

NATIONAL Assessment Centre Services

Date In: 22/11/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/TM/22011695/04	E-mail (within 8hrs. A/C 2hrs)		
Veh No: GBU 3594 Y	i-Motor Claim Form		
DOA: 21/11/2022 1245	i-Motor W/O (within: QD 2hrs, TP 4hrs)		
OD: 0 Reporting Only	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: SMH 7136 A	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

NA2203291	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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			
	Invoice date:	Fee Charged		
	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	22/11/2022 09:51 (SGT)
Reported by	Driver
Date of Accident	21/11/2022 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DUNEARN ROAD BEFORE KHEAM HOCK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3594Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YUN QUAN ROOFING INTEGRATED
Company Reg No	BXXXXX985W
Email Address	sales@n51.com.sg
Mobile Phone No	(Phone) +65-67440510
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	1998

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP003588

DRIVER

Name of Driver	QIAN YUNQUAN
NRIC No	SXXXX078E
Date Of Birth	06/03/1986
Occupation	Outdoor

Date Of Driving Pass	27/05/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93811085
Alt. Phone Number	-
Email Address	sales@n51.com.sg
Address	BLK 669 WOODLANDS RING ROAD #07-369
Address complement	-
Postcode	730669
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	PASSENGER
Gender	Male

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 ATTACHED 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	SMH7136A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	QIAN YUNQUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG3594Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHAO JUNLEI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG3594Y
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 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.

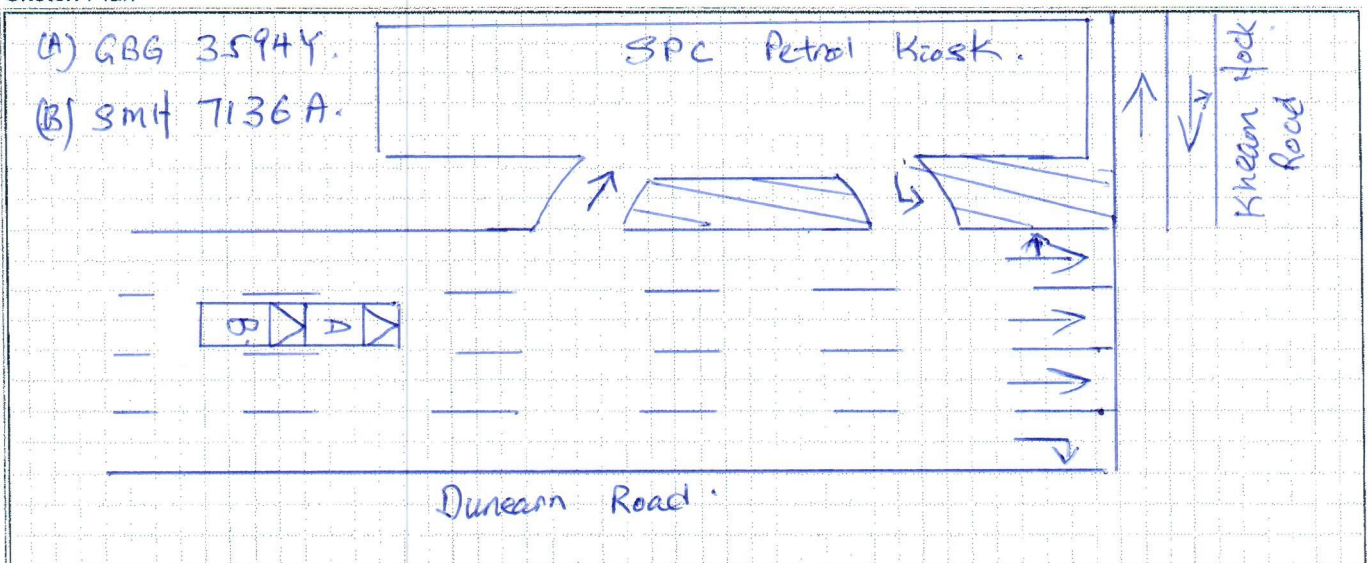
YUNQUAN ROOFING
INTEGRATED

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



Describe Circumstance of the Accident


On 21/11/2022 at @ 1245 hrs. I was travelling in my vehicle (GBG 3594Y) along Dunearn Road before Khearn Hock Road on the 2nd lane from the left moving slowly as the traffic was heavy ahead. Suddenly, a car (SMH 7136A) from behind collided onto the rear portion of my vehicle.


Declaration

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

YUNQUAN ROOFING
INTEGRATED


Policyholder's Signature / Date & Time


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

 22/11/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	GBG 3594 Y		MAKE & MODEL:	Nissan Cabstar AUTO (MANUAL)	
DATE OF ACCIDENT:	21/11/2022		CC:		
TIME OF ACCIDENT:	1245 HRS				
LOCATION OF ACCIDENT:	Dunearn Road before Kheam Hock Road.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Yun Guan Roofing Integrated.				
TEL NO:	H/P: 9381 1085		OFFICE:	HOME:	
NRIC:	B53207985W				
ADDRESS:	BLK 669 Woodlands Ring Road #07-369				
EMAIL:	guchencheng88@gmail.com. (S) 730669				
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ?				
INSURANCE COMPANY:	TOKIO MARINE.				
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft				
POLICY NO:	MP 003588				
NAME OF DRIVER:	AS ABOVE / IF NO: Qian Yunquan.				
NRIC:	S2736078E		ANY PASSENGER:	01 (M).	
DATE OF BIRTH:	06/03/1986		LICENCE PASSED DATE:	27/05/2011.	
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR				
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE				
CONTACT NO:	H/P: 9381 1085		OFFICE:	HOME:	
ADDRESS:	BLK 669 Woodlands Ring Road #07-369				
EMAIL:	— (S) 730669				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / OTHERS:				
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:				
ANY INJURIES:	NO <input checked="" type="checkbox"/> IF YES, WHO? Qian Yunquan (H/P: 9381 1085)				
NAME & CONTACT:	Zhao Junlei (H/P: 8266 2695)				
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?				
VEHICLE B REG NO:	SMH 7136 A.		ANY PASSENGERS:	N.A.	
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:			ANY PASSENGERS:		
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:	N.A.		WITNESS CONTACT:	N.A.	
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO				
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO				
ACCIDENT PORTION:	Rear Portion.				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO				
WORKSHOP PARTICULAR:	Twincar Automot				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

21/11/22
 LESLIE 593434044
 PRESENT COMPANY

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MZ300

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.: MP003588 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBG3594Y | Chassis No.: JN1SC2F24Z0860055 |
| 2. Name of Policyholder | YUN QUAN ROOFING INTEGRATED | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 26/07/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 25/07/2023 | |
| 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 No: 2364DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 2,500.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	NIL		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature