ATIONAL Assessment Centre	Services: [well 1 Ja	100)			
Date III: 14/07/22	Job description .	Date & Time	Completed	Done	p?.
RerNo: 1/4/5/00 22006 700/5.	SAS e-filing			4	
Veh No: 6133 71988R	E-mail (within shrs, Atc	: 2hrs)		. 12 25	
D.O.A: 0/07/22 1440	i-Motor Claim For	m · .			
	i-Motor TY/O (Within	: OD, 2hrs, TP 4hrs)			
OD (P) Reporting Only .	I-Photo Uploaded.		, 1		
STR I	Assessment/Survey P	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,			
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wks			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:		ax:	
TP Panticulars: Veh No:	5NC 6549M	INC( )/Non-Tr	10().	,	
Owner / Driver: (		) Cover Type	:: (	).	
Policy No: ( · · ) Per	iod: ( Da		ime:	)	
. Confirmed by : (	Note-Ést., Status (WO):	101		100%]	
Thom con Diries Dames	Warranty: YES ( )/	мо(,)		1	
· I cal of Rogardan	17 4114491	)		·	
DROGGE (C	519L02000020028002800000000000000000000000			Water St.	<i>3</i> , · · · · · · · · · · · · · · · · · · ·
General Remarks:  ( ) Walk-In Customer: Customer's info	ormation strictly Confide	ntial & Strictly NO ref	er of repaire	Γ.	<del></del>
Total Loss Case : to E-mail Insu	ret ORGENTELL				' ')
Drive-In ( )/ Towed-In ( ,); Invoi	ce: YES ( ) / NO (				Hally
Name of the state		) Date≗Ti	ne Competic	NAME OF THE PARTY	1140300
Remarks (In bothing 6/88/0010)	Courtesy Car ( )			<del></del>	
2) OC Check / Post Repair Inspection .	. (, )			1/	3. 1
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		*		T. Mil
Injury:	,	· :		GENERAL STATE SEC. 5	THE STATE OF THE S
Data Time / againsts	200			<u> Kalamalan kereti i</u>	**************************************
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			-3-7-3-1-7-2-1-7-1-7-1	Gyagiyaya Gay	WEST HE VALUE
V.V.		Invence Preparatio	n Checklist		BILL HASJE
NA 2701870.		1) AP . Accident Reporting	(530);	INC (280)	
Simmant's Particulars :		2) DA: Damage Assessme 3).TF: Towing Fee		\$120	
)river/Owner:		4) FT : Follow-Through St	TTURN ( PUTSULTY )	\$30	
iontactiNo:		For claiming against 10	Conly (wef 10	Jon 2005) \$75	
	1	6) TR: Re-inspection 7) N1: Idao DA + SMR.T	Survey	. \$160	
amaged Portion:	<u>k</u>	3) NTUC Additional Serv	ious:• ·		
C. Charles by (Engy In Charge)!		OD* *13: Courtsy Car/Tr	sanavellA te	\$5	
C Checked by (Engr-In-Charge):		•No: Repair Co-ordina	tion .	\$25	
aiditors Comments :		+N3: DY / Collect Etc	ess Coordination	\$20	<del></del>
t. 1:	GARLING WAS ASSESSED.	TP (NIL): TP (Pron 1) 9) N12: Idao Mobile		30	<b>WANT</b>
		Involce deled		Charged E	
t. 2/3:		Involve deted	7 84	II	- ACCUMUNICATIONS



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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 Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

13/07/2022 08:43 (SGT)

Driver

10/07/2022 14:40 (SGT)

Singapore

PIE AFTER BEDOK RESERVOIR EXIT

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

**GBJ7198R** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No.

HOSHIZAKI SINGAPORE PTE LTD

1XXXXX436R

ALICE@HOSHIZAKI.COM.SG

(Phone) +65-62252612

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Nissan

Nv200

Private use

No - Claiming third party

Commercial vehicle

Manual

1997

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd.

D22MTPCVE001186

DRIVER

Name of Driver

Work Permit No

Date Of Birth

Occupation

TAN ENG LOONG GXXXX672W 25/04/1989 Outdoor

Date Of Driving Pass 31/05/2017 Driving experience 5 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96573378 Alt. Phone Number **Email Address** ALICE@HOSHIZAKI.COM.SG Address BLK 68 GEYLANG BAHRU #16-3215 Address complement Postcode 330068 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Clementi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008729999 Alt. Police Station Phone No (Fax) +65-68728039 Police Station Address No. Singapore 129858 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNC6549M Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	Defende
Nome of Driver	Private car
Contact Number	<b>7</b> 1
Address	_
Address complement	-
Postcode	-
Insurance Company Name	·-
Nature Of Damage	::e
Details of property damaged in accident	-
No. Of Passanger (Including Driver)	-
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 Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.

SINGA SON STANSON STAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

12/07/22

#### Sketch Plan



Describe Circumstance of the Accident	
Refer to Police Report	
T/202207/2/2020	
Declaration	

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

Policyholder's Signature / Date & Time

A KON!

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





T/20220712/2020

1 of 3

Report No. T/20220712/2020

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

REPORT O	F A TRAFFIC				
Date/Time Report Made: 12/07/2022 11:35		ade:	Vide Report No.:	Station Diary No. 52	
Informa	nt's Particu	ılars			
Name of	Informant: G LOONG		Address:		
ID Type		?W	Contact No.: Home/Office:	Mobile: 96573378	
National MALAYS			Email:		
Sex: Male	Age:	Date of Birth: 25/04/1989	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3	Date of Expiry: 18/09/2025	

General Inform	mation of the Accide	ent		MIT CONTRACTOR SET OF THE
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2022 14:4	Type of Location Expressway
Location:				
PAN-ISLAND Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: Traffic Control:			Traffic Volume:	
Type of Collis Between Mov	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ7198R	Van				Slightly Damaged	2
SNC6549M	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20220712/2020

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

N	The second second second second second			The Republic		
Name	TAN ENG LOONG			ID No		G8265672W
Related Vehicle	GBJ7198R (Van)			Conta	ct No.	96573378
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 2B,3 Date of Expiry: 18/09/2025
Date Treatment	NIL Date Disc				NIL	
No. of Days gran				of Injury		
Driver				SCHOOL SCHOOL		
Name	CHUA TECK CHYE		ID No		S8205970I	
Related Vehicle	SNC6549M (Car)		Conta	ct No.	97924881	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Da		Date Di	scharge	NIL	
	ted Medical Leave	NIL		of Injury	NIL	

#### Brief Details.

On 10/07/2022 at around 02.40pm, I was driving my company van, grey Nissan NV200 bearing registration number GBJ7198R along PIE towards Changi. When I was still driving along PIE, there was a lane closure on the leftmost lane due to tree pruning, after Bedok Reservoir exit.

I was driving slowly along the middle lane as there were vehicles changing from the leftmost lane to the middle due to the lane closure. As the front vehicle stopped, I then applied the brake and suddenly, there was an impact coming from the rear of my van. I then changed my lane to the road shoulder to make a check. That was when I discovered that there was a black car bearing registration number SNC6549M had collided onto the rear of my van.

Check was made on my company van and the right rear of the van door was dented. As for the black car, I observed that there was no damage on it.

We then exchanged our particulars. Neither the car driver nor I injured due to the accident. There were passengers in my van (my girlfriend and her mother) however they were not injured too.





3 of 3

Report No. T/20220712/2020

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: D / SR STAFF SGT MUHAMMAD NAZRI BIN PARJALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2022 11:35
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	

## ACCIDENT STATEMENT

ACCIDENT DATE: (10,07, 2022) (DD/MM/YYYY), TIME: (14. 40) (HH:MM
DTE OCICED IN THE TO THE HOLLING
LOCATION: PIE AFTER BEZOK RESERVOIT EXIT
I. DETAILS OF VEHICLE
alvehicle number: 08571988
CIPOLICY NUMBER: D22 MT PCVE 001186
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: nissen NV2 / m)
F)TYPE: (SALOON / COUPE / MPV / WAN / LORRY / MOTORCYCLE. / OTHERS)
9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
" I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PART) CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
AINAME! HOSTIZAKI SINGAPORE PTELTD (MALE/FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 62252612
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Challed and Siname: Tan Eng Loong MAIE FEMALE
b) NRIC/FIN/PASSPORT: 68 265672W CONTACT: 9657 33 78
CIADDRESS: BIK 68 geylang bharv \$16-3215 .
*d) DATE OF BIRTH: (25 / 04 / 1989) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 31 10512017 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5, a) WEATHER CONDITION; (OCEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POUCE (VES) / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:
R TUIDD DADTY VEHICLE
He of passanger a) VEHICLE NUMBER: SNC 6549 M MODEL!
Including driver) b) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD, PARTY VEHICLE
No of passanger d) VEHICLE NUMBER: MODEL:
Including driver   F  NRIC/FIN/PASSPORT: CONTACT:
•

email = alice@hoshizaki (om sg



## Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623

Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sq Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

#### 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.

: D22MTPCVE001186

1. Registration No.

: GBJ7198R

2. Insured Name

: HOSHIZAKI SINGAPORE PTE LTD

3. Commencement Date : 31 JULY 2022 00:00

4. Expiry Date

: 30 JULY 2023 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 who is driving on the Insured'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.

8. Limitations as to use\*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business

3) Use for social, domestic or pleasure purposes.

The Policy does not cover

1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.

Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

 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: 26 APRIL 2022 15:22

"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

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.
 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)
 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.
 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: 11H06602 & HOSHIZAKI SINGAPORE PTE LTD - J CI Code: 20D \_WDBZB4KINM1VFA4