

NATIONAL Assessment Centre Services.

1st 1 Jan 2008

NA2009748

Date In: 04/1/2008 17:20	Job description	Date & Time Completed	Done by
Ref No: NA2009748	SAS e-Milling		
Veh No: GBF 6012	E-mail (3 days, A/C 2 hrs)		
O.O.A: 01/1/2008 19:00	I-Motor Claim Form		
QID: TP / Reporting Only	I-Motor W/O (Within: OD 2 hrs, TP 4 hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBF 6012	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Damage: ()

Other: ()

NA2005822	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA / Damage Assessment (\$100)	\$40/45
Contact No:	3) TP's Towing Fee	\$120
Damaged Portion:	4) PT's Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT's Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2008)	\$75
	6) TR: Re-inspection	\$160
	7) NI: (Inc) DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NC: Impact Coordination	\$10
	• NT: Post Repair Inspection	\$25
	• ND: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Inc) against D/G	\$30
	9) NI: (Inc) Mobile	
	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	04/11/2020 17:20
Date Of Accident	01/11/2020 19:00
Exact Location Of Accident	CROSS JUNCTION OF MIDDLE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6011Z
Insured/Policyholder	
Name Of Registered Owner	BERJAYA BUILDCON PTE LTD
Co Reg No	2XXXXX497E
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-93834818
Alternative Phone No	OFFICE-84688832

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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-MT111383-R01
Cover Note Number	

Driver

Name of Driver	LOE CHANG HWA
NRIC No	SXXXX714D
Date Of Birth	30/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1997
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834818
Fax Number	
Contact Number	OTHERS 84688832

Address	74A LORONG 25A GEYLANG
Postcode	388257
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	COLLIDED INTO MOTORCYCLIST
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201101/2081

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	FBG6175D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

No. Of Passenger (Including Driver)

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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.

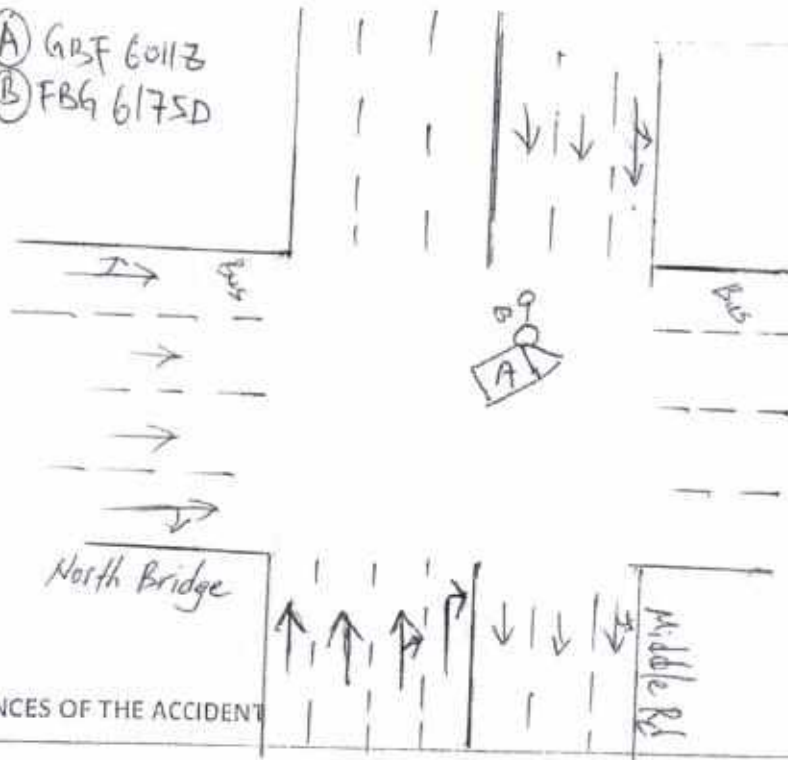
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

- (A) GRBF 60113
(B) FBG 6175D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20201101/2081

DECLARATION

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



[Signature]

[Signature] 04/11/2020
Resn
11/11/2020

Date of Accident : 1/11/2020 Accident Time: 1900 (24-HR-Format)
Accident Place : Middle Road
Vehicle No. (Car Plate No.) : GBF 6017Z Make/Model: Fuso
Insurance Company : Tokio Marine Policy No: 19-MT111383-R01
Owner or Company Name IC No. : Berjaya Buildcon Pte Ltd 200923497E
Owner or Company Contact No. : 9385 4818 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Loe Chang Hua 56982714D
DRIVER'S Date Of Birth : 30/10/1969 DRIVER'S License Pass Date 21/2/1997
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others:
DRIVER'S Address : 74A Lorong 25A Geylang Singapore 388257
DRIVER'S Contact No. / Alt No. : (1) 84688832 2)
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : info@caremith.biz
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): 1
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):

Other Party Driver's Particular (if any)

Vehicle No: FBG 617SD	Vehicle No: _____
Vehicle Make/Model: Motorbike	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & Gender





**SINGAPORE
POLICE FORCE**



T/20201101/2081

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20201101/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2020 19:45	Vide Report No.: A/20201101/0126	Station Diary No.: 82
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Informant's Particulars

Name of Informant: LOE CHANG HWA			Address: 74A LORONG 25A GEYLANG SINGAPORE 388257		
ID Type / ID No.: NRIC NO / S6982714D			Contact No.: Home/Office: Mobile: 84688832		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 30/10/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/11/2020 19:00	Type of Location: T-Junction
Location: MIDDLE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6175D	Motorcycle				Seriously Damaged	0
GBF6011Z	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/20201101/2081

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20201101/2081

CONTINUATION OF REPORT

Driver			
Name	LOE CHANG HWA	ID No.	S6982714D
Related Vehicle	GBF6011Z (Lorry)	Contact No.	84688832
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/11/2020 at about 1815hrs, as I was turning right into Hong Kong Street, a motorcycle hit me on my passenger door. He was on the first right lane of middle street going straight.

I wish to state that the light to turn right was in my favor. I made a check on the right before making a right turn but I did not spot him. Only after he hit my passenger door I notice that he was there.

After I then alighted and made a check on him. A passerby assisted to called 995 for ambulance to make a check on him. He was still conscious and talking when the ambulance arrived.



**SINGAPORE
POLICE FORCE**



T/20201101/2081

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20201101/2081

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:

A /

Sgt 1 LIM HUI YI KLARISSA

Signature Of Interpreter:


Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE

Contact No.: 65476214

Authentication Stamp
NP168  SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

01/11/2020 19:45

Classification Of Case:

SIGNATURE

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 8111 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**

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-MT111383-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle GBF6011Z Chassis No.: FEA01BA20474
2. Name of Policyholder BERJAYA BUILDCON PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 28/12/2019
4. Date of Expiry of Insurance 27/12/2020

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: 2693DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess - All Claims SGD 1,000 Windscreen Excess SGD 100
Financial Interest:	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE

Tokio Marine Insurance Singapore Ltd.

Authorised Signature