, 0.72, 0.74, 0.76, 0.78, 0.8, 0.82, 0.84, 0.86, 0.88, 0.9, 0.92, 0.94, 0.96, 0.98, 1.0.

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	07/09/2020 18:01
Date Of Accident	05/09/2020 14:00
Exact Location Of Accident	ALONG HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8524B
Insured/Policyholder	
Name Of Registered Owner	BLU KOUZINA PTE LTD
Co Reg No	2XXXXX841E
Email Address	DUSTINRIKITO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-89226540
Alternative Phone No	OFFICE-89226540

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MS010704-R00
Cover Note Number	

Driver

Name of Driver	NG KOK LIANG DUSTIN
NRIC No	SXXXX248F
Date Of Birth	15/07/1998
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-89226540
Fax Number	
Contact Number	OTHERS-89226540
Email Address	DUSTINRIKITO@GMAIL.COM

Address	BLK 129 BUKIT MERAH VIEW #11-162
Postcode	150129
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	RAINING
Road Surface	WET

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

PLEASE REFER TO POLICE REPORT T/20200906/2032

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	SCQ9800Z
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TNG GEOK PANG ELIZEBETH
NRIC/Passport Number	SXXXX466B
Contact Number	96720713
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.
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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: 07/09/2020

4.30pm

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

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rather to Police Report 7/20200906/2032

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/09/2020
4.30 pm

[Signature] 07/09/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

VEH NO ① GBJ 8524 B
② SCQ 9800 Z.

OFF

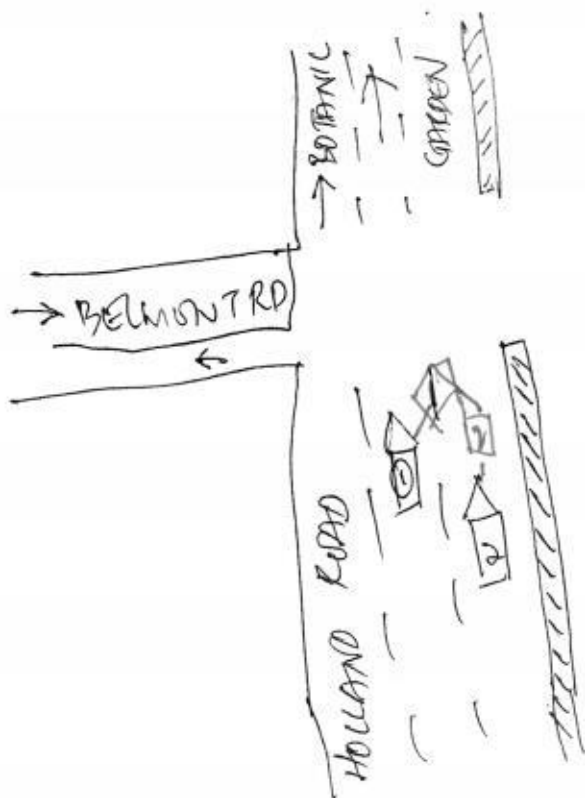
On Sat Sept 5, 2020 around 2pm, I'm driving along
Holland Rd heading toward Botanical Garden on the middle lane.

As I slow down approaching the junction (Belmont Rd)
my said vehicle (1) skidded & the next minute a car on the
right lane (2) hit my right side front. Pushing forward my
vehicle and Car (2) end up at the centre divider.

TRAFFIC : MODERATE

WEATHER : RAINING

INJURY : NONE



07/09/2020
4.30 PM

07/09/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 5 / 9 / 2020 (DD/MM/YYYY), TIME: 14 : 00 (HH:MM)

LOCATION: Along Houlms Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 8524B
 b) INSURANCE COMPANY: TOKIO Marine
 c) POLICY NUMBER: 19-mcsl0704-R00
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 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: Ng Kok Liang Dustin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S4823248F CONTACT: 89226540
 c) ADDRESS: BLK 129 Bukit Merah View #11-162 SC180129

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Kok Liang Dustin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S4823248F CONTACT: 89226540
 c) ADDRESS: BLK 129 Bukit Merah View #11-162 SC180129

* d) DATE OF BIRTH: 15 / 07 / 1998 (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: Bukit merah view

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Honda SCQ 9800Z MODEL: Honda
 b) DRIVER'S NAME: Ng GEOK Pang elizabeth
 c) NRIC/FIN/PASSPORT: S1354466B CONTACT: 96720713

9. THIRD PARTY VEHICLE

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

email: dustin rikito@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200906/2032

1 of 3

Report No. T/20200906/2032

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2020 12:01	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: NG KOK LIANG DUSTIN			Address: APT BLK 129 BUKIT MERAH VIEW #11-162 SINGAPORE 150129		
ID Type / ID No.: NRIC NO / S9823248F			Contact No.: Home/Office: Mobile: 89226540		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 15/07/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2020 14:00	Type of Location: T-Junction
Location: HOLLAND ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8524B	Van	TOYOTA	DYNA 150 5MT	White	Slightly Damaged	0
SCQ9800Z	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Driver			
Name	NG KOK LIANG DUSTIN	ID No.	S9823248F
Related Vehicle	GBJ8524B (Van)	Contact No.	89226540
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TNG GEOK PANG ELIZABETH	ID No.	S1354466B
Related Vehicle	SCQ9800Z (Car)	Contact No.	96720713
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/09/2020 at around 1400hrs, I was driving my van (GBJ8524B) on the second lane along Holland Road towards Botanic Gardens. While my van was approaching the T-junction of Holland Road and Belmont Road, near to the second arrow on the road, my van skidded towards the right side of the road. At that point of time, a white car (SCQ9800Z) was travelling on the first lane and the said vehicle then collided on to the front right side of my vehicle before colliding into the central divider.

I wish to state that at the point of the accident, it was drizzling and the road was wet. When the incident happened, the traffic light at the said junction was turning Amber and as I was approaching the said junction, my vehicle speed was slow.



**SINGAPORE
POLICE FORCE**



T/20200906/2032

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20200906/2032

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:
D /
Sgt 3 TAN HUI YU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI /
Contact No.: 65476151

Authentication Stamp
NP168

SN 45

Signature Of Informant:

Date/Time:
06/09/2020 12:01

Classification Of Case:

TOKIOMARINE
INSURANCE GROUP

FORM MZ300

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-MS010704-R00 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle: GBJ8524B Chassis No.: JTFAT35Y90K213696
2. Name of Policyholder: BLU KOUZINA PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act: 20/09/2019
4. Date of Expiry of Insurance: 19/09/2020
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: 2350DDA

Insurance Plan: Comprehensive Approved Workshop Plan
Limit for total loss or theft: Prevailing Market Value
Policy Excess: Own Damage Claims SGD 1,000
Windscreen Excess SGD 100
Financial Interest: THINK ONE CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature