

NATIONAL Assessment Centre Services

Date In: 29/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/TMI/21011096/13	SAS e-filing		
Veh No: GBE0797X	E-mail (within 8hrs. AP: 2hrs)		
DOA 28/10/21 1530	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: SMF93324	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

NA2104314	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30),		
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	

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	29/10/2021 17:20 (SGT)
Date of Accident	28/10/2021 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF GEYLANG ROAD & LOR 23 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2797X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ORIENTAL EMPLOYMENT PTE LTD
Company Reg No	2XXXXX342H
Email Address	fanerica65@gmail.com
Mobile Phone No	(Phone) +65-96451065
Alternative Phone No	+65-96451065

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MR005511-R01
Cover Note Number	-

DRIVER

Name of Driver	LYU DONG
Passport No/FIN	GXXXX037Q

Date Of Birth	08/06/1985
Occupation	Outdoor
Date Of Driving Pass	26/02/2019
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85692396
Alt. Phone Number	-
Email Address	fanerica65@gmail.com
Address	47 KALLANG PUDDING RD
Address complement	#11-06 THE CRESCENT@ KALLANG
Postcode	349318
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	SMF9332Y
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.
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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.

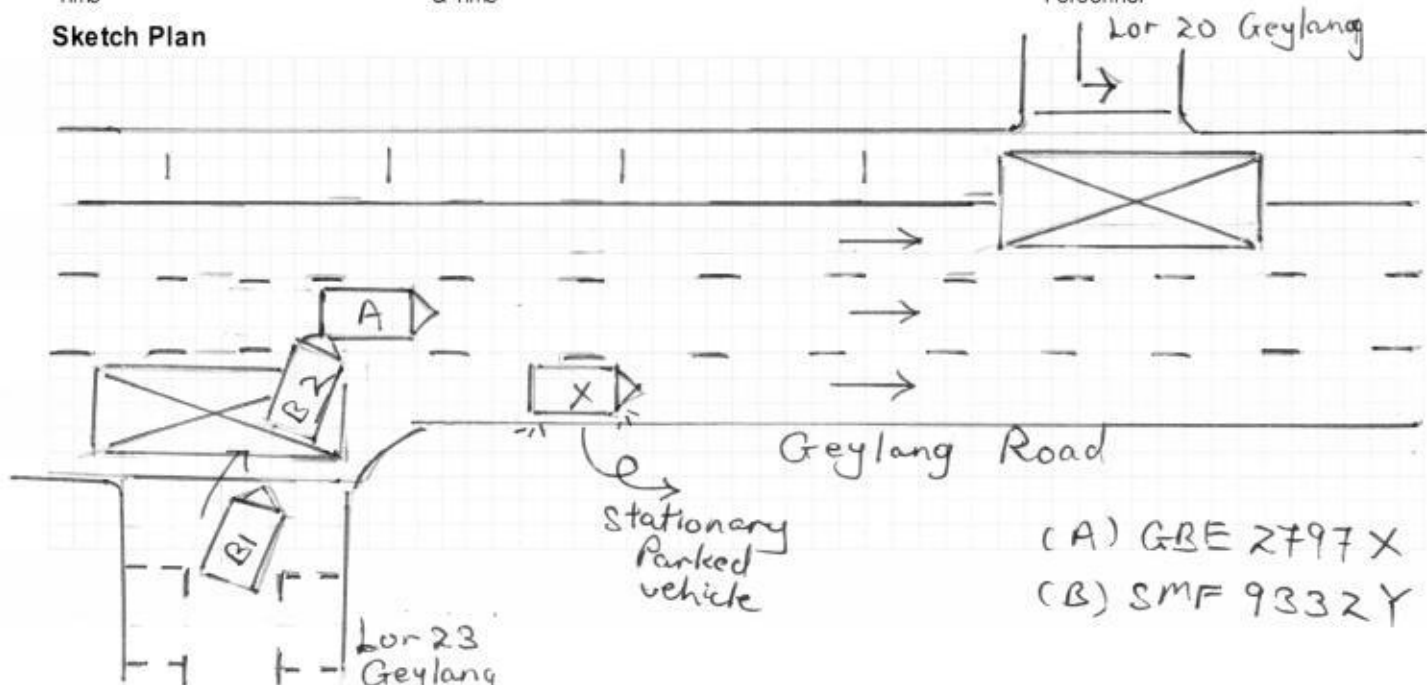


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 28/10/2021 at about 1530 hrs at Junction of Geylang Road and Lor 23 Geylang. I was travelling on the Lane 2 along Geylang Road and when coming towards the above mentioned junction, suddenly a Vehicle (B) exited out from Lor 23 Geylang without stopping and without giving way to my on coming Vehicle hence collided onto my Right Rear Portion of my Vehicle (A) causing damages to my Vehicle.

(A) GBE 2797X

(B) SMF 9332Y

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident : 28/10/2017 Accident Time: 15:30 (24-HR-Format)
 Accident Place : Junction of Geylang Road & Lor 23 Geylang
 Vehicle Reg. No. (Car Plate No.) : GBE 2797X
 Vehicle Make/Model : NISSAN NV350 PANEL VAN 2.5 SMT 5DR EURO V
 Insurance Company : TOKIO Policy No. 21-MR005511-R01
 Owner or Company Name /IC No. : ORIENTAL EMPLOYMENT PTE LTD /201018342H
 Owner or Company Contact No. : 9645 1065 (Louis) Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LYU Dong / 9 8672037Q
 DRIVER'S Date Of Birth : 08-Jun-1985 DRIVER'S License Pass Date 26-Feb-2019
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 47 KALLANG PUDDING ROAD #11-06 THE CRESCENT
 DRIVER'S Contact No./ Alt No. : (1) 8569 2396 (2) @KALLANG S (32931F)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : fanerica65@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): 1 person only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

(3) Vehicle Reg. No: SMF 9332Y
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg. No. M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T. (65) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 E. tmis@tokiomarine.com.sg www.tokiomarine.com

A member of the
Tokio Marine Group



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-MR005511-R01 (Comm Vehicle Carry Own Goods)

- | | | |
|---|-----------------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBE2797X | Chassis No.: JN1MC2E26Z0004867 |
| 2. Name of Policyholder | ORIENTAL EMPLOYMENT PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 19/10/2021 | |
| 4. Date of Expiry of Insurance | 18/10/2022 | |

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.

* 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.

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: 3060DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 800
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of ORIENTAL EMPLOYMENT PTE. LTD. (201018342H)

Date: 05/06/2020

The Following Are The Brief Particulars of :

Registration No.	:	201018342H
Company Name.	:	ORIENTAL EMPLOYMENT PTE. LTD.
Former Name if any	:	
Incorporation Date.	:	30/08/2010
Company Type	:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	:	Live Company
Status Date	:	30/08/2010

Principal Activities

Activities (I)	:	EMPLOYMENT AGENCIES (EXCLUDING MAID AGENCIES)	(78104)
Description	:	FOREIGN DOMESTIC WORKER EMPLOYMENT	
Activities (II)	:	MAID AGENCIES (78103)	
Description	:	EMPLOYMENT AGENCIES (EXCLUDING MAID AGENCIES)	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
20000	20000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
20000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Business Profile (Company) of ORIENTAL EMPLOYMENT PTE. LTD. (201018342H)

Date: 05/06/2020

Registered Office Address	47 KALLANG PUDDING ROAD #11-06 THE CRESCENT @ KALLANG SINGAPORE (349318)
Date of Address	01/04/2017
Date of Last AGM	31/12/2019
Date of Last AR	04/06/2020
FYE As At Date of Last AR	31/12/2019

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Authorised Representative(s)

Name	ID	Nationality/Citizenship	Source of Address	Date of Appointment
Address		Position Held		
LIU PING	S6878549I	SINGAPORE CITIZEN	OSCARS	30/08/2010
1 FORT ROAD #12-01 ONE FORT SINGAPORE (439069)		Director		
LI RUIFENG	S7867799F	CHINESE	ACRA	14/03/2012
5 TAMPINES STREET 86 #13-19 Q BAY RESIDENCES SINGAPORE (528585)		Secretary		

Shareholder(s)

Name	ID	Nationality/Citizenship	Source of Address	Address Changed
Address		Place of incorporation/ Origin/Registration		
1 XIAO QIN	S2741984D	CHINESE	ACRA	

Authentication No. : X20341954P

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Business Profile (Company) of ORIENTAL EMPLOYMENT PTE. LTD. (201018342H)

Date: 05/06/2020

Shareholder(s)

Name	ID	Nationality/Citizenship Place of incorporation/ Origin/Registration	Source of Address	Address Changed
Address				
111 LORONG 1 TOA PAYOH #03-366 TOA PAYOH NORTH SINGAPORE (310111)				
Ordinary(Number)	Currency			
8000	SINGAPORE, DOLLARS			
2	LIU PING	S6878549I SINGAPORE CITIZEN	OSCARS	02/06/2020
1 FORT ROAD #12-01 ONE FORT SINGAPORE (439069)				
Ordinary(Number)	Currency			
12000	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No. : X20341954P

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Business Profile (Company) of ORIENTAL EMPLOYMENT PTE. LTD. (201018342H)

Date: 05/06/2020

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA200604004988 (Free Business Profile by ACRA)

DATE : 05/06/2020

This is computer generated. Hence no signature required.



Authentication No. : X20341954P