

NATIONAL Assessment Centre Services

Date In: 15/07/21	Job description	Date & Time Completed	Done by:
Ref No: NA/TM/21007658/13	SAS e-filing		
Veh No: GBD1165G	E-mail (within 2hrs, M-F 2hrs)		
D.O.A: 13/07/21 1050	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: SHC1653Z	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

NA2102471	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30)		
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) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful 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	15/07/2021 11:03 (SGT)
Date of Accident	13/07/2021 10:50 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	TWDS OLD TAMPINES RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1165G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E & D SERVICES
Company Reg No	5XXXX300J
Email Address	edsvcs@yahoo.com
Mobile Phone No	(Phone) +65-96744302
Alternative Phone No	+65-96744302

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS007072-R02
Cover Note Number	-

DRIVER

Name of Driver	CHUA KWEE YEW
NRIC No	SXXXX543I

Date Of Birth	19/10/1958
Occupation	Outdoor
Date Of Driving Pass	27/12/1997
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96744302
Alt. Phone Number	-
Email Address	edsvcs@yahoo.com
Address	BLK 526 WOODLANDS DR 14
Address complement	#05-467
Postcode	730526
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

PASSENGER 1

Name	CHOOI MUN HOU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: TT/20210713/7027

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	SHC1653Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW5261D
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	CHUA KWEE YEW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBD1165G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHOOI MUN HOU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBD1165G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Handwritten signature]

[Handwritten signature] 15/07/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

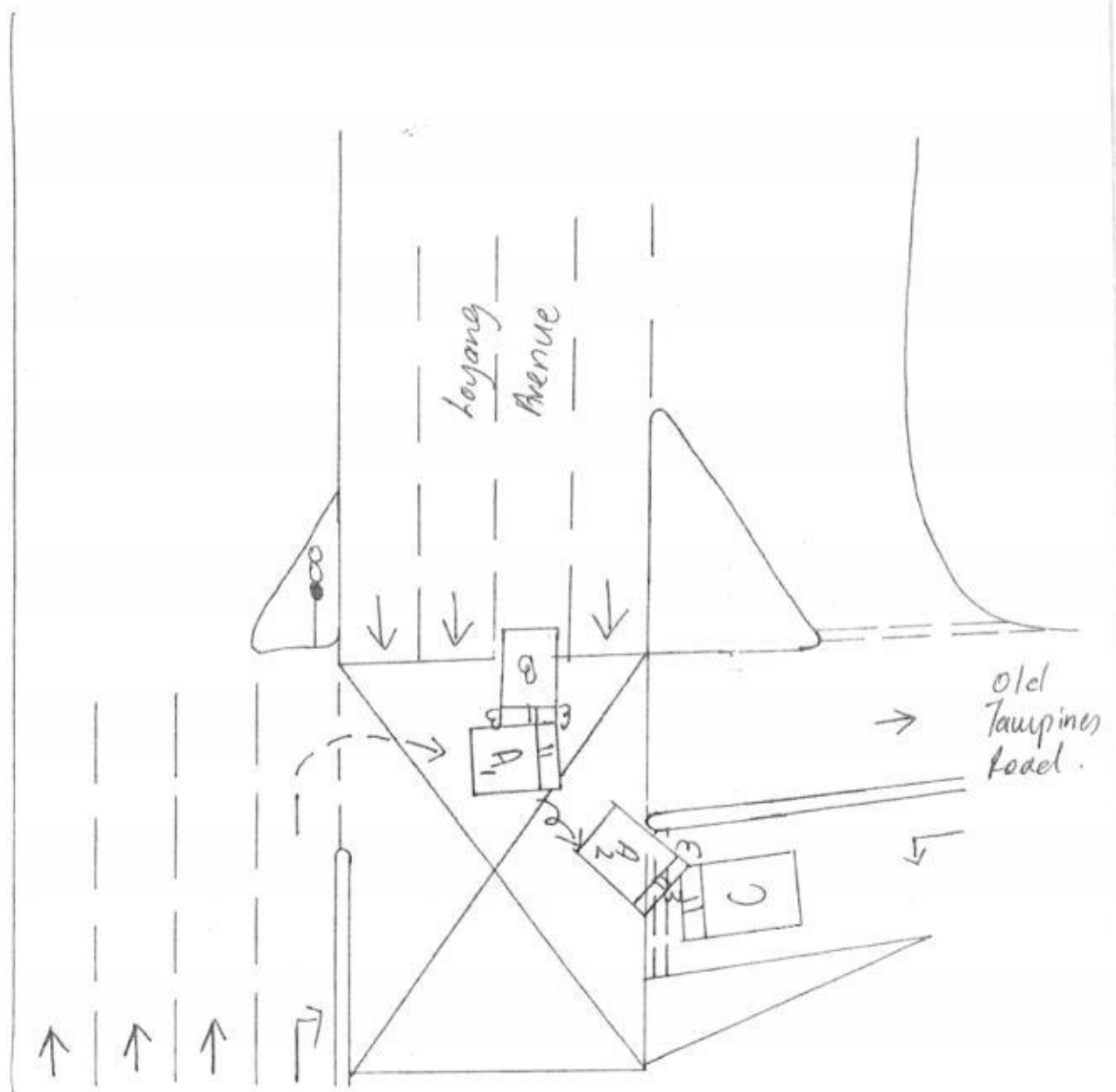
Refer to Attachment



A: GBD116SG

B: SHC16S3Z

C: SPW5261D



Describe Circumstances of the Accident

Refer to TP Report

T/2021/07/13/2027

Declaration

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

Witnessed by Reporting Centre Personnel
15/07/21



**SINGAPORE
POLICE FORCE**



T/20210713/7027

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210713/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 14:08		Vide Report No.: G/20210713/0077		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA KWEE YEW			Address: 526 WOODLANDS DRIVE 14 #05-467 SINGAPORE 730526		
ID Type / ID No.: NRIC NO / S1308543I			Contact No.: Home/Office: Mobile: 96744302		
Nationality: SINGAPORE CITIZEN			Email: EDSVCS@YAHOO.COM		
Sex: Male	Age: 62	Date of Birth: 19/10/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2021 10:45	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD1165G	Van					2
SHC1653Z	Car					0
SKW5261D	Car					0



**SINGAPORE
POLICE FORCE**



T/20210713/7027

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210713/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1165G	TOKIO MARINE INSURANCE SINGAPORE LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	CHOOI MUN HOU	ID No.	G8635656U	
Related Vehicle	GBD1165G (Van)	Contact No.	NIL	
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	13/07/2021	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Serious	
Driver				
Name	CHUA KWEE YEW	ID No.	S1308543I	
Related Vehicle	GBD1165G (Van)	Contact No.	96744302	
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	13/07/2021	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

I was travelling along Loyang Avenue. The traffic light was green in my favour, hence I proceed to make a right turn to Old Tampines Road. Before I can complete the turn, SHC1653Z without stopping behind the stop line, beat the red light and collided onto my vehicle front and side portion. The great impact make my vehicle swerved and hit onto SKW5261D who was stationary. Both passengers and I felt discomfort after the accident. So we went to consult the doctor and was given 3 days mc each.



**SINGAPORE
POLICE FORCE**



T/20210713/7027

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210713/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
13/07/2021 14:08

Classification Of Case:

Date of Accident : 13/07/2021 Accident Time: 10:50am (24-HR-FORMAT)
 Accident Place : Loyang Ave towards Old, Tampines Road
 Vehicle Reg. No (Car plate No.) : GBD1165G Vehicle Make/Model: Toyota Hiace
 Insurance Company : Tokyo Marine Policy No. 21-M5007072-R02
 Name of Registered Owner : Company / Individual E & O Services
 ID of Registered Owner : Co Reg No: 528173005 Owner's NRIC No: / F
 : Co Contact No: 96744302 Owner's Contact No: 96744302
 DRIVER'S Name : CHUA KWEE YEW DRIVER'S NRIC No: S1308543I
 DRIVER'S Date of Birth : 19-10-1958 DRIVER'S License Pass Date 27/12/1997
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 131K 526 Woodlands Dr 14 #05-467 S(730526)
 DRIVER'S Contact No./ Alt No. : 1) 96744302 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : EOSVCS@YAHOO.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 2 Name & Gender: CHOOI MUN HUN (M)
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) CHUA KWEE YEW, CHOOI MUN HUN

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHC1653Z (B)</u>	Vehicle Reg No: <u>SKW 5261D (C)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Tokio Marine Insurance Singapore Ltd

Company Reg. No. 192390014M (S.S.I. Reg. No. 143-000023-4)

20 MacArthur Street #09-01 Tokyo Marine Centre Singapore 069044

Tel: (65) 6277 8111 F: (65) 6221 4355 / 841 6224 0895 E: info@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP
FORM 10200

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 21-MS007072-R02 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle GBD1165G Circulate No.: JTPH102P300142001
2. Name of Policyholder E & D SERVICES
3. Effective date of the Commencement of Insurance for the purposes of the Act 20/06/2021
4. Date of Expiry of Insurance 19/06/2022

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 issued 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 Policyholder's 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 provisions 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 by the policyholder or the insurer, the policyholder must notify the insurer in writing within 7 days thereof or, if the Certificate has been issued by the insurer, the policyholder must notify the insurer in writing within 7 days thereof. 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
Limit for total loss or theft: Prevailing Market Value SGD 750
Policy Excess: Own Damage Claims SGD 100
Windscreen Excess

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Printed: 22/05/2021