

NATIONAL Assessment Centre Services

Date In: 28/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/5M221011051/13	SAS e-filing		
Veh No: GBK8947J	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 27/10/21 1400	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: 5M221011051	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 ()	

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

NA2104308

Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt 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: Idac Mobile \$30		
	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	28/10/2021 15:41 (SGT)
Date of Accident	27/10/2021 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 2 AFT JUNC OF WOODLANDS AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8947J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	IFISH PTE LTD
Company Reg No	2XXXXXX209M
Email Address	singsheonglang@gmail.com
Mobile Phone No	(Phone) +65-90490490
Alternative Phone No	+65-90490490

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	3000

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MR006901-R00
Cover Note Number	-

DRIVER

Name of Driver	LANG SING SHEONG
Passport No/FIN	GXXXX629K

Date Of Birth	07/01/1989
Occupation	Outdoor
Date Of Driving Pass	22/09/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91370054
Alt. Phone Number	-
Email Address	singsheonglang@gmail.com
Address	BLK 899A WOODLANDS DR 50
Address complement	#07-254
Postcode	730899
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	Side Swipe
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMQ4171U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENG SZE PENG
Contact Number	(Phone) +65-91061451
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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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.

1234 LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - GJK 8947 J

B - SMQ 4171 U.

Describe Circumstances of the Accident


On the date 27/10/2021 time about 1440 hrs,
I driving my company lorry along Woodland Ave
when I was driving straight along the way
and saw a vehicle was didn't stopped when approaching
filter lane, and continue come out from the stop
line, I then avoid the contact, but he still continue
to forward to second lane and hit onto my
car LH side portion.


After the impact, we stop at the road
side and exchange our particular and take
some photos.

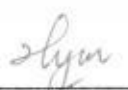
Declaration

We declare the foregoing particulars are true in every respect.

FISH LTD


Policyholder's Signature / Date &
Time


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

 28/10/21
Witnessed by Reporting Centre
Personnel

VEHICLE NO: B6K 8947 J	MAKE & MODEL: Toyota Dyna	AUTO/ (MANUAL)
DATE OF ACCIDENT: 27/10/21	CC: 3.000	
TIME OF ACCIDENT: 1440 HRS (pm)		
LOCATION OF ACCIDENT: Woodland Ave 2 after Junction Woodland Ave 5		
EXACT PURPOSE USE DURING ACCIDENT: (EMPLOYMENT) PRIVATE USE / PRIVATE HIRE (Junction)		
NAME OF OWNER: Rich Pte Ltd		
TEL NO:	H/P: 90490490	OFFICE: HOME:
NRIC: R02	200503209 M	
ADDRESS: 10, North Bridge Rd # 01-5115 (S) 190010		
EMAIL: SingSheonglang@gmail.com		
CLAIM TYPE: OD (THIRD PARTY) / REPORTING ONLY		
FLEET POLICY: YES (NO?)		
INSURANCE COMPANY: TOKIO Marine Ins		
TYPE OF COVERAGE: (Comprehensive) / Third Party / Third Party Fire & Theft		
POLICY NO: 21-MR006901-R00		
NAME OF DRIVER: AS ABOVE / IF NO: Lang Sing Sheong		
NRIC: G 7653 629 K	ANY PASSENGER: 0	
DATE OF BIRTH: 08/01/1989	LICENCE PASSED DATE: 22/09/2015	
OCCUPATION: (OUTDOOR) / INDOOR		
GENDER: (MALE) / FEMALE		
CONTACT NO:	H/P: 91370054	OFFICE: HOME:
ADDRESS: 899A Woodland Dr 50 # 07-254 S' 730899		
EMAIL: SingSheonglang@gmail.com		
DOES DRIVER OWNED ANY VEHICLE: (NO) IF YES, REG NO:	INSURER:	
RELATIONSHIP: Employee		
WEATHER CONDITION: (CLEAR) / RAINING / OTHERS:		
ROAD SURFACE: (DRY) WET / OTHER:		
ANY INJURIES: (NO) IF YES, WHO?		
NAME & CONTACT: NIL		
NAME & CONTACT: NIL		
POLICE REPORT: (NO) IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? (NO) IF YES, WHO?		
VEHICLE B REG NO: SMQ 4171 U	ANY PASSENGERS: 1 (F)	
NAME OF DRIVER: V6 71323 81 A Eng Sze Peng	CONTACT NO: 91061451	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? YES (NO)		
WAS THERE ANY AUDIO RECORDED? YES (NO)		
ACCIDENT SCENE PHOTOS TAKEN? (YES) / NO		
ACCIDENT PORTION: LHS portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR: Twinear Automotive Pte		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON:		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		



TOKIO MARINE
INSURANCE GROUP
FORM MZ300

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)

Policy No.: 21-MR006901-R00 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle: GBK8947J Chassis No.: JTFAT35Y90K215948
2. Name of Policyholder: IFISH PTE. LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Act: 04/01/2021
4. Date of Expiry of Insurance: 03/01/2022

5. Persons or Class 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, 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.

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 Policyholders' 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.

* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION		Account: 2423DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Provisional Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100
Financial Interest:	UNITED OVERSEAS BANK LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signatory