

NATIONAL ASSURANCE CENTRE SERVICES

SK092/A00005

Date In: 26/10/2021 17:21	Job description	Date & Time Completed	Done by
Ref No: NBA/8M0310109124	SAS e-Mailing		
Val No: PC34187	E-mail (by date limit, A/G limit)		
D.O.A: 16/10/2021 09:01	1-Motor Claim Form		
	1-Motor W/O (Within 60 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Tax/Hand to Owner/Driver		

OT TP Reporting Only

TP Insurer

Preferred Wksp / NO Assgn Wksp / QW:

TP Main/Policy	Val No: SW 8303K	INC () / Non-INC ()
Owner / Driver ()		
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 ()

() Will-in-Claimant / Customer's information solely confidential & solely NO for of report	
() Total Loss Case / to e-mail Insurer URGENTLY	
Drive-In ()	Towed-In ()
Involves VRS ()	NO ()
Towing Cost ()	

1) Apply for Transport Allowance ()	Courtesy Car ()
2) QO Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3,000) ()	

Injury:

NA 2104/223

Driver/Owner	1) All Accident/Incident ()
Contract No:	2) All Survey/Assessment ()
Damaged Portion	3) TP Follow-up ()
	4) TP Follow-up with Survey ()
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QC Checked by (Eng-In-Charge):

Signature

Inspector dated
Inspector dated

TP Clerk
TP Clerk

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	26/10/2021 17:21 (SGT)
Date of Accident	16/10/2021 09:01 (SGT)
Exact Location of Accident	Central Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3418D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NISHIMATSU CONSTRUCTION CO LTD
Company Reg No	SXXXXX868E
Email Address	jennifer.k@nishimatsu.com.sg
Mobile Phone No	(Phone) +65-97497110
Alternative Phone No	(Office) +65-62980566

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	2982

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTSCBU000315
Cover Note Number	-

DRIVER

Name of Driver	SAHALSHAH BIN MOHD SAID
NRIC No	SXXXX417D

Date Of Birth	05/01/1960
Occupation	Outdoor
Date Of Driving Pass	23/07/1997
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97497110
Alt. Phone Number	-
Email Address	jennifer.k@nishimatsu.com.sg
Address	BLK 856 TAMPINES STREET 82 #02-273
Address complement	-
Postcode	520856
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	SLW8303K
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DEBORAH TAN
NRIC No	SXXXX523G
Contact Number	(Phone) +65-92474795
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ3225K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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' 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.



cha/Alah

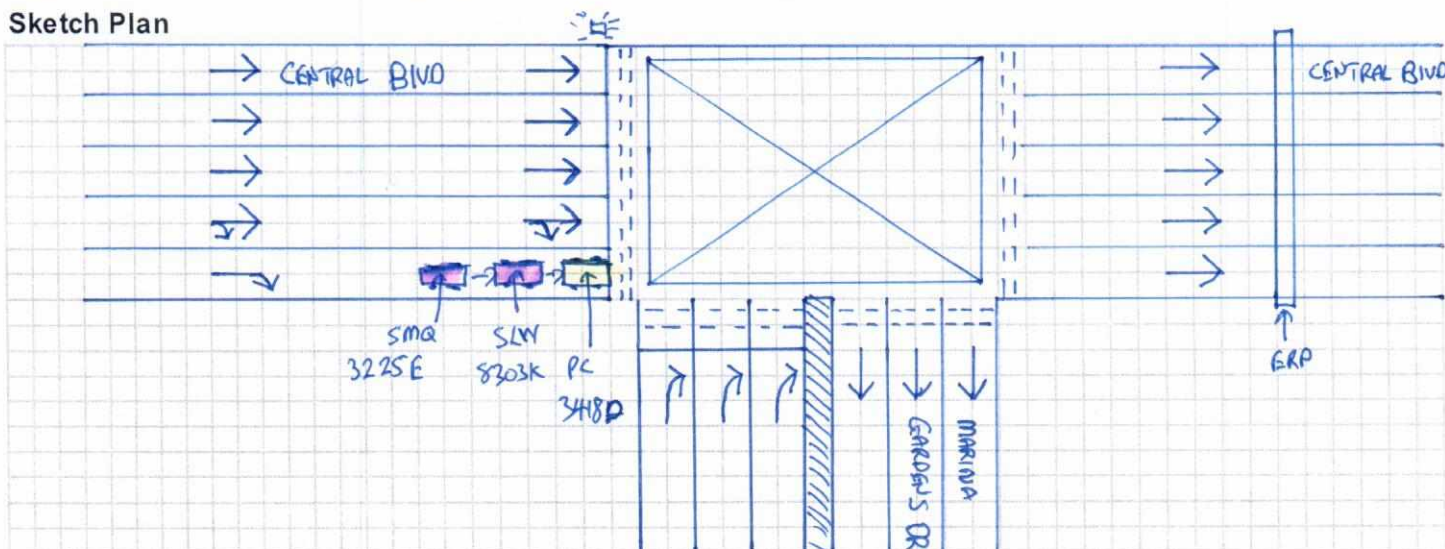
26/10/2021

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

While driving along Central Boulevard.

Car No. SMA 3225E HIT into the back of SLW 8303K

and SLW 8303K hit onto our 14 seater's back of the mini bus.

Declaration

We declare the foregoing particulars are true in every respect.

x



Policyholder's Signature / Date & Time

Handwritten signature

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

Handwritten signature and date 26/10/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 16/10/2021 (DD/MM/YYYY), TIME: 09:01 (HH:MM)

LOCATION: Central Boulevard

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 3418 D
 b) INSURANCE COMPANY: Sampo Insurance Singapore Pte. Ltd.
 c) POLICY NUMBER: D20 MTSC BU 000 315
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving
 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: Nishimatsu Construction Co. Ltd (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: UEN: S80FC2868E CONTACT: 6298 0566
 C) ADDRESS: 80 Bendemeer Road #03-01A
Singapore 339949

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SAHALSHAH BIN MOHD SAID (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1402417D CONTACT: 85897864
 c) ADDRESS: BLK 856 TAMMINS 87 82 #02-278
520856

*d) DATE OF BIRTH: 15/01/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23/07/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (YES)
 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) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 8303K MODEL: Nissan
 b) DRIVER'S NAME: Deborah Tan
 c) NRIC/FIN/PASSPORT: S96225236 CONTACT: 92474795

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMQ 3225K MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(1)

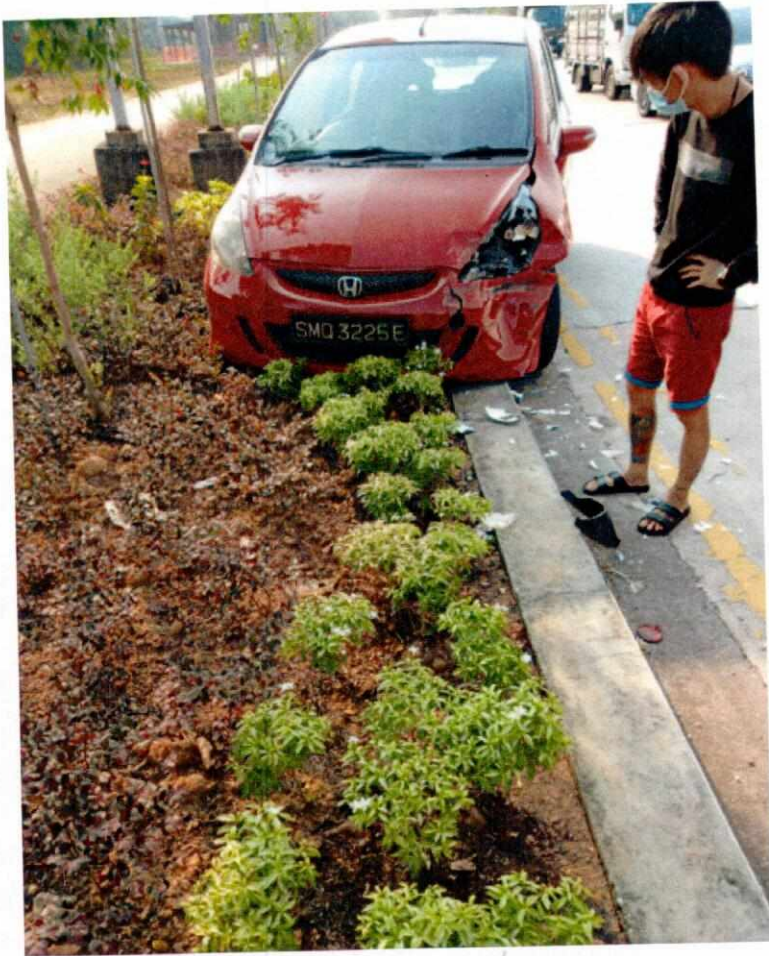
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Email =

VIDEO

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26/10/2021



Car 26/10/2021

Certificate of Insurance**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

Cert No./Policy No. : D20MTSCBU000315
1. Registration No. : PC3418D
2. Insured Name : NISHIMATSU CONSTRUCTION CO LTD
3. Commencement Date : 24 NOVEMBER 2020 00:00
4. Expiry Date : 23 NOVEMBER 2021 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive*

b) Any person provided he is in the Insured's employ and is driving on their 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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

a) Use only for the carriage of passengers or goods in connection with the Insured's business

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 03 NOVEMBER 2020 14:43

**Limitation 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.*

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11N09309 & NISHIMATSU CONSTRUCTION CO LTD - J CI Code: 23F 3TDZS022KNDBKAA4