

NATIONAL Assessment Centre Services

10/1/2021

8/20/2019 70004

Date In: 07/09/2021 12:29	Job description	Date & Time Completed	Done by
Ref No: NA2103790	SAS e-illing		
Veh No: XP 9691R	E-mail (by date sent, A/C sent)		
D.O.A: 10/05/2021 21:50	1-Motor Claim Verin		
	1-Motor W/O (Within 60 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / V.I. sent		

TP Insurer:

Preferred Wksp / INC Ass'n Wksp / QW:

TP Print/Full/Typ

Veh No: -

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of Repairs

() 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 > \$3,000) ()

Injury:

NA2103790

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (50%)	INC (H)
2) DA Survey (Estimated) (\$100)	\$100.00
3) TP Towing Fee	\$120
4) TP Follow Through Survey	\$30
5) TP Follow Through Survey (Resurvey)	\$30
6) TP Follow Through Survey (Resurvey) (Within 60 days)	\$30
7) TP Follow Through Survey (Resurvey) (Within 60 days)	\$30
8) TP Follow Through Survey (Resurvey) (Within 60 days)	\$30
9) TP Follow Through Survey (Resurvey) (Within 60 days)	\$30
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29) TP Follow Through Survey (Resurvey) (Within 60 days)	\$30
30) TP Follow Through Survey (Resurvey) (Within 60 days)	\$30

Fees Charged
Per Charge

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	07/09/2021 12:29 (SGT)
Date of Accident	10/05/2021 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PSA PASIR PANJANG TERMINAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9691R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOLL LOGISTICS (ASIA) LIMITED
Company Reg No	1XXXXX934C
Email Address	jingyou.lai@tollgroup.com
Mobile Phone No	(Phone) +65-97543012
Alternative Phone No	+65-96482019

VEHICLE PARTICULARS

Manufacturer	Scania
Model	R500
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	15607

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-2009676MFCV/24
Cover Note Number	-

DRIVER

Name of Driver	hao yucheng
Passport No/FIN	GXXXX758T

Date Of Birth	14/07/1972
Occupation	Outdoor
Date Of Driving Pass	10/03/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96482019
Alt. Phone Number	-
Email Address	jingyou.lai@tollgroup.com
Address	BLK 515 WEST COAST ROAD #08-517
Address complement	-
Postcode	120515
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	NIGHT
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 vehicle or property damaged?	No
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

SKETCH PLAN

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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' 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.



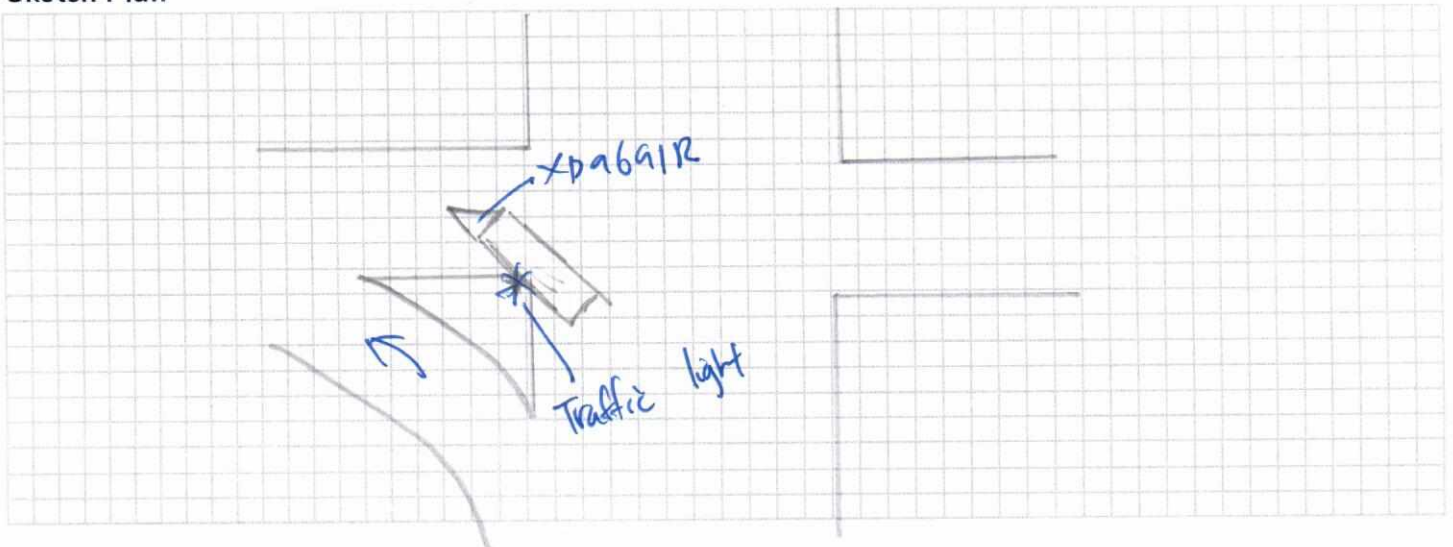
6/9/21
17:37

Policyholder's Signature / Date & Time

Hao 6/9/2021 17:36
Driver's Signature (If driver is not the policyholder) / Date & Time

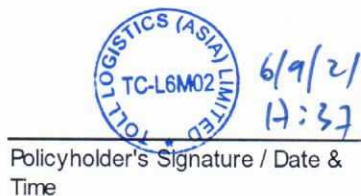
07/09/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



I'm driving XD9691R heading to offload at Pasir Panjang Terminal U27, when I reaching junction between Street V and U. I was late awareness of the junction and caused rear trailer hit into traffic light. No one is injury

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



Hao 6/9/2021 17:36
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 05 / 2021) (DD/MM/YYYY), TIME: (21 : 50) (HH:MM)

LOCATION: PSA Pasir Panjang terminal

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD9691R
 b) INSURANCE COMPANY: MS First Capital
 c) POLICY NUMBER: D-20096760 mFCV/24
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Scania R500
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Operations
 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: 19940 8934C CONTACT: 97543012
 c) ADDRESS: 60 Pioneer Road, Singapore 628509

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hao Xicheng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 66387758T CONTACT: 96485019
 c) ADDRESS: B1K 515 West Coast Road, Singapore 120515

* d) DATE OF BIRTH: (14 / 07 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/03/2015

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) Night
 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: 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:

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/24
Vehicle No / Chassis No : XD9691R / YS2R6X40005360034
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