

NATIONAL Assessment Centre Services (all cases) SUC9233000A

Date In: 15/03/2023 17:00	Job description	Date & Time Completed	Done by
Ref No: NRB/TM2230027074	SAS e-filing		
Veh No: YNA 5512T	E-mail (with start, end times)		
D.O.A: 11/03/2023 15:30	1-Motor Claim Form		
OD: TP: Repeating Only	1-Motor W/O (with start, end times)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SDH 6669S	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (WO): 10:0-30M, P: 21-72%, 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 info of repair.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: N/A	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Other: _____

<p>NA2800768</p> <p>Vehicle Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damage Portion: 100%</p> <p>Checked by (Engr-In-Charge):</p> <p>Customer's Signature:</p> <p>CL</p>	Invoice Preparation Checklist		Task	Status
	1) A/R: Accident Paperwork (\$30)			
	2) DA: Damage Assessment (\$1000)	INC (\$50)		
	3) TP: Towing Fee	\$10/\$45		
	4) PC: Follow-Through Survey	\$135		
	5) PT: Follow-Through Survey (Emergency)	\$30		
	6) TR: Re-insurance	\$75		
	7) NI: New DA, & SMPT Survey	\$140		
	8) NIUC: Additional Services			
	9) NIUC: Additional Services			
	*NI: Courtesy Car / Tel Allowance	\$5		
	*NI: Repair Coordination	\$15		
	*NI: Post Repair Inspection	\$75		
	*NI: DV / Collect Vessel Coordination	\$1		
	*TP (NIUC): TP (NIUC) against INC	\$10		
	*NIUC: Motor	10		
	Invoice Total		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	15/03/2023 17:00 (SGT)
Reported by	Driver
Date of Accident	11/03/2023 15:30 (SGT)
Exact Location of Accident	115 Bukit Merah View, Singapore 151115
Additional Location Information	LOADING AND UNLOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM5572T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JURONG MARINE COLD STORAGE PTE LTD
Company Reg No	1XXXXX583D
Email Address	icebay0989@gmail.com
Mobile Phone No	(Phone) +65-92703274
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE83PE6SRDEB
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	Manual
CC	3908

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MD001729-R10

DRIVER

Name of Driver	BAY SWEE KEONG (MA RUIQIANG)
NRIC No	SXXXX704Z
Date Of Birth	14/04/1971
Occupation	Outdoor

Date Of Driving Pass	25/08/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92703274
Alt. Phone Number	-
Email Address	icebay0989@gmail.com
Address	BLK 274D JURONG WEST AVENUE 3 #09-89
Address complement	-
Postcode	644274
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 - Opening Door of Vehicle
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

ON 11/03/2023 AT ABOUT 15:30HRS I WAS AT BLK 115 BUKIT MERAH VIEW AND WAS ABOUT TO MOVE OUT SLOW FROM THE LOADING BAY, SUDDENLY I HEARD A SOUND AND STOP MY LORRY AND YM5572T SAW A CAR SDH6669S WHICH PARK BESIDE OPEN THE DOOR WHEN I WAS MOVING OUT OF THE LOADING BAY AND HE IS NOT SUPPOSED TO PARK AT THE LOADING BAY. THE DOOR OPEN AND HIT MY LORRY FRIDGE DOOR . MY DOOR NO DAMAGE BUT HIS CAR REAR PASSENGER HANDLE DOOR DAMAGE THAT ALL.

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	SDH6669S
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94550228
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.
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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.



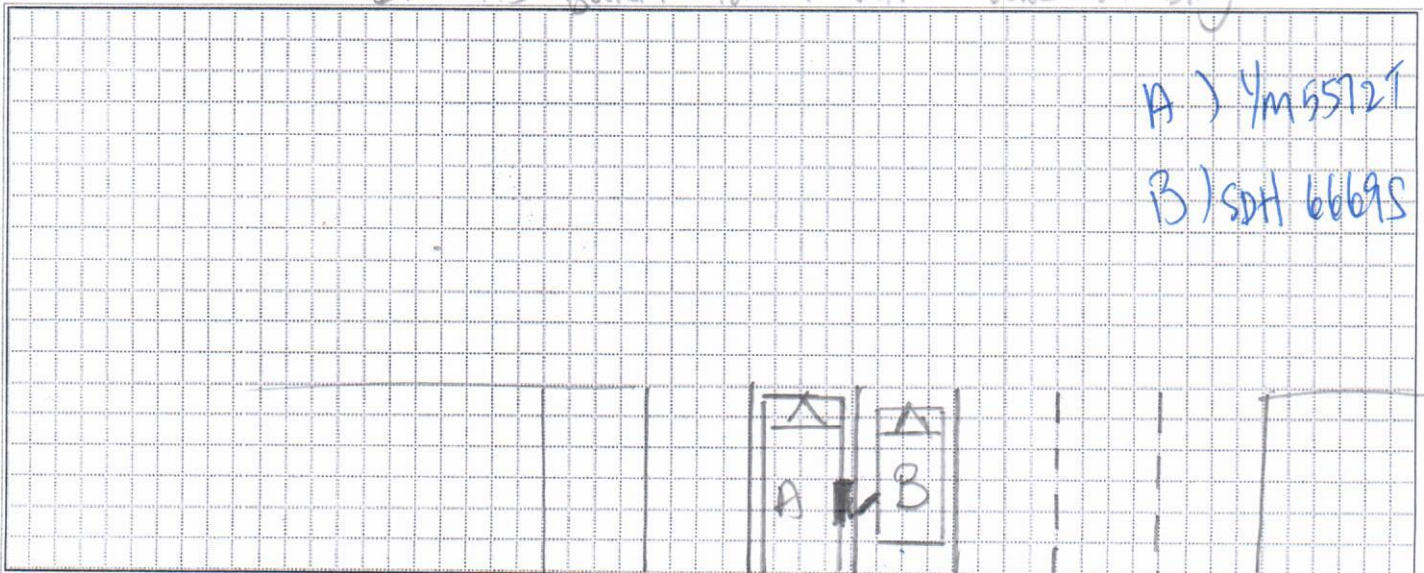
Policyholder's Signature / Date & Time

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

BLK 115 BUKIT MARATH VIEW LADINES BOY

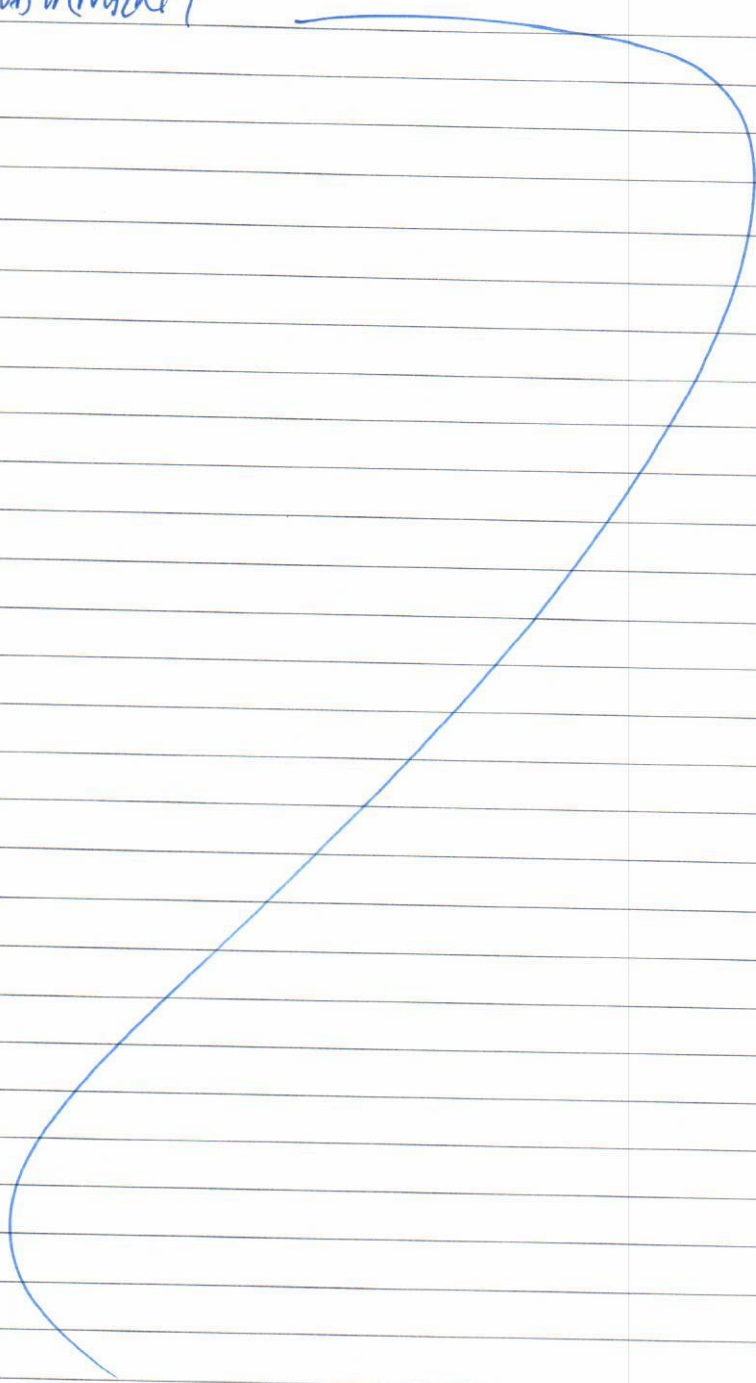


vJun2022

LADINES BOY SPENT ROAD PARKING LOT

Describe Circumstance of the Accident

REFER TO STATEMENT



Declaration

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



Policyholder's Signature / Date & Time

15/3/23

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

15/03/2023

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

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 03 / 2023) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)
 LOCATION: BIK 115 RT MBERU VIEW 'LOH'ING S. UNLOADING CAR PARK.

1. DETAILS OF VEHICLE
 a) VEHICLE NUMBER: 4M557LT
 b) INSURANCE COMPANY: TOKIO MARINE
 c) POLICY NUMBER: 23-MD 00729-R10
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MIT FUSO
 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: SURING MARINA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1991005831 CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
 (1)

- DRIVER BAN SWEE KEONG (MALE / FEMALE)
 a) NAME: BAN SWEE KEONG
 b) NRIC/FIN/PASSPORT: S71137042 CONTACT: 92708274
 c) ADDRESS: BIK 274 D SURING WEST AVE 3
 #09-89

d) DATE OF BIRTH: (14 / 04 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 25/8/2021

f) DATE OF DRIVING PASS

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)
 a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: SDH 669S MODEL: AUDI

No of passengers
 (including driver)
 (2)

- b) DRIVER'S NAME: CONTACT: 94550228
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: MODEL:

No of passengers
 (including driver)
 ()

- b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

email = ICEbay0989@gmail.com
 VIDEO



Certificate of Insurance

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.: 23-MD001729-R10 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle YM5572T Chassis No.: FE83PEA01731
2. Name of Policyholder JURONG MARINE COLD STORAGE PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 01/01/2023
4. Date of Expiry of Insurance 31/12/2023
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

Insurance Plan:

Third Party Cover Only

Account: 2296DDA

Policy Excess:

Excess-Third Party (Sect II)

SGD 800

Tokio Marine Insurance Singapore Ltd.

Authorised Signature