

# NATIONAL Assessment Centre Services

Date In: 01/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/TM/21010178/13	SAS e-filing		
Veh No: GBD8772H	E-mail (within 2hrs. AP. 2hrs)		
D.O.A: 30/09/21 2110	i-Motor Claim Form		
OD: (P) 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: SJJ2906C	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

NA2104060	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30),		
	2) DA: Damage Assessment (\$100), INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) iT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
<b>Auditors' Comments :-</b>	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile \$30		
Cat. 1:	TP (N11): TP (Non INC) against INC	\$20	
Cat. 2/3:	Invoice dated	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 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	01/10/2021 18:00 (SGT)
Date of Accident	30/09/2021 21:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI)B4 PAYA LEBAR RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8772H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOLAR-DRIVEN ASIA(PTE)LTD
Company Reg No	2XXXX436R
Email Address	dmbkrico60@gmail.com
Mobile Phone No	(Phone) +65-66862838
Alternative Phone No	(Office) +65-66862838

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ000737
Cover Note Number	-

#### DRIVER

Name of Driver	WAN YEW CHUIN
Passport No/FIN	GXXX5194

Date Of Birth	26/07/1992
Occupation	Outdoor
Date Of Driving Pass	21/09/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-82980052
Alt. Phone Number	-
Email Address	dmbkrico60@gmail.com
Address	BLK 522 BEDOK NORTH AVE 1
Address complement	#07-318
Postcode	460522
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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)	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?	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: T/20211001/7000

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ2906C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	PUGALEINTHI ELAMARAN
NRIC No	TXXXX933F
Contact Number	(Phone) +65-96174647
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	WAN YEW CHUIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBD8772H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### WITNESS DETAILS

##### WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-89336353
Email	-

## 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 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

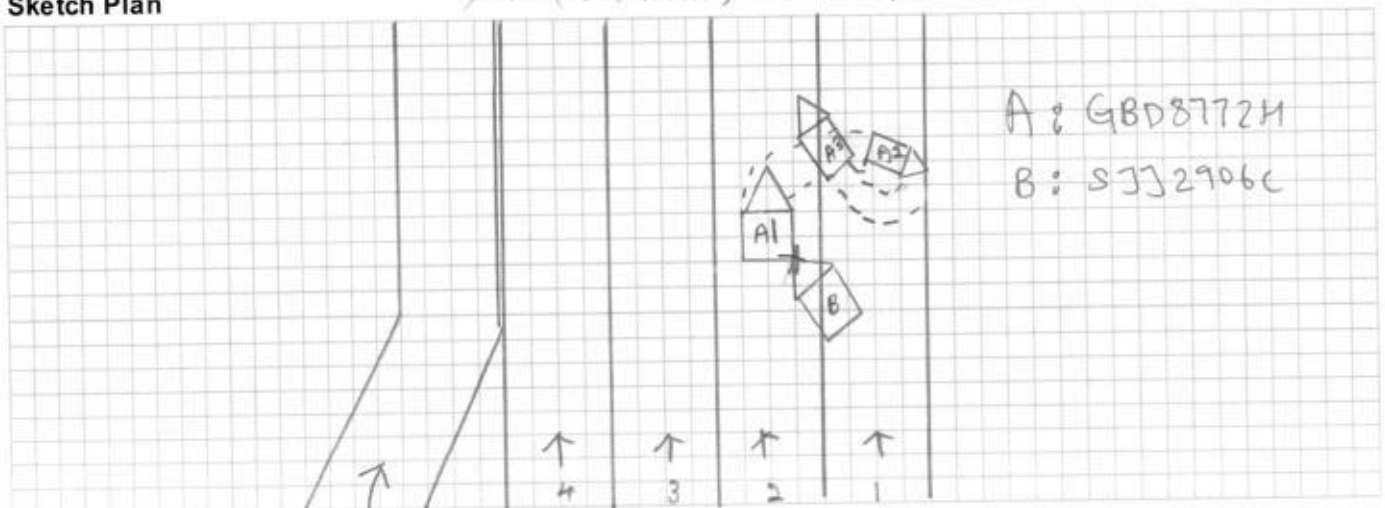
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

*Signature* 01/10/21

*PIE (CHANU) B4 PAYA LEBAR RD*

### Sketch Plan



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT  
7/20211001/7000

**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

Witnesed by Reporting Centre Personnel  
01/10/21





**SINGAPORE  
POLICE FORCE**



T/20211001/7000

1 of 4

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

Report No. T/20211001/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2021 02:00		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WAN YEW CHUIN			Address:		
ID Type / ID No.: FIN NO / G2205194L			Contact No.: Home/Office: Mobile: 82980052		
Nationality: MALAYSIAN			Email: WILSONWANWYC@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 26/07/1992	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: TECHNICIAN CUM DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/09/2021 21:10	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD8772H	Van	NISSAN	NV350	Silver	Seriously Damaged	0
SJJ2906C	Car	MITSUBISHI	LANCER EX	Grey	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211001/7000

2 of 4

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

Report No. T/20211001/7000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WAN YEW CHUIN	ID No.	G2205194L
Related Vehicle	GBD8772H (Van)	Contact No.	82980052
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/10/2021	Date	01/10/2021
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Driver</b>			
Name	PUGALEINTHI ELAMARAN	ID No.	T0126933F
Related Vehicle	SJJ2906C (Car)	Contact No.	96174647
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

AT THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING PLATE NO: GBD8772H WAS TRAVELING STRAIGHT IN MY LANE, ON LANE 2 ALONG PIE TOWARDS CHANGI BEFOFE PAYA LEBAR EXIT.

UNEXPECTEDLY, I FELT A POWERFUL IMPACT ON THE REAR RIGHT PORTION OF MY VEHICLE. AS A DIRECT CONSEQUENCE OF THE FORCE FROM THIS IMPACT, MY VEHICLE SWERVED TO THE RIGHT, IMPACTING THE CENTRE DIVIDER AND SPINNING AND FACING THE FRONT LEFT SIDE IN BETWEEN LANE'S 1 AND LANE 2.

I SLOWLY ALIGHTED MY VEHICLE, AND REALISED, VEHICLE B, BEARING CAR PLATE SJJ2906C WAS THE VEHICLE THAT IMPACTED ONTO ME.

I TALKED TO THE OTHER PARTY'S DRIVER, HE ADMITTED HE WAS THE PARTY AT FAULT AND APOLOGISED FOR CAUSING THE ACCIDENT.

I TOOK PHOTOS OF THE ACCIDENT SCENE. A KIND WITNESS THEN COME TO ME AND GAVE ME HIS CONTACT NO, HOWEVER HE DID NOT MENTION HIS NAME.

WITNESS NAME: UNKNOWN  
WITNESS CONTACT: 8933 6353





**SINGAPORE  
POLICE FORCE**



T/20211001/7000

3 of 4

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

Report No. T/20211001/7000

**CONTINUATION OF REPORT**

SHORTLY AFTER, THE LTA, EMAS, AMBULANCE AND TRAFFIC POLICE ARRIVED TO THE SCENE.

AFTER THE ACCIDENT, I WENT TO MOUNT ALVERNIA HOSPITAL TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC

I WOULD LIKE TO STATE AND SUBMIT FOR DOCUMENTARY PROOF, THE DOWNLOADED IN-CAR CAMERA RECORDING.

AT REASSEMBLY AREA AT ALJUNIED INDUSTRIAL ESTATE THE DRIVER (WITH PARENTS PRESENT) REAFFIRMED HIS ADMISSION FOR CAUSING THE ACCIDENT. HE REVEALED THAT HE HAD HIT THE CENTER DIVIDER AND LOST CONTROL, WHILST SWERVING TO THE LEFT, IMPACTING MY VEHICLE AT ITS RIGHT-REAR SECTION



**SINGAPORE  
POLICE FORCE**



T/20211001/7000

4 of 4

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

Report No. T/20211001/7000

**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 /  
ABDUL MUHAJMIN BIN HUSSAIN  
Contact No.: 65476090

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

Date/Time:  
01/10/2021 02:00

Classification Of Case:

Date of Accident : 30/09/2021 Accident Time: 21:10 HRS (24-HR-Format)  
Accident Place : PIE / CHANGI BEF PAYA LEBAR RD  
Vehicle No. (Car Plate No.) : GBD8772H Make/Model: NISSAN NV350  
Insurance Company : TOKIO MARINE Policy No: MQ 000737  
Owner or Company Name / IC No. : SOLAR-DRIVEN ASIA (PRIVATE) LTD. / 20121436R  
Owner or Company Contact No. : - Owner's Hp 6686 2838 Company Tel  
DRIVER'S Name / IC No. : WAN YEW CHUIN / G2205194L  
DRIVER'S Date Of Birth : 26/07/1992 DRIVER'S License Pass Date 21/09/2021  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 522 BEDOK NORTH AVE 1 #07-318 (S) 460522  
DRIVER'S Contact No./ Alt No. : 1) 8298 0052 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : PMBKRIC060@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): 01  
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 Injury (If YES, Pls state): DRIVER

Other Party Driver's Particular (if any)

Vehicle No: 5J52906C Vehicle No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_ IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

# 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: tmsis@tokiomarine.com.sg W: www.tokiomarine.com



**TOKIO MARINE**  
INSURANCE GROUP

A member of the  
Tokio Marine 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.:** MQ000737 (Commercial Vehicle)

- |   |   |                                       |
|---|---|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | GBD8772H  | <b>Chassis No.:</b> JN1MC2E26Z0032067 |
| <b>2. Name of Policyholder</b>  | SOLAR-DRIVEN ASIA (PTE) LTD   |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 06/04/2021 (00:00:00)   |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 05/04/2022  |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                              | 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: 2423DDA
Insurance Plan:	Comprehensive Approved Workshop Plan			
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:	UNITED OVERSEAS BANK LIMITED			

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature