

NATIONAL Assessment Centre Services, 1011 1st Ave S, **Shree 21A 10006**

Date In: 18/10/2021 16:17	Job description	Date & Time Completed	Done by
Ref No: NBA/TIL 210106924	SAS e-Milling		
Vehicle: GBE 8284U	E-mail (by date time, A/G time)		
D.O.A: 16/10/2021 10:50	1-Motor Claim Form		
(1) TP Reporting Only	1-Motor W/O (Within 90 days, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Driver		

Preferred Wksp / NO Assgn Wksp / OW: () Tel: () Fax: ()

TP Print/Email/Veri: () Veh No: **UNKNOWN** INC () / Non-INC ()

Owner/Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note Est. Slows (WO): N1 0-20%, P1 21-75%, P4 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Deduct: () Loading: \$1,000 () / \$2,000 ()

() Within 30 days of Customer's information being confidential & strictly NO Ref of report

() 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 > \$9000) ()

Injury: ()

()

()

()

NAN04/23

Driver/Owner	1) All Accident Work Done (50%)	INC ()
Contract No:	2) 50% Survey Allowance (\$100)	\$100 ()
Damaged Part(s)	3) 1st Follow Up	\$100 ()
QC Checked by (Sign-in-charge)	4) 2nd Follow Up with Survey	\$100 ()
	5) 3rd Follow Up with Survey (Resurvey)	\$100 ()
	6) 4th Follow Up with Survey (Resurvey)	\$100 ()
	7) 5th Follow Up with Survey (Resurvey)	\$100 ()
	8) 6th Follow Up with Survey (Resurvey)	\$100 ()
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	100) 98th Follow Up with Survey (Resurvey)	\$100 ()

Fee 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 18/10/2021 16:17 (SGT)
Date of Accident 16/10/2021 10:50 (SGT)
Exact Location of Accident 1 Jurong West Central 2, Singapore 648886
Additional Location Information BASEMENT 2 CARPARK LOT 243
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8284U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRUST-LINK LOGISTICS PTE. LTD.
Company Reg No 2XXXXX583N
Email Address phuaywei89@gmail.com
Mobile Phone No (Phone) +65-81230661
Alternative Phone No +65-83440641

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2754

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D18MFL0002083_03
Cover Note Number -

DRIVER

Name of Driver MUNIR BIN MANSOR
NRIC No SXXXX847C

Date Of Birth	03/05/1979
Occupation	Outdoor
Date Of Driving Pass	13/10/2000
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-83440641
Alt. Phone Number	-
Email Address	phuaywei89@gmail.com
Address	BLK 511 YISHUN STREET 51 #04-455
Address complement	-
Postcode	763511
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211016/2039

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	UNKNOWN
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

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' 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.



Policyholder's Signature / Date & Time

[Handwritten signature]

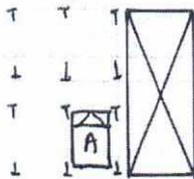
Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten signature]
18/10/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: GABE8284U



Jurong Point Shopping Centre Basement 2
Carpark Lot 243

Date of Accident : 16/10/2021 Accident Time: 1050hrs (24-HR-FORMAT)
 Accident Place : Jurong Point Shopping Centre Basement 3 Carpark Lot 243
 Vehicle Reg. No (Car plate No.) : G18EB204U Vehicle Make/Model: Toyota Hiace
 Insurance Company : India International Policy No. D18 MFL0002083-03
 Name of Registered Owner : Company / Individual Trust - Link Logistics Pte. Ltd.
 ID of Registered Owner : Co Reg No: 202015834 Owner's NRIC No: -

Co Contact No: _____ Owner's Contact No: 81230661
 DRIVER'S Name : Munir Bin Mansor DRIVER'S NRIC No: S7912047C
 DRIVER'S Date of Birth : 03 May 1979 DRIVER'S License Pass Date 13 Oct 2000
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others: _____
 DRIVER'S Address : APT BIK B11C Yishun Street 51 #04-45B Singapore 763511
 DRIVER'S Contact No. / Alt No. : 1) 83440641 2) _____
 DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : phuaqwei89@gmail.com
 Weather & Road Surface : CLEAR & DRY \ ~~RAINING & WET~~ \ ~~AFTER RAIN & WET~~
 Reporting Type : ~~Reporting Only~~ \ ~~Claim Other Party~~ \ ~~Claim Own Insurance~~

Number of Passengers (including Driver): 0 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>unknown</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

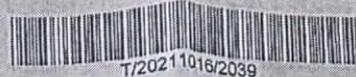
Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999



T/20211016/2039

1 of 3

Report No. T/20211016/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2021 13:50	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars			
Name of Informant: MUNIR BIN MANSOR		Address: APT BLK 511C YISHUN STREET 51 #04-455 SINGAPORE 763511	
ID Type / ID No.: NRIC NO / S7912847C		Contact No.:	Mobile: 83440641
Nationality: SINGAPORE CITIZEN		Home/Office:	
Email:			
Sex: Male	Age: 42	Date of Birth: 03/05/1979	Type of Informant: Vehicle Owner
Race: Malabari		Language: English	Institution / School Name:
Occupation: Delivery man		Driving Licence Information: Class: 3,4A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/10/2021 11:00	Type of Location: Car Park
Location: JURONG WEST CENTRAL 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8284U	Car		TOYOTA	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211016/2039

2 of 3

Report No. T/20211016/2039

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Vehicle Owner			
Name	MUNIR BIN MANSOR	ID No.	S7912847C
Related Vehicle	NIL	Contact No.	83440641
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/10/21 at about 1050hrs, I parked my vehicle at Jurong Point Shopping Centre basement 2 carpark, lot 243. I then went up to do some delivery.

On 16/10/2021 at about 1100hrs, when I returned back to my vehicle, I discovered that my vehicle (GBE8284U) left tail-light was damaged. I did not suspect anyone and there were no CCTV around the said location. I do not have in car camera. I am lodging this report for my company as the vehicle belongs to my company(TrustLink express/logistics).



**SINGAPORE
POLICE FORCE**



T/20211016/2039

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20211016/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
L/
Sgt 2 LEE CHANG HONG

Signature Of Informant:

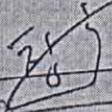
Signature Of Interpreter:
Not applicable

Date/Time:
16/10/2021 13:50

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Signature 
Singapore Police Force

SN 085



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-007B006-X
64 | Cecil Street | #04 | #05 | #06-02 | IOI Building | Singapore 049711
Office (65) 63476100 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

CERTIFICATE OF INSURANCE

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)

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

CERTIFICATE NO.: D18MFL0002083_03		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	:	GBE8284U
Chassis No	:	KDH2010179705
2. Name of Policyholder	:	TRUST-LINK LOGISTICS PTE. LTD.
3. Effective date of Insurance	:	01 Oct 2021
4. Expiry date of Insurance	:	30 Sep 2022
5. Persons or Classes of Persons entitled to drive*		
Any person who is driving on the Policyholder'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		
6. Limitations as to use*		
(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) 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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Excess Section 1	:	SGD 1,500.00
Windscreen Excess	:	SGD 100.00
Hire Purchase Company	:	MERCEDES BENZ FINANCIAL SERVICES (S) LTD
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500.00 ON SECTION 1 WILL BE APPLICABLE.		
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).		
Agent/Broker	:	B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD
Date of Issue	:	23/09/2021 16:50:42
M.Z. 300C - GOODS CARRYING(Company's use)		
		For India International Insurance Pte Ltd
		
		Authorised Signatory