

NATIONAL Assessment Centre Services

Date In 07/09/22	Job description	Date & Time Completed	Done by
Ref No CA/MSL00008792/13	SAS e-filing		
Veh No QBD9315M	E-mail (within 8hrs, APT 2hrs)		
DOA 05/07/22 1200	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: SJD1199H	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI: 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		
Cat 1:	Invoice date:	Fee Charged	
Cat 2/3:	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 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 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	07/09/2022 15:21 (SGT)
Reported by	Driver
Date of Accident	05/07/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9315M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOURMET READY PTE. LTD.
Company Reg No	2XXXXX644M
Email Address	kamlesh@gourmetready.com.sg
Mobile Phone No	(Phone) +65-67424210
Alternative Phone No	+65-90022301

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 28790961 MKC

DRIVER

Name of Driver	JIA LIANGBO
Passport No/FIN	GXXXX898U
Date Of Birth	28/02/1987
Occupation	Outdoor

Date Of Driving Pass	24/06/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98079160
Alt. Phone Number	-
Email Address	kamlesh@gourmetready.com.sg
Address	1005 ALJUNIED AVE 5
Address complement	#01-22/24 ALJUNIED IND ESTATE
Postcode	389886
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 - Change/cross lane
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PL REFER TO THE ATTACHED STATEMENT

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	SJJ1199H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WEE QI JUN BEATRICE
NRIC No	SXXXX168E

Contact Number	.....	(Phone) +65-93273621
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

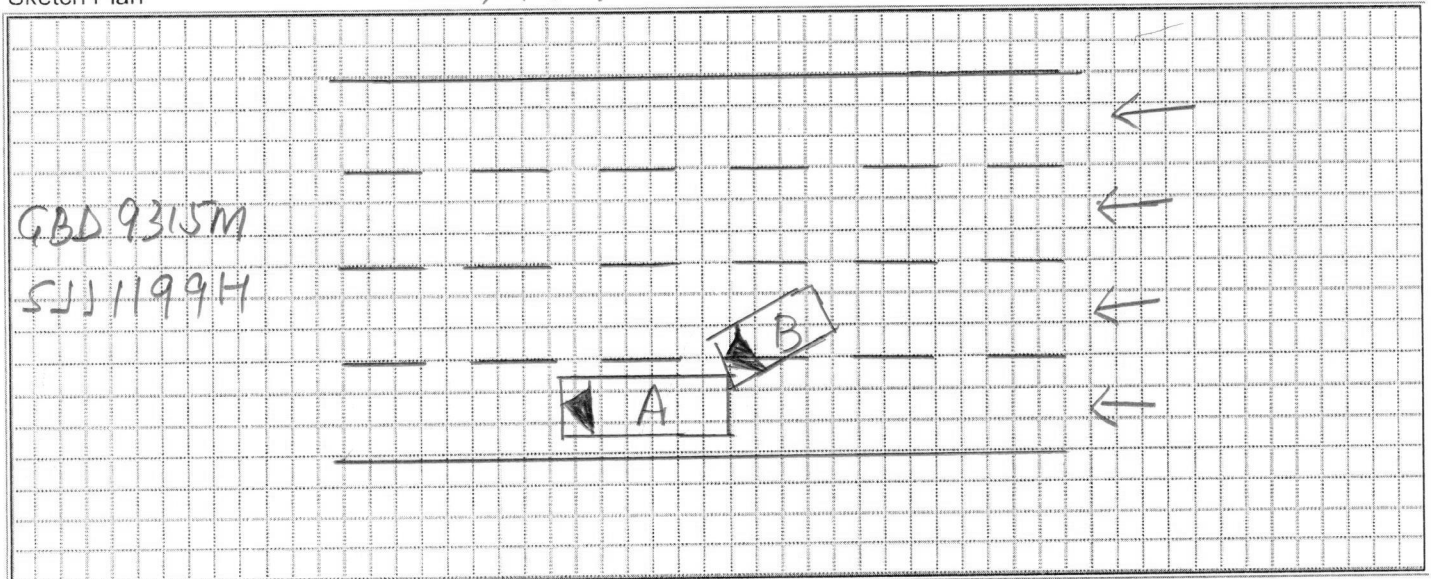
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE TWAS TUAS



Describe Circumstance of the Accident

Traffic was moving nicely. Our Van was in the slow lane on the left.

The vehicle that hit the back of the Van was changing lanes and misjudged the position of the Van on the road. She hit the rear of the Van, specifically the cooler box of the Van.

They both stopped on the P/E to exchange details.

The lady driver called the director of the company to say sorry and accepted responsibility.

She wanted to do private repair but because the repair has to be handled by the Freezer box manufacturer ~~the quote~~ the quotation came out quite high. At that stage she decided to switch to insurance.

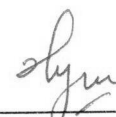
Declaration

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

  
for Driver

Policyholder's Signature / Date & Time

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

 07/09/12

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

ACCIDENT STATEMENT

ACCIDENT DATE: (05/07/22) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: PIE TWAS THAS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD9315M
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 300623589 MRC
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MIT CANTER AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: GOURMET READY PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 67424210
 c) ADDRESS: 90022301

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JIA LIAN GUO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 98079160
 c) ADDRESS: 1065 ALJUNIED AVE 5
#01-22/24 ALJUNIED IND ESTATE (389886)
 *d) DATE OF BIRTH: () (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 389886

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: SJ1199H MODEL: WEE QI JUN, BENRICE
 b) DRIVER'S NAME: CONTACT: 93273621
 c) NRIC/FIN/PASSPORT:

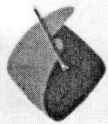
9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = kamlesh@gourmetready.com.sg

fax =

VIDEO = NO



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G



陳兄弟保險代理有限公司
TAN BROTHERS INSURANCE AGENCIES PTE LTD
10 ANSON ROAD, #11-16
INTERNATIONAL PLAZA SINGAPORE 079903
TEL: (65) 6220 1822 FAX: (65) 6224 5805
E-MAIL: tan.brothers@tpsgroup.com.sg

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 28790961 MKC

Excess : SGD600

1. Index Mark and Registration Number of Vehicle
GBD9315M
2. Name of Policyholder
Gourmet Ready Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act
21/07/2021
4. Date of Expiry of Insurance
20/07/2022
5. Persons or Classes of Persons entitled to drive*

Any other person provided he is in the Policyholder's employ and is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

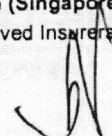
Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
Use for social domestic and pleasure purposes.
The Policy does not cover
(1) Use for hire or reward or for racing pace-making reliability 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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate 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).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co.Reg No. 200412212G GST Reg. No. 20-0412212G
 A Member of **MS&AD** INSURANCE GROUP



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 TAN BROTHERS INSURANCE AGENCIES PTE LTD
 10 ANSON ROAD, #11-16
 INTERNATIONAL PLAZA SINGAPORE 079903
 TEL: (65) 6220 1822 FAX: (65) 6224 6806
 E-MAIL: tan.brothers@tpsgroup.com.sg

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 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 300623589 MKC

Excess : SGD600

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
GBD9315M
2. **Name of Policyholder**
Gourmet Ready Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
21/07/2022
4. **Date of Expiry of Insurance**
20/07/2023
5. **Persons or Classes of Persons entitled to drive***
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
*Provided that the person driving is permitted in accordance with the licensing or other laws or 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.
6. **Limitations as to Use ***
Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. 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.
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MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

Mack Eng
 Chief Executive Officer

SGSGPSW202207081418



陳兄弟保險代理有限公司
TAN BROTHERS INSURANCE AGENCIES PTE LTD
Co. Reg. No: 197500491N

10 Anson Road, #11-16
International Plaza
Singapore 079903

Tel: (65) 6220 1822
Fax: (65) 6224 6806

E-mail: tan.brothers@tpsgroup.com.sg

Website: www.tpsgroup.com.sg

DEBIT NOTE

GOURMET READY PTE LTD
BLK 1005 ALJUNIED AVENUE 5
#01-22/24 ALJUNIED INDUSTRIAL ESTATE
SINGAPORE 389886

Debit Note No DB22070085
Debit Note Date 15/07/2022
Client Code CUS0002167
Slip No QSN007149
Cover Note No ACN007149/R6
Due Date **21/09/2022**
Servicer Process 1

Insured :
Gourmet Ready Pte Ltd

PARTICULARS		Amount
Class of Insurance	: Motor - Commercial Vehicle	
Policy No	: A 300623589 MKC	
Policy Period	: 21/07/2022 TO 20/07/2023	
Sum Insured	: Market Value	
Insurer	: MSIG INSURANCE (SINGAPORE) PTE LTD	
Policy Description	: * NCD: 20% (TG0197) * Excess: SGD 600.00 * Hire Purchase: Daimler Financial Services Africa & Asia Pacific Ltd	

Coverage : Comprehensive
Vehicle No : GBD9315M

Important :
Under the Premium Payment Warranty, the premium must be settled in full on or before the warranty period expired (60 days from policy inception date for general insurance policy or 30 days for life insurance policy) otherwise the policy will be terminated automatically.

Currency : **SGD**
Premium : **2,124.90**

Total Due : **2,124.90**

This is not Insurer's Tax Invoice. The Insurer's Tax Invoice is either attached herein or will be sent to you in due course.
CHEQUE PAYMENT SHOULD BE CROSSED AND MADE PAYABLE TO TAN BROTHERS INSURANCE AGENCIES PTE LTD

Authorised Signature