

NATIONAL Assessment Centre Services

Part 1 Jan 2009

SM 0920C 1000M

| | | | |
|----------------------------|--|-----------------------|---------|
| Date Inc: 11/12/20 16:52 | Job description | Date & Time Completed | Done by |
| Ref No: NA1MSG 20013209164 | SAS e-filing | | |
| Veh No: YR 1164T | E-mail (within 2hrs, AIC 2hrs) | | |
| DOA: 19/11/20 17:00 | I-Motor Claim Form | | |
| OD: TP / 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/When | | |

| | | |
|--|--|-------------------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: Gantry reader | Station 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 repolter. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | |
|---|---------------------------|--------------|
| Remarks: (INC 160111 0788 4616) | Date Claim 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---|--|-------------|-------------|
| NA 2006534 | Invoice Preparation Checklist | Amount (\$) | Amount (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$10) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2009) | 6) TR: Re-Inspection \$75 | | |
| For claiming against INC Only (wef 10 Jan 2009) | 7) NI: Idao DA + SMRT Survey \$160 | | |
| For claiming against INC Only (wef 10 Jan 2009) | 8) NTUC Additional Services:- | | |
| For claiming against INC Only (wef 10 Jan 2009) | ON: | | |
| For claiming against INC Only (wef 10 Jan 2009) | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| For claiming against INC Only (wef 10 Jan 2009) | *N6: Repair Co-ordination \$10 | | |
| For claiming against INC Only (wef 10 Jan 2009) | *N7: Post Repair Inspection \$25 | | |
| For claiming against INC Only (wef 10 Jan 2009) | *N8: DV / Collect License Coordination \$5 | | |
| For claiming against INC Only (wef 10 Jan 2009) | TR (N11): TP (Non INC) against INC \$20 | | |
| For claiming against INC Only (wef 10 Jan 2009) | 2) N12: Idao Mobile \$0 | | |
| For claiming against INC Only (wef 10 Jan 2009) | Invoice dated | Fee Charged | |
| For claiming against INC Only (wef 10 Jan 2009) | 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 Submission | 01/12/2020 16:52 (SGT) |
| Date of Accident | 19/11/2020 17:00 (SGT) |
| Exact Location of Accident | 55 Lor L Telok Kurau, Singapore 425500 |
| Additional Location Information | BRIGHT CENTRE GANTRY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | YQ1164T |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | UNI-TAT ICE & MARKETING PTE LTD |
| Company Reg No | 1XXXXX736C |
| Email Address | CHIAKC@ICEMAN.COM.SG |
| Mobile Phone No | (Phone) +65-67448484 |
| Alternative Phone No | (Office) +65-67448484 |

VEHICLE PARTICULARS

| | |
|--|--------------------------|
| Manufacturer | Hino |
| Model | XZU700R 12FT WIDE CAB 5T |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|-----------------|
| Name of Insurance Company | MSIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | B 400000412 MKF |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | QIAN WENYONG |
| Work Permit No | GXXXX749P |
| Date Of Birth | 07/08/1985 |
| Occupation | Outdoor |

| | |
|--|----------------------|
| Date Of Driving Pass | 06/03/2012 |
| Driving experience | 8 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91800631 |
| Alt. Phone Number | - |
| Email Address | CHIAKC@ICEMAN.COM.SG |
| Address | 51 UBI AVE 1 #01-26 |
| Address complement | - |
| Postcode | 408933 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|------------------------|
| Type of Accident | Collided into Property |
| Weather Conditions | AFTER RAINED |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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 | GANTRY READER STATION |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Government |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

Nature Of Damage -

Details of property damaged in accident -

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.

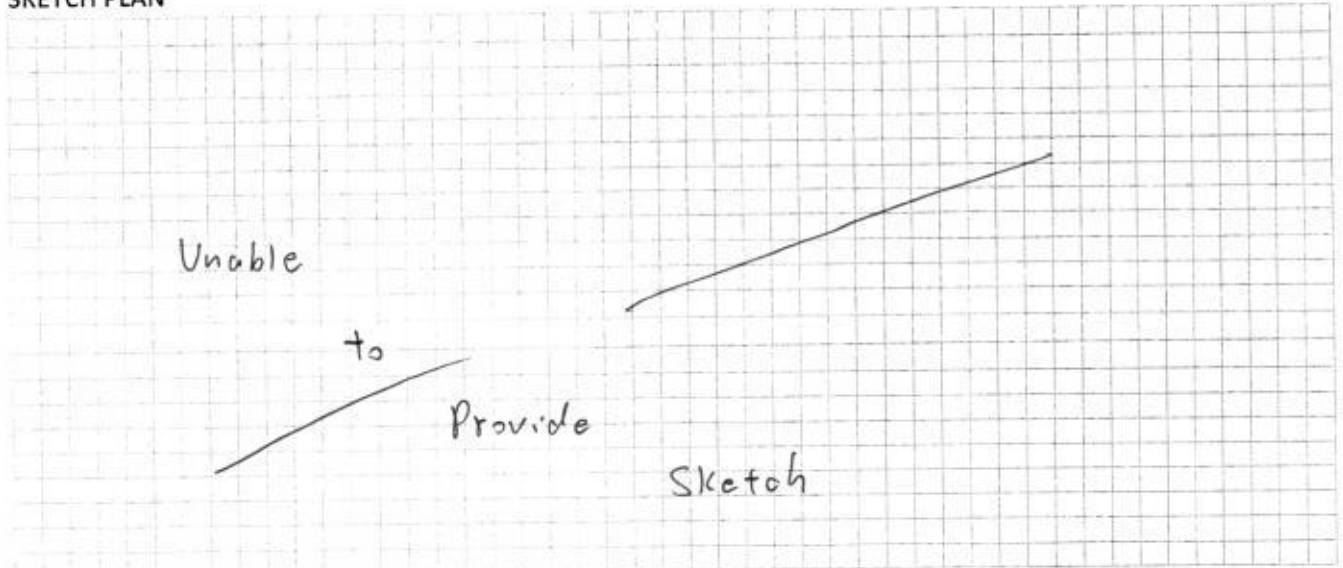


Policyholder's Signature
Date & Time:

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

I was performing my regular Deliveries and to Lor. L Teluk Kurau Bright Centre, After my delivery to my customer at that place, I drove my vehicle Y01164T to the exit Gantry. While I was driving out, the EXIT BARRIER suddenly fall on my vehicle and caused the Reader Station to be dislodged from the ground caused by the Door.

Date of Accident 19/11/2020 Time 17:00hrs

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.:



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
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE Comprehensive

Certificate No. B 400000412 MKF

Excess : SGD800

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

YQ1164T

2. Name of Policyholder

Uni-Tat Ice & Marketing Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

20/06/2020

4. Date of Expiry of Insurance

09/05/2021

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 Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Craig Ellis
Chief Executive Officer

ACCIDENT STATEMENT

ACCIDENT DATE: 19/11/2020 (DD/MM/YYYY), TIME: 17:00 (HH:MM)

LOCATION: LOR L TEOK KURAU BRIGHT CENTRE S42500

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 1164T
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: B400000412 MKF
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: FINO 300
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY OF GOODS
 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: UNI-TAT ICE & MARKETING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 87448484
 c) ADDRESS: 51 UBI AVE 1 #01-26 PATAUBI INDUSTRIAL PARK
S425933

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: QIAN WENYONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 96677749 P CONTACT: 9180 0631
 c) ADDRESS: _____

*d) DATE OF BIRTH: 07/08/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 8

f) YEARS OF DRIVING EXPERIENCE: 8

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) After Rain

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: GASH gantry box reader station MODEL: _____
 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: _____

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Attached Scene
 photo

Email = chiako@iceman.com.sg

Fax =

Video = No.