

NATIONAL Assessment Centre Services.

Print 1 Jan 2021

SALES 21640001

Date In: 02/06/2021 11:01	Job description	Date & Time Completed	Done by
Ref No: NPA/FC220066034	SAS e-illing		
Veh No: XE 2494A	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 03/06/2021 11:20	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/VK32		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: XE 2494S	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 repairer.		
() 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: _____

Date:	Time:

Driver/Owner:	1) Alt: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
Auditor's Comments:	5) PF: Follow-Through Survey (Resurvey)	\$75
Ref: 1:	6) TR: Re-inspection	\$160
2/2:	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	• NS: Courtesy Car / Tpl Allowance	\$10
	• NG: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• ND: DV / Collect Excess Coordination	\$30
	TE (NI) / TP (Non INC) against INC	\$0
	9) NI: Idea 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 Submission	04/06/2021 11:01 (SGT)
Date of Accident	03/06/2021 11:20 (SGT)
Exact Location of Accident	Harbour Dr, Singapore
Additional Location Information	PASIR PANJANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2194A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TOLL LOGISTICS (ASIA) LIMITED
Company Reg No	1XXXXX489C
Email Address	jingyou.lai@tollgroup.com
Mobile Phone No	(Phone) +65-97543012
Alternative Phone No	+65-93876613

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P440LA6X4HNA
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
Transmission	Manual
CC	12742

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-20096760MFCV/19
Cover Note Number	-

DRIVER

Name of Driver	WANG LEI
Passport No/FIN	GXXXX853W

Date Of Birth	18/04/1983
Occupation	Outdoor
Date Of Driving Pass	10/03/2015
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93876613
Alt. Phone Number	-
Email Address	jingyou.lai@tollgroup.com
Address	BLK 2 TANJONG PAGAR PLAZA #12-35
Address complement	-
Postcode	082002
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 Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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

PLEASE REFER TO SKETCH PLAN

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	XE2491S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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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.



2021/6/3

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2021-6-3

04/06/2021

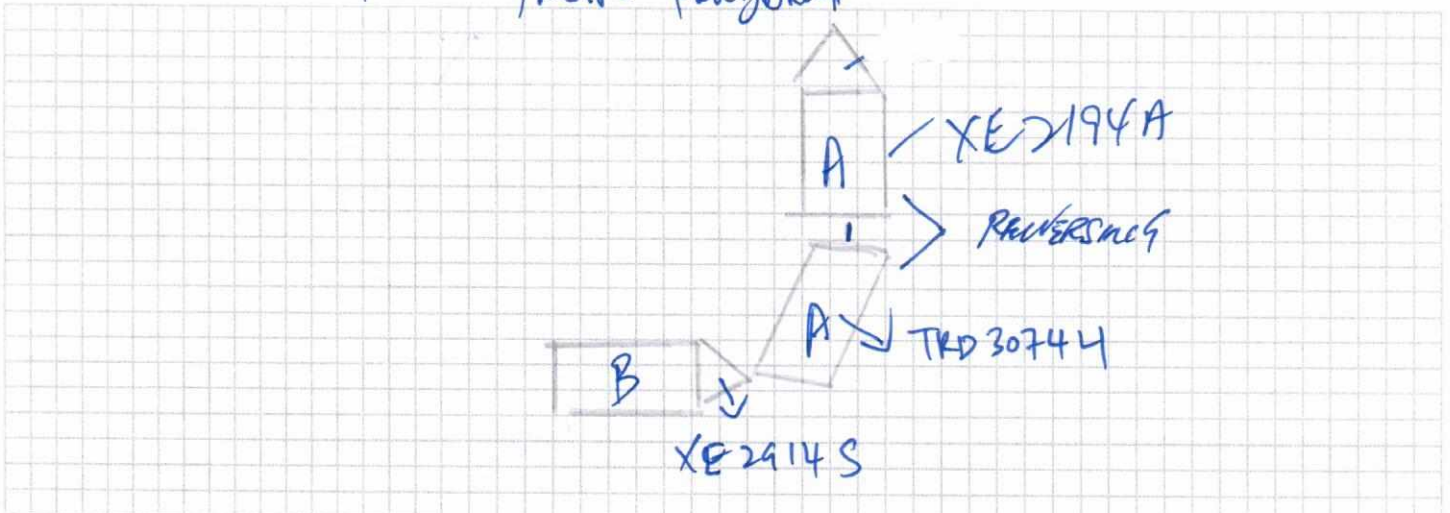
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PSA PASIR PANGOL



Describe Circumstances of the Accident

XE2194

I Wang Lei while I'm reversing the vehicle ^{TRD30744}
out from parking, ~~was~~ the ^{rear} right hand side of trailer
hit onto stationary vehicle ²⁴⁹¹ XE ~~2445~~ S. No damage to
my vehicle. No one injury. Third party front grille damage
and have other damage undefined.


Declaration

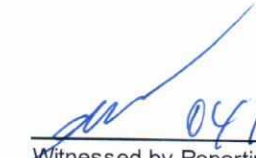
We declare the foregoing particulars are true in every respect.



2021/6/3

Policyholder's Signature / Date & Time

 2021-6-3
Driver's Signature (If driver is not the policyholder) / Date & Time

 04/06/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (03/06/2011) (DD/MM/YYYY), TIME: (11:20) (HH:MM)

LOCATION: PSA Pasir Panjang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE 2194A
 b) INSURANCE COMPANY: First Capital
 c) POLICY NUMBER: D-20096763 mpls/12
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Scania P440
 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: Toll Logistics Asia Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 120403489C CONTACT: 97543012
 c) ADDRESS: 60 Pioneer Road, Singapore 62509

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang, Lei (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2514853W CONTACT: 93876613
 c) ADDRESS: TANJUNG PAGAR PLAZA #12-35
 082902

*d) DATE OF BIRTH: (18/04/1985) (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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE 2491S MODEL: FUSO
 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)
 (1)

* No of passenger
 (including driver)
 ()

Email: jingyou.lai@tollgroup.com
 VIDEO

CHRIS
 157

199408934C

LAI Jueh
 You

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-20096760MFCV/19
Vehicle No / Chassis No : XE2194A / YS2P6X40005436860
Name of Insured : TOLL LOGISTICS (ASIA) LIMITED
Period Of Insurance : 01.12.2020 To 30.11.2021
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD5,000.00 SECTION I

SGD2,500.00 SECTION II

ADDITIONAL SGD1,500.00 ON ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE**Authorised Driver***

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the Insured'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.

Limitations as to use*

(1) Use in connection with the Insured's business.

(2) Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

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 greater no. of trailers in all that is permitted by law.


* 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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

JORDINE/B0009/MZ801A1

Issued at Singapore on 26.11.2020



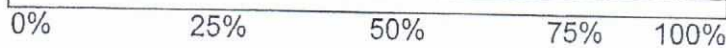
Authorised Signature

3173



2010526175

Text size + -

**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	XE2194A		
Vehicle Type:	B36 - Goods (Open) Prime Mover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	SCANIA	Vehicle Model:	P440LA6X4HNA
Chassis No.:	YS2P6X40005436860	Engine No.:	DC13112L016962409
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	1
Engine Capacity:	12742 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	9200 kg	Maximum Laden Weight:	120000 kg
Primary Colour:	Multi-Colour	Secondary Colour:	-
First Registration Date:	16 Sep 2016	Original Registration Date:	16 Sep 2016
Manufacturing Year:	2016	Open Market Value:	\$125,168.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$6,259.00		

Owner Particulars

Owner Name:	TOLL LOGISTICS (ASIA) LIMITED
Owner ID Type:	Company
Owner ID:	199408934C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	5
Registered Street Name:	CLEMENTI LOOP
Registered Unit No.:	-
Registered Building Name:	LEVEL 2M
Registered Postal Code:	129816
COE No. / Expiry Date:	2016090105000150E / 15 Sep 2026
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$48,302.00
Transaction Details	
Business Transaction Ref. No.:	20160916095207089054
Business Transaction Date:	16 Sep 2016
Business Transaction	09:52:07

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company
Cert No.: 199408934C
Owner ID Type: Company
Owner Name: TOLL LOGISTICS (ASIA) LIMITED
Registered Address: 5 CLEMENTI LOOP LEVEL 2M SINGAPORE 129816
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: TRD3074H
Previous Vehicle No.: -
Effective Date of
Ownership: 31 Aug 2016
Original Regn Date: 31 Aug 2016
Registration Date: 31 Aug 2016
Year of Manufacture: 2016
Vehicle Type: Goods (Open) Trailer
Vehicle Scheme: -
Vehicle Attachment 1: Skeletal-container
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: YEO TR INTERNATIONAL
Vehicle Model: 12471MM LONG SKELETAL CONTAINER TRAILER
Primary Colour: Green
Secondary Colour: -
Passenger Capacity: 0
Chassis No.: YTE36512016
Trailer Chassis No.: YTE36512016
Engine No.: -
Engine Capacity/Power
Rating: - / -
Maximum Power Output: -
Propellant: -
Max Unladen Weight: 6840 kg
Maximum Laden Weight: 46700 kg
Open Market Value: \$76,250.00
PARF Eligibility: No
PARF Eligibility Expiry
Date: -
Minimum PARF Benefit: -
No. of Transfers: 0
IU Label No.: -
COE No.: -
COE Expiry Date: -
COE Category: -
COE Registration
Category: -
Quota Premium (QP) /
Prevailing Quota
Premium: - / -
Actual QP Paid: -
QP (Regn Cat): -

OPC Cash Rebate Eligibility: No
Additional Registration Fee Rate: -
Actual ARF Paid: \$0.00
Vehicle Lifespan Expiry Date: No Lifespan
CO2 Emission: -
Message: