

NATIONAL Assessment Centre Services

SM0922BL000B

Date In: 21/11/2022 17:28

Ref No: N/A/8MD22011682/7

Veh No: GBE 58184

D.O.A: 19/11/2022 16:40

CO: (TP) Reporting Only

TP Insured:

Job description

SAS e-filing

E-mail (within 3hrs, A.C. only)

I-Motor Claim Form

I-Motor W/O (within 24hrs, A.C. only)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax: Hand to Owner/Whse

Date & Time Completed

Done by

Preferred Wksd / INC Assign Wksd / GW: (

TP Particulars:

Veh No:

SMX 9424C

INC () / Non-INC ()

Tell:

Fax:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured Driver Liability: (

94) [Note: 1st Status (WO) 11-0-2011, P: 21-79%, P: 30-100%]

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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Tow-In () ; Invoice: YES () / NO () ; Towing Cost:

Remarks: (INC Hotline: 6788-0016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date: Time:

Actions:

Invoice Preparation Checklist

	AMT	AMT
	BLN	Ass Bln
1) AR: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$1000)	1140 (\$550)	
3) TP: Towing Fee	\$100/\$40	
4) PT: Follow-Through Survey	\$100	
5) PT: Follow-Through Survey (Passary)	\$50	
6) TR: Re-assembly	\$70	
7) NI: 12hr DA / PMRT Survey	\$140	
8) NTUC: Additional Services		
9) GV: Courtesy Car / Transport Allowance	\$50	
*NI: Repair Coordination	\$100	
*NI: Post Repair Inspection	\$50	
*NI: GV / Collect Excess Coordination	\$50	
*NI: 12hr TP / NI / 24hr Recovery / NE	\$100	
10) 24hr Recovery		
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Fee Charged

Fee Charged

Invoice Report

Invoice Report

11/2203280

Insurance Particulars:

Owner:

Contact No:

Assigned Person:

Checked by (Engr-In-Charge):

Comments:

Signature:

Date:

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	21/11/2022 17:28 (SGT)
Reported by	Driver
Date of Accident	19/11/2022 16:40 (SGT)
Exact Location of Accident	Killiney Rd, Singapore
Additional Location Information	BEFORE SOMERSET ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5818U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	L&L FOOD SUPPLY
Company Reg No	5XXXX771L
Email Address	llfoodsupply@yahoo.com.sg
Mobile Phone No	(Phone) +65-62621669
Alternative Phone No	-

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE000105

DRIVER

Name of Driver	AMIN BIN ABU
NRIC No	SXXXX216B
Date Of Birth	23/08/1953
Occupation	Outdoor

Date Of Driving Pass	07/03/1975
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93599852
Alt. Phone Number	-
Email Address	llfoodsupply@yahoo.com.sg
Address	BLK 106 SIMEI STREET 1 #02-800
Address complement	-
Postcode	520106
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	Side Swipe
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV9434L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD ASFARUL BIN SHARUL HAMID
NRIC No	XXXXX820Z

Contact Number	(Phone) +65-93377849
- Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident


ON 19/11/2022 AT ABOUT 16:40 HRS I WAS AT
KILLINNEY ROAD. JUST AFTER DOING MY DELIVERY &
WANTED TO MOVE OUT, SIGNAL LEFT & SLOWLY
MOVE MY VEHICLE. IN FRONT OF ME A STATIONARY
VEHICLE & TRAFFIC WAS HEAVY AT THAT TIME.
AS I WAS MOVING OUT SUDDENLY A CAR BRUSH
AGAINST THE FRONT LEFT SIDE OF MY LORRY. HE
IS FROM THE 2ND LANE & WANTED TO TURN RIGHT
ALSO. VIDEO ATTACHED IS FROM THE THIRD PARTY SHOW
I HAVE SIGNAL LEFT & MOVE OUT SLOWLY.

Declaration

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



Policyholder's Signature / Date & Time

 21/11/22
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time 17.05

 21/11/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (19/11/22) (DD/MM/YYYY), TIME: (4:40 pm) (HH:MM)

LOCATION: KLeerey Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 5818 U
 b) INSURANCE COMPANY: Sompocye 00105
 c) POLICY NUMBER: D22 MTP
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Lorry
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: L & L Food Supply (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52936771-L CONTACT: 62621669
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Amin bin Abu (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5006216-B CONTACT: 62621669 93599852
 c) ADDRESS: Blk. 106, #02-800 Simel ST 1
 320106

* d) DATE OF BIRTH: (23/08/1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 07-03-1975

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: SMW 9434 E MODEL:
 b) DRIVER'S NAME: Muhammad Asfarul Bin Shahul Hamid
 c) NRIC/FIN/PASSPORT: 58912820 Z CONTACT: 93377849

9. THIRD PARTY VEHICLE

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

Email: L & L Food Supply & Walter Lim Sg
 VIDEO

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. : D22MTPCVE000105
1. Registration No. : GBF5818U
2. Insured Name : L AND L FOOD SUPPLY
3. Commencement Date : 23 JANUARY 2022 00:00
4. Expiry Date : 22 JANUARY 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.
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)

Sampo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 23 DECEMBER 2021 17:40

*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), and not to be included under these headings.

IMPORTANT NOTICE

- 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.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11J03608 & JNT CONNECTIONS CI Code: 20D JQDBSY44IPDBOEAA