

NATIONAL Assessment Centre Services

Date In: 14/02/2022 14:25	Job description	Date & Time Completed	Done by
Ref No: NA/TMI22001383/m4	SAS e-filing		
Veh No: G8G 923B	E-mail (within 8hrs, AIC 2hrs)		
DOA: 14/02/2022 11:00	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: YP9678E	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 rate 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

NA2200390

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) iT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
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 \$0		

Invoice dated

Invoice dated

Fee Charged

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	14/02/2022 14:25 (SGT)
Date of Accident	14/02/2022 11:00 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	GAMBAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG923B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAKASAGO INTERNATIONAL (S) PTE LTD
Company Reg No	1XXXXX860D
Email Address	kelvinchn989@gmail.com
Mobile Phone No	(Phone) +65-67791077
Alternative Phone No	+65-97506590

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1461

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MI000950-R04
Cover Note Number	-

DRIVER

Name of Driver	CHNG CHEE HAI
NRIC No	SXXXX156G

Date Of Birth	01/10/1959
Occupation	Outdoor
Date Of Driving Pass	11/03/1981
Driving experience	40 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97506590
Alt. Phone Number	-
Email Address	kelvinchn989@gmail.com
Address	BLK 16 TELOK BLANGAH CRESCENT
Address complement	#10-314
Postcode	090016
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?	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	YP9678E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VEEMARASU THIYAGU
Contact Number	-
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	GBG1758E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHNG CHEE HAI
Gender	Male
Phone No	(Phone) +65-97506590
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG923B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

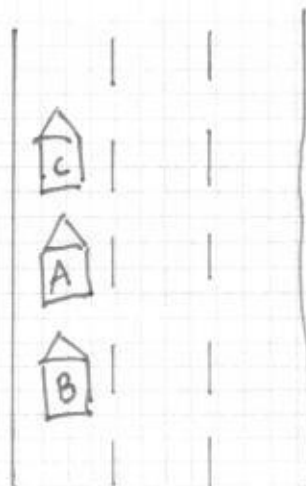


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: GB4 923 B

Vehicle B: YP 9678 E

Vehicle C: GB4 1758 E

Woodlands Ave 12 towards Gambas Ave

Describe Circumstances of the Accident

On the above date and time I was travelling along Woodlands Ave 12 in the direction of Gambas Ave, I was on lane , as the traffic light turn red and there was a slow down in front of me, I also brake and come to a complete stop, but a lorry bearing plate number YP 9678 E hit the rear of my van and cause it to move forward and hit another van GBG 1758 E.

Declaration

We declare the foregoing particulars are true in every respect.



Handwritten signature of the policyholder.

Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Handwritten signature of the reporting centre personnel. 14/02/22

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBG 923B	MAKE & MODEL: Nissan NV 200	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT: 14/02/2022 (Monday)	CC: 146/cc	
TIME OF ACCIDENT: 11:00 HRS		
LOCATION OF ACCIDENT: Woodlands Ave 12 → Gambas Ave		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Takasago International Singapore Pte Ltd	
TEL NO:	H/P: 67791077	OFFICE: 67791077 HOME:
NRIC:	1975 008600	
ADDRESS:	5 Sunview Road	
EMAIL:	kelvinching989@gmail.com	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO?	
INSURANCE COMPANY:	Tokio Marine	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	21-MI000950-R04	
NAME OF DRIVER:	AS ABOVE / IF NO: Chng Chee Hai	
NRIC:	81356156 G	ANY PASSENGER: NIL
DATE OF BIRTH:	01/10/1959	LICENCE PASSED DATE: 11/03/1981
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	MALE / FEMALE	
CONTACT NO:	H/P: 97506590	OFFICE: HOME:
ADDRESS:	Blk 16 Telok Blangah Crescent #10-314 S(090016)	
EMAIL:	kelvinching989@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:	Chng Chee Hai (Slight)	
NAME & CONTACT:		
POLICE REPORT:	NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B REG NO:	YP9678 E	ANY PASSENGERS: NIL
NAME OF DRIVER:	Veemarash Thiyagu	CONTACT NO:
VEHICLE C REG NO:	GBG 1758 E	ANY PASSENGERS: NIL
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	YES / <u>NO</u>	
ACCIDENT PORTION:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>
WORKSHOP PARTICULAR:		
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:		
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.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)

Policy No.: 21-MI000950-R04 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBG923B **Chassis No.:** VSKYBAM20Z0141642
2. **Name of Policyholder** TAKASAGO INTERNATIONAL (S) PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 31/05/2021
4. **Date of Expiry of Insurance** 30/05/2022
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: 12284DDZ

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 500	(In Addition To Own Damage Claims Excess)
	Young/Inexperienced Driver	SGD 2,500	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature