

NATIONAL Assessment Centre Services

Date In: 24/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/TMS/19022616/13	SAS e-filing		
Veh No: GBD2833E	E-mail (w/elec. stat. AP: 2hrs)		
D.O.A: 23/12/19 1335	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Wahm. OE: 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: GBK78U	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

NA2000155	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) rT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-a INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1	Invoice date:	Fee Charged:	
Cat 2/3	Invoice date:	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 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 Report	24/12/2019 18:21
Date Of Accident	23/12/2019 13:35
Exact Location Of Accident	PIE TWDS TUAS AFT ENG NEO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD2833E
Insured/Policyholder	
Name Of Registered Owner	ORIENTAL HARDWARE & MARINE PTE LTD
Co Reg No	2XXXXX484Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93622944
Alternative Phone No	OFFICE-67959627
Vehicle Particulars	
Manufacturer	KIA
Model	K2500
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS009347
Cover Note Number	
Driver	
Name of Driver	TAN SENG POH
NRIC No	SXXXXX412G
Date Of Birth	29/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93622944
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 17 TUAS SOUTH STREET 5
Postcode 637646
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 2
Passenger 1 NAME: : KELVIN CHIN WOON KEE
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes,Please state which Police Station
Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given? NO
If Yes,against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191223/2161

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK78U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN SENG POH
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBD2833E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN:

PIE Towards Tuas After Eng Neo Exit



A = GBD2833E
B = SJS2694R
C = GBR78U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS TUAS AFTER ENG NEO EXIT. VEHICLE AHEAD SLOWED DOWN AND STOP. I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE. THERE WERE A TOTAL OF 3 VEHICLES INVOLVED IN THIS CHAIN COLLISION.

DECLARATION


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




Policyholder's Signature
Date & Time:



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

 24/12/19
Reporting Centre Personnel's Signature
Name:
NRIC / FIN No.:



SINGAPORE POLICE FORCE



T/20191223/2161

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20191223/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 21:04		Vide Report No.:		Station Diary No.: 65	
Informant's Particulars					
Name of Informant: TAN SENG POH			Address: APT BLK 675B YISHUN AVENUE 4 #05-764 SINGAPORE 762675		
ID Type / ID No.: NRIC NO / S6820412G			Contact No.: Home/Office: Mobile: 93622944		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 29/06/1968	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2019 13:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Tuas after Eng Neo Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBD2833E	Lorry				Slightly Damaged	1
GBK78U	Van				Slightly Damaged	0
SJS2694R	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191223/2161

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20191223/2161

CONTINUATION OF REPORT

Brief Details.

On 23/12/2019 at about 1335hrs, I was in a Kia Lorry (GBD 2833E) travelling along PIE towards Tuas on the way back to my company when I got into an accident after Eng Nio Exit.

The cars on the road were moving slowly as the traffic was heavy. I was suddenly rear ended by a Toyota Wish (SJS 2694R), who was rear ended by a Black Toyota Hiace van (GBK 78U). The impact of the accident was so hard that the Toyota Wish was wedged under my lorry.

On 23/12/2019 at about 1900hrs, I went to Public Medical Clinic & Surgery located at Blk 664 Yishun Avenue 4 #01-275 and received 3 days MC.



SINGAPORE
POLICE FORCE



T/20191223/2161

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20191223/2161

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:

L /

SC2 NUR HAKIM CHONG KAR HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/12/2019 21:04

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

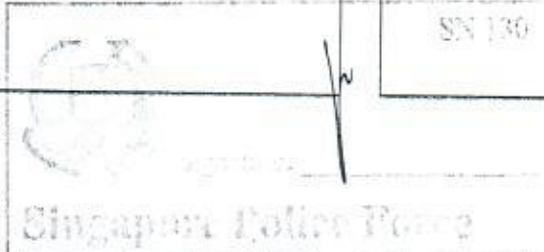
Contact No.: 65472077

Classification Of Case:

SN 130

Authentication Stamp


NP168



Accident Reporting Draft

VEHICLE NO: GBD2833E

MODEL: KIA K2500

DATE OF ACCIDENT	23/12/19		
TIME OF ACCIDENT	1335 HRS	HRS	AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS TUAS AFTER ENG NEO EXIT		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	ORIENTAL HARDWARE & MARINE PTE LTD		
CONTACT NO.	93622944, 67959627		
NRIC	200803484Z		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	TOKIO MARINE		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: TAN SENG POH		
NRIC	S6820412G	ANY PASSENGER: 1	
DATE OF BIRTH		Kelvin Chin Woon Kee (m)	
OCCUPATION	<u>OUTDOOR</u> / INDOOR		
DATE OF DRIVING PASS			
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	93622944, 67959627	OFFICE:	HOME:
ADDRESS	17 TUAS SOUTH STREET 5 S(637646)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF <u>YES</u> :		
CONTACT NO.			
POLICE REPORT	NO / IF <u>YES</u> :		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SJS2694R	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	GBK78U	ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

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.: MS009347 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBD2833E | Chassis No.: KNCSJX76LF7899962 |
| 2. Name of Policyholder | ORIENTAL HARDWARE & MARINE PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 22/08/2019 (00:00:00) | |
| 4. Date of Expiry of Insurance | 21/08/2020 | |
| 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:	Comprehensive Approved Workshop Plan	Account No: 2712DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 750.00 (Original Excess : SGD 750.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00 (All Claims)
	WindScreen Excess	SGD 100.00
Financial Interest:	NIL	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature