

NATIONAL Assessment Centre Services

Date In: 02/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/112/006339/13	SAS e-filing		
Veh No: GBT3169B	E-mail (within 5hrs. AP: 2hrs)		
D.O.A: 01/06/21 1630	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: TREE	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

NA 03062	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: Idac 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: Idac Mobile \$10		
	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 Submission	02/06/2021 14:44 (SGT)
Date of Accident	01/06/2021 16:30 (SGT)
Exact Location of Accident	Telok Kurau Rd, Singapore
Additional Location Information	IN BETWEEN LOR N & M
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3169B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YOROSHIKU ENGINEERING PTE. LTD.
Company Reg No	2XXXXX873K
Email Address	yoroshiku888@gmail.com
Mobile Phone No	(Phone) +65-96910369
Alternative Phone No	+65-96910369

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MCV0001008_01
Cover Note Number	-

DRIVER

Name of Driver	MELVYN YEO DE MING
NRIC No	SXXXX653H

Date Of Birth	16/03/1993
Occupation	Outdoor
Date Of Driving Pass	07/05/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96910369
Alt. Phone Number	-
Email Address	MELVYNYEODEMING1993@GMAIL.COM
Address	BLK 13 MARINE TERRACE
Address complement	#02-172
Postcode	440013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

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

PLS REFER TO THE ATTACHED 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	TREE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

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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 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.

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.

(Plumbing & Sanitary Services)

L.P.No: WS-1028-1998 Reg. No. 201205873

Block 1013 Geylang East Ave 3

#01-106 Singapore 389728

H.P. 9738 7644 Tel: 6846 4277 Fax: 6846 4856

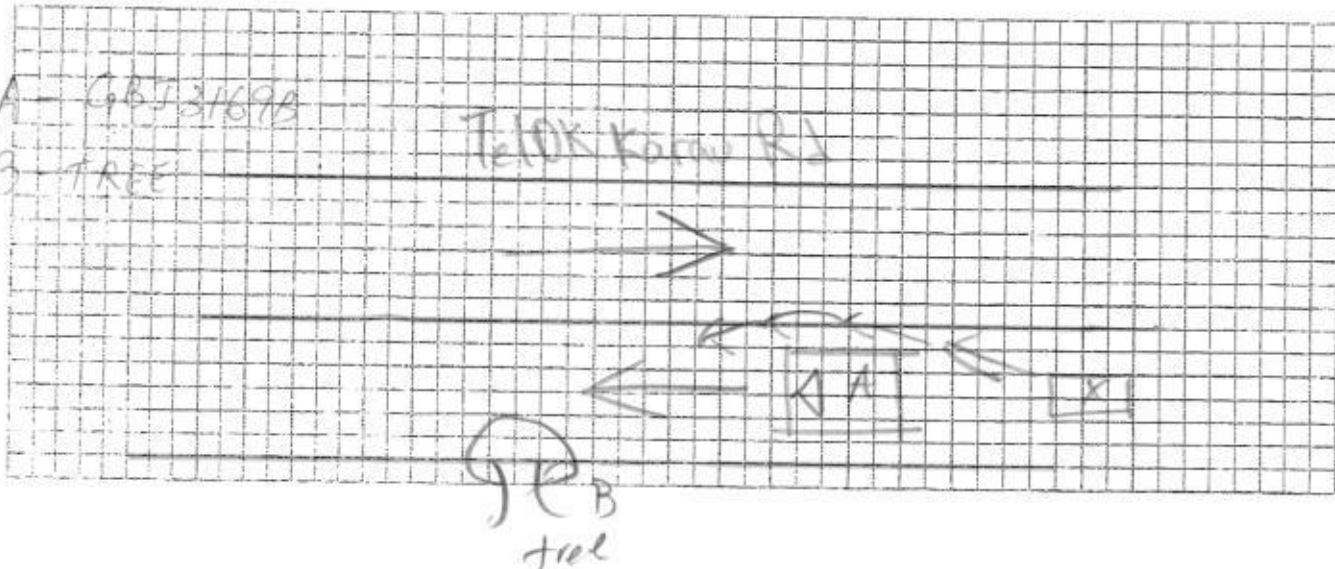
Email: yoroshiku888@gmail.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Traveling along Telok Karau Rd In Between Lor N and M
a car overtake from my right. The veh x horn at
me when his was beside my veh. I get shocked
and i swerved my veh to my left and my veh
lost control and hit a tree.

Declaration

Yoroshiku Engineering Pte Ltd

We declare the foregoing particulars are true in every respect.

L.P.No. WS-1028-1998 Reg. No. 201205673

Block 1013 Geylang East Ave 3

#01-106 Singapore 389728

H.P. 9738 7644 Tel: 6846 4277 Fax: 6846 4056

Email: yoroshiku888@gmail.com

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (01/06/21) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: TELOK KURAU RD IN BETWEEN CORN. 1st

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ3169B
 b) INSURANCE COMPANY: INDIA
 c) POLICY NUMBER: AJOMLV0001008-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA DYNA (M)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: YOROSHIKU ENGINEERING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 96910369 CONTACT: 96910369
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MELVYN YEO DE MINH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9308653H CONTACT: 96910369
 c) ADDRESS: BLK 13 MARINE TERRACE
#02-177 (440013)

*d) DATE OF BIRTH: (16/03/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 07/05/2015

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: UNKNOWN MODEL: PRIVATE CAR
 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)
()

Email = Melvinyeodeming1993@gmail.com


fax =

VIDEO = NO



Tel: 65-6-7631121 Fax: 65-6-7631122
 E-mail: info@fsl.com.sg
 Website: www.fsl.com.sg

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

All Accidents must be reported within 24 hours of the incident (regardless of whether or not the vehicle is damaged)		COVER: Comprehensive
CERTIFICATE NO.: D20MCV0001008_01		
1. Index Mark and Registration Number of Vehicle	GBJ2169B	
Chassis No.	KDY2318926684	
2. Name of Policyholder	YOKOSHIKU ENGINEERING PTE. LTD.	
3. Effective date of Insurance	14 Mar 2021	
4. Expiry date of Insurance	13 Mar 2022	
5. Persons or Classes of Persons entitled to drive	<p>any person who is driving on the Policyholder's behalf with their permission.</p> <p>Provided that the person driving is permitted to drive with the license of a driver (as required) and is not disqualified by order of a Court of Law or by reason of any enactment or regulation made, repealed, amended or substituted.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business</p> <p>b) Use for the carriage of passengers for hire (not for hire or reward) in connection with the Policyholder's business</p> <p>c) Use for social, domestic and pleasure purposes</p> <p>The Policy does not cover:</p> <p>a) Use for hire or reward</p> <p>b) Use for racing, speed-making, reliability trial or speed-testing</p> <p>c) Use while towing a trailer, except the towing of any one disabled mechanically propelled vehicle.</p>	
<p>*Limitations rendered inoperative by Section 6 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 in our fleet coverings.</p>		
Excess Sect 1	SGD600.00	
Windscreen Excess	SGD100.00	
Hire Purchase Company	United Overseas Bank Limited	
<p>FOR DRIVERS BE LOW 21 YEARS OR ABOVE 45 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE ADDITIONAL EXCESS OF \$2500.00 ON SECTION 1 WILL BE APPLICABLE.</p>		
<p>[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).</p>		
Agent/Broker	MOTORSHUREN Enterprise	
Date of Issue	09/02/2021 10:00 AM	
M Z 3088	YOKOSHIKU ENGINEERING PTE. LTD.	
The India International Insurance Pte Ltd		
		Authorized Signatory

SUNMEX ENTERPRISE
8 ENGGOR STREET
#24-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698