

NATIONAL Assessment Centre Services

Date In: 11/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/IN2100848/13	SAS e-filing		
Veh No: QBE2075X	E-mail (within 5hrs. Aft. 2hrs)		
DOA: 10/08/21 1105	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: QBJ6397P	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

NA2103656

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
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) FT : 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:-		
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 \$0		

Invoice dated:

Invoice dated:

Fee Charged

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 Submission	11/08/2021 17:20 (SGT)
Date of Accident	10/08/2021 11:05 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2075X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JIA LIANG TRADING PTE LTD
Company Reg No	2XXXXX845M
Email Address	scotchhere123@gmail.com
Mobile Phone No	(Phone) +65-97395482
Alternative Phone No	+65-97395482

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	MR005363
Cover Note Number	-

DRIVER

Name of Driver	WANG YOUFU
Passport No/FIN	GXXXX042W

Date Of Birth	29/11/1977
Occupation	Outdoor
Date Of Driving Pass	31/05/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86601977
Alt. Phone Number	-
Email Address	scotchhere123@gmail.com
Address	BLK 233 LOR 8 TOA PAYOH
Address complement	#01-246
Postcode	310233
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBJ6397P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

SJQ1571D

Private car

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

GBK4006B

Commercial vehicle

INJURED PERSONS DETAILS

INJURED 1

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

WANG YOUFU

Male

(Phone) +65-86601977

SLIGHT

GBE2075X

Yes

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PAVIA LIBAR RO TOWARD PI E



A : GDE 2075X

B : GBJ 6397P

C : STG 1571D

D : GBK 4006B

Describe Circumstances of the Accident


I was stationary along Paya Lebar Road towards PIE due to red light signal. Suddenly, I felt a huge impact from the rear which caused my vehicle to hit onto the vehicle GBC 400613 in front. I got down and realised I was involved in a chain collision of 4 cars.


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

 11/08/21
Witnessed by Reporting Centre Personnel

Date of Accident

: 10/8/2021 Accident Time: 11:05 (24-HR-FORMAT)

Accident Place

: Paya Lebar Road towards PIE

Vehicle Reg. No (Car plate No.)

: GBE2075X Vehicle Make/Model: Toyota Dyna

Insurance Company

: TMI Policy No. MK005363

Name of Registered Owner

: Company / Individual Jia Liang Trading Pte Ltd

ID of Registered Owner

: Co Reg No: 200608845M Owner's NRIC No: /

: Co Contact No: 91395482 Owner's Contact No: /

DRIVER'S Name

: Wang You Fu DRIVER'S NRIC No: 96338042W

DRIVER'S Date of Birth

: 29/11/1977 DRIVER'S License Pass Date 31/5/2017

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address

: Blk 233 Lorong 8 Toa Payoh, #01-246

DRIVER'S Contact No./ Alt No.

: 1) 86601977 2) /

DRIVER'S Occupation

: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address

: scotchhere123@gmail.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): 1

Name & Gender: /

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) Wang You Fu

Other Party Driver's Particulars (if any)

Vehicle Reg No: SJQ1571D (C)

Vehicle Reg No: GBE4006B (D)

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

Vehicle Reg No: GBT6391P (B)

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.: MR005363 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle GBE2075X Chassis No.: JTFAT35YX0K204800
2. Name of Policyholder JIA LIANG TRADING PTE LTD
- Effective date of the Commencement of Insurance for the purposes of the Act 28/09/2020 (00:00:00)
4. Date of Expiry of Insurance 27/09/2021
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: 1942DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000.00 (Original Excess : SGD 1,000.00)
	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