

NATIONAL Assessment Centre Services

Date In: 08/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/TME21012418/13	SAS e-filing		
Veh No: GBE43620	E-mail (within 2hrs. A/C 2hrs)		
DOA 07/12/21 1130	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: SMP2806R 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

NA2104619	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) FT : 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) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (N/n 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	08/12/2021 14:29 (SGT)
Date of Accident	07/12/2021 11:30 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4362D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HIGHLY LAUNDRY SERVICES
Company Reg No	5XXXX947K
Email Address	johnnytvg@outlook.com
Mobile Phone No	(Phone) +65-96850057
Alternative Phone No	+65-96850057

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	ThirdParty
Fleet Policy	No
Policy Number	20-MT110093-R02
Cover Note Number	-

DRIVER

Name of Driver	JASON LIM CHEE CHIANG
NRIC No	SXXXX201H

Date Of Birth	22/11/1976
Occupation	Outdoor
Date Of Driving Pass	26/01/1999
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93369611
Alt. Phone Number	-
Email Address	johnnytvg@outlook.com
Address	BLK 693D WOODLANDS AVE 6
Address complement	#05-847
Postcode	734693
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SMP2806R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG WEE TIONG
NRIC No	SXXXX384F
Contact Number	-
Address	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person JASON LIM CHEE CHIANG
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBE4362D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any willful 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



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

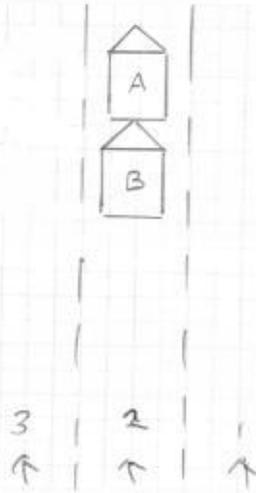
2/ym 08/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - AB124362D

Vehicle B - SMP2806R

SELETAR WEST LINK



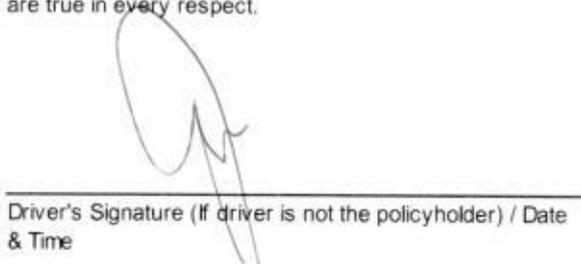
Describe Circumstances of the Accident

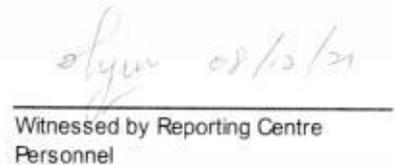
My vehicle A was travelling along sektor west link, in front of me the vehicle slow down and came to a stop. so I also follow to slow down and came to a stop. Suddenly this vehicle B from behind bang on to my rear portion of my vehicle A. Total there 2 vehicle involved.

Declaration

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 : 7/12/2021 Accident Time: 1130 (24-HR-Format)
 Accident Place : SELETAR WEST LINK
 Vehicle No. (Car Plate No.) : GBE 4362 D Make/Model: HISSAN NV 350
 Insurance Company : TOKIO MARINE Policy No: 20-MTI10093-202
 Owner or Company Name /IC No. : HIGHLY LAUNDRY SERVICES (53240647K)
 Owner or Company Contact No. : 6885 0057 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : JASON LIM CHEE CHIANG (S76382014)
 DRIVER'S Date Of Birth : 22/11/1976 DRIVER'S License Pass Date 26/11/1999
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 643D WOODLANDS AVENUE 6 #05-247 (S) 734693
 DRIVER'S Contact No./ Alt No. : 1) 9336 9611 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : JOHNNYTWG@OUTLOOK.COM / (johnnytwg@outlook.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

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle. No: SMP 2806 R.	Vehicle. No: _____
Vehicle Make \Model: KIA	Vehicle Make \Model: _____
Name Driver: ONG WEE TONG	Name Driver: _____
IC No. Driver/Contact: S7408384F	IC No. Driver/Contact: _____

* NEW – Passenger's name & gender:



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.: 20-MT110093-R02 (Comm Vehicle Carry Own Goods)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBE4362D | Chassis No.: JN1MC2E26Z0005448 |
| 2. Name of Policyholder | HIGHLY LAUNDRY SERVICES | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 08/12/2020 | |
| 4. Date of Expiry of Insurance | 07/12/2021 | |
| 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: 1636DDA

Insurance Plan: Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



RENEWAL NOTICE - MOTOR INSURANCE

Your Policy insuring with Tokio Marine Insurance Singapore Ltd. is expiring on the date shown. To renew, please review, update the information and return a duly signed copy of this notice together with your remittance before the expiry of this Policy, if applicable.

Insured : HIGHLY LAUNDRY SERVICES Address : 4024 ANG MO KIO INDUSTRIAL PAR ANG MO KIO INDUSTRIAL PARK 1 ##01-319 SINGAPORE 569635	Date of Issue : 28/09/2021 Policy Type : COMMERCIAL VEHICLE Policy No. : 21-MT110093-R02 Account No. : 1636DDA Expiry Date : 07/12/2021 Renewal Period : 08/12/2021 to 07/12/2022												
Registration No. : GBE4362D Make/Model/Body : NISSAN Van/VAN Cover : Third Party Cover Only Add'l Benefits : NIL Financial Interest/Hire Purchase/Leasing Co.	Excess Additional Excess (All Claims) for Young, Elderly, Inexperienced Drivers - SGD2,500/- Named Driver(s) Any Authorised Employee of the Company												
Changes to Policy Please note the following changes will apply to your Policy on renewal:	Renewal Premium <table> <tr> <td>Basic Premium</td> <td>SGD779.35</td> <td>NCD/FD</td> <td>20%- SGD155.87</td> </tr> <tr> <td>Add'l Benefit/s</td> <td>-</td> <td>SDD</td> <td>-</td> </tr> <tr> <td>GST</td> <td>SGD43.64</td> <td></td> <td></td> </tr> </table> Total Premium Payable: SGD667.12	Basic Premium	SGD779.35	NCD/FD	20%- SGD155.87	Add'l Benefit/s	-	SDD	-	GST	SGD43.64		
Basic Premium	SGD779.35	NCD/FD	20%- SGD155.87										
Add'l Benefit/s	-	SDD	-										
GST	SGD43.64												
Renewal Instructions (please tick) <input type="checkbox"/> Please renew my Policy for one year according to this Renewal Notice, if any changes is required to be made, please indicate below here and send to us or email to tmis@tokiomarine.com.sg <input type="checkbox"/> Changes: _____													
Payment Mode Premium Payable: SGD667.12 Insured HIGHLY LAUNDRY SERVICES Policy No 21-MT110093-R02 <input type="checkbox"/> By VISA/MASTER Credit Card a) You can made direct online payment to us at the following website address and received the renewal document immediately: https://tmonline.tokiomarine.com.sg/aic/login/loginRenewal.jsp OR b) By Post to us with following information: Credit Card No _____ Expiry Date ____/____/____ Card Holder Name _____ <input type="checkbox"/> By Cheque made payable to "Tokio Marine Insurance Singapore Ltd."													
IMPORTANT NOTE 1. In an accident or claimable event occurs on or before the expiry of this Policy, we reserve our right to revise the renewal terms and your No Claim Discount entitlement. 2. This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. 3. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer (or name of Scheme member) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdjc.org.sg).													