

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SN/082660001

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 21/06/2021 12:01 | Job description | Date & Time Completed | Done by |
| Ref No: 138/FC1210089414 | SAS e-filing | | |
| Veh No: YE 2594A | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 20/06/2021 12:10 | 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: XD 7850L

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 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

21/06/2021

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*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: Idao Mobile \$0

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 | 21/06/2021 12:01 (SGT) |
| Date of Accident | 20/06/2021 12:10 (SGT) |
| Exact Location of Accident | Pasir Panjang Drive 14, Singapore |
| Additional Location Information | - |
| 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) LTD |
| Company Reg No | 1XXXXX934C |
| Email Address | jingyou.lai@tollgroup.com |
| Mobile Phone No | (Phone) +65-97543012 |
| Alternative Phone No | +65-92473518 |

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 | Auto |
| 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 | LUO MING |
| Passport No/FIN | GXXXX841K |

| | |
|--------------------------------------------------------------|----------------------------------------|
| Date Of Birth | 08/11/1979 |
| Occupation | Outdoor |
| Date Of Driving Pass | 04/04/2013 |
| Driving experience | 8 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92473518 |
| Alt. Phone Number | - |
| Email Address | jingyou.lai@tollgroup.com |
| Address | BLK 708 CLEMENTI WEST STREET 2 #08-301 |
| Address complement | - |
| Postcode | 120708 |
| 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 | Collision - Head to Rear |
| 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

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 | XD7850L |
| Vehicle Manufacturer | Scania |
| Vehicle Model | P400 |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | TAO SHUJUN |
| Passport No/FIN | GXXXX835T |
| 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

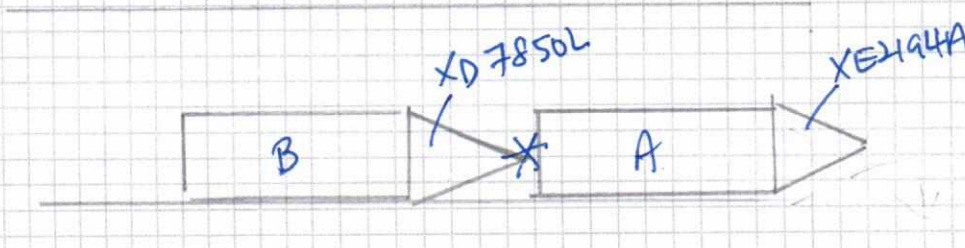


Policyholder's Signature / Date & Time 21/06/21 10:20
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel 21/06/2021

Sketch Plan

(PSA) PSBR Pontault Drive 14.



A) XE 2194A

B) XD 7850L

Describe Circumstances of the Accident

I driving XG2194A going to ~~PT~~ Terminal Pasir
Pangany for offloading, when I'm waiting to turn right.
there is one vehicle XD7850L hit onto my trailer.
No one injury. Damage to my trailer TRD3074H rear bumper,
scratches to signboard and ~~corner~~ corner casting.


Declaration

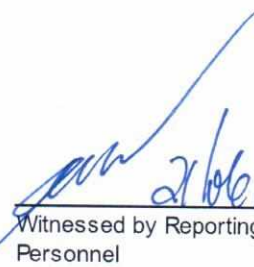
We declare the foregoing particulars are true in every respect.



21/06/2021
10:20am

Policyholder's Signature / Date &
Time

 21/06/2021 10:20
Driver's Signature (If driver is not the policyholder) / Date
& Time

 21/06/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 06 / 2021) (DD/MM/YYYY), TIME: (12 : 10) (HH:MM)

LOCATION: PSA Pasir Panjang Drive 14

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE2194H
 b) INSURANCE COMPANY: Ms First Capital
 c) POLICY NUMBER: D-20096760MFCV/19
 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: 12:10 pm
 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: 1A4408934C CONTACT: 97543012
 c) ADDRESS: 60 Pioneer Road, Singapore 628504

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Luo Ming (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G20778416 CONTACT: 92473518
 c) ADDRESS: 708 Clementi West 512 #08-301 Singapore 120708

* d) DATE OF BIRTH: (08 / 11 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 4

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: Xb7850L MODEL: Scania P4400
 b) DRIVER'S NAME: Tan Shujun
 c) NRIC/FIN/PASSPORT: G8276835T CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email: jingyou.lai@tollgroup.com
 VIDEO

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