

JAL Assessment Centre Services: [ver 1 Jan'08]		Date & Time Completed	Done by
Date in: 14/07/22	Job description		
Ref No: WA15M02200670015	SAS e-filing		
Veh No: G133 7198ER	E-mail (withln 3hrs, A/C 2hrs)		
D.O.A : 10/07/22 1440	1-Motor Claim Form		
	1-Motor W/O (withln: OD, 2hrs, TP 4hrs)		
OD : TP Reporting Only	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

TP Insurer: Tel: Fax:

TP Particulars: Vch No: SNC 034 111 Tel: _____
Cover Type: ()

Owner / Driver: () Period: () Cover type: () Time: ()

Policy No: () Period: () Date: () Time: ()
 P: 21-79% F: 80-100%

Confirmed by: () % Note-Est. Status (WO): N: 0-20%; P: 21-79%;

Insured/Driver Liability: () Warranty: YES () / NO ()

Year of Registration: () Loading: \$1,000 () / \$2,000 ()

Excess: (\$) Loading: (\$)

General Remarks: _____

() Walk-In Customer: Customer: _____
 _____ : to e-mail Insurer URGENTLY. _____ NO: _____ ; Towing Co: (_____)

() Total Loss Case () to email () ; Invoice: YES () / NO () ; Date of the Complaint () Done by ()

Drive-In () / Towed-In ()	Date of the Owner's
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Remarks:	(INC hotline: 6788 6616)
	Emergency () / Courtesy Car ()

1) Apply for Transport Allowance ()	()			
2) Repair Inspection .				

2) QC Check/ Post Repair Inspection : ()

3) Upload Resurvey Photo (200px)

Injury : _____

[illegible][illegible][illegible]

Registration Checklist		DATE	TIME	BY
1	Check in			
2	Check out			
3	Check in			
4	Check out			
5	Check in			
6	Check out			
7	Check in			
8	Check out			
9	Check in			
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99	Check in			
100	Check out			

Invoice Preparation

1) AR: Accident Reporting	(500)	INC (\$80)
2) DA: Damage Assessment	(\$100);	\$40/\$45

3) TF: Towing Fee	\$120
4) ET: Follow-Through Survey	\$30

5) PT: Follow-Through Survey (Resurvey) 875

Driver/Operator	For claiming assistance	\$75
6) TR: Re-inspection		\$160

Contact No:	6) IDao DA + SMART Survey
	7) NI : Idao DA + SMART Survey
	8) Additional Services:

damaged Portion:	S) NTUC Additional Services	
	ON*	\$5

*MS: Courtesy Car / Tpt Allowance	310
*MS: Public Co-ordination	323

C. Checked by (Engr-In-Charge):	*N6: Repair Co-ordination	\$23
	*N7: Post Repair Inspection	\$5

*N3: DV / Collect Excess Coordination	\$20
TP (N11) : TP (N11) INC against INC	30

9) N12: Idno Mobile	Res Charged
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Invoice dated	Free Charges
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t. 2/3: Invoice 2212

1. 2. 3.

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	13/07/2022 08:43 (SGT)
Reported by	Driver
Date of Accident	10/07/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE AFTER BEDOK RESERVOIR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7198R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HOSHIZAKI SINGAPORE PTE LTD
Company Reg No	1XXXXX436R
Email Address	ALICE@HOSHIZAKI.COM.SG
Mobile Phone No	(Phone) +65-62252612
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1997

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPCVE001036

DRIVER

Name of Driver	TAN ENG LOONG
Work Permit No	GXXXX672W
Date Of Birth	25/04/1989
Occupation	Outdoor

Date Of Driving Pass	31/05/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
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?	Yes
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	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.
2. This Form must be completed by the Policyholder and/or the Actual 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 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.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Along PIE
After Bedok
Reservoir

① - ABS 7198R
② - SNC 6549M

Describe Circumstance of the Accident

Refer to Police Report

T/20220712/2020

Declaration

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



Policyholder's Signature / Date & Time

Wang

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

[Signature]

12/07/22

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



SINGAPORE POLICE FORCE



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 OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2022 11:35	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Informant's Particulars				
Name of Informant: TAN ENG LOONG			Address:	
ID Type / ID No.: FIN NO / G8265672W			Contact No.: Home/Office:	Mobile: 96573378
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 33	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 Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2022 14:40	Type of Location: Expressway
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

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	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20220712/2020

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220712/2020

CONTINUATION OF REPORT

Driver				
Name	TAN ENG LOONG		ID No.	G8265672W
Related Vehicle	GBJ7198R (Van)		Contact No.	96573378
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 18/09/2025
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHUA TECK CHYE		ID No.	S8205970I
Related Vehicle	SNC6549M (Car)		Contact No.	97924881
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree 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.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20220712/2020

3 of 3

Report No. T/20220712/2020

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 Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
12/07/2022 11:35

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 07 / 2022 (DD/MM/YYYY), TIME: 14 : 40 (HH:MM)

LOCATION: PIE After Bedok Reservoir exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: UBJ7198R
b) INSURANCE COMPANY: Sompo
c) POLICY NUMBER: 022MTPCJE 001186
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan NV200 (M)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Hoshizaki Singapore PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62252612
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Eng Loong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 68265672W CONTACT: 96573378
c) ADDRESS: Blk 68 Geylang Bharu #16-3215
330068

* d) DATE OF BIRTH: 25 / 04 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/05/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNC6549M MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: alice@hoshizaki.com.sg
VIDEO: NO

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. : D21MTPCVE001036
1. Registration No. : GBJ7198R
2. Insured Name : HOSHIZAKI SINGAPORE PTE LTD
3. Commencement Date : 31 JULY 2021 00:00
4. Expiry Date : 30 JULY 2022 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.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. 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.

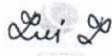
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

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 : 15 APRIL 2021 16:42

*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 or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. 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)
3. 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.
4. 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 _WDHMB4_INM1KFAA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SU0722700001 Vehicle Registration No: GBJ7198R
Name (as shown in NRIC): TAN FAUK LOONK NRIC/FIN/Passport No: GXXX 672W
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96573328
Email Address: _____
Date of Accident: 10/01/2022 Time of Accident: 14:40
Place of Accident: Pipe AFTER BEDOK RESERVOIR ROAD EXIT
Insurance Company: Sampson

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO UPLOAD & SUBMIT TARA CORRECT C/I D2IMTPCVIDEO1036

Policyholder / Driver's Signature
Date:

21/01/2022

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Poh
Date: Wong