

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 20/12/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/TMI21012834/13 | SAS e-filing | | |
| Veh No: GBC 8941X | E-mail (within 2hrs. A/C 2hrs) | | |
| D.O.A. 17/12/21 1700 | 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: 5J4208 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA2104724 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) 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 (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | 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 | 20/12/2021 15:10 (SGT) |
| Date of Accident | 17/12/2021 17:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | OUTSIDE 9B & 9C LOK YANG WAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBG8941X |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | OPE ENTERPRISE |
| Company Reg No | 5XXXX523K |
| Email Address | pohtseping@gmail.com |
| Mobile Phone No | (Phone) +65-97475548 |
| Alternative Phone No | +65-97475548 |

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 | 21-MS011781-R02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | POH TSE PING |
| NRIC No | SXXXX399D |

| | |
|--|------------------------|
| Date Of Birth | 09/09/1962 |
| Occupation | Outdoor |
| Date Of Driving Pass | 16/07/1980 |
| Driving experience | 41 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97475548 |
| Alt. Phone Number | - |
| Email Address | pohtseping@gmail.com |
| Address | BLK 775 YISHUN RING RD |
| Address complement | #04-3604 |
| Postcode | 760775 |
| 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 | 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 |

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? | 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 | SJV30D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | UNKNOWN |
| Contact Number | (Phone) +65-97542755 |
| 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.
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

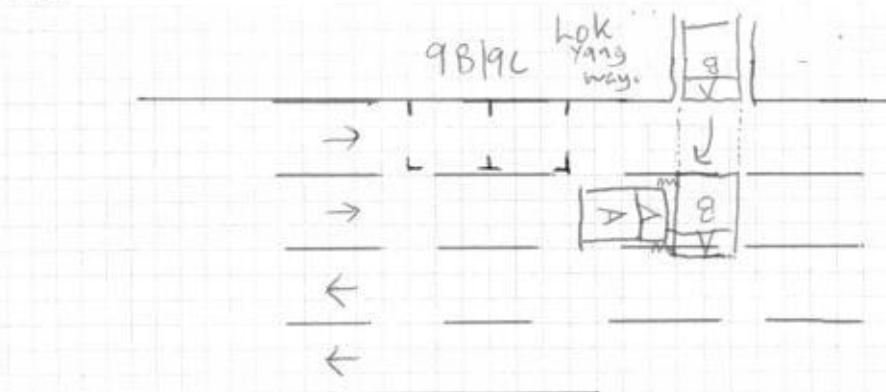
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - G868941X
B - SJV 30 D

Describe Circumstances of the Accident

As per above date and time, I was driving my vehicle GBG 8941X along Lok Yang way towards Sixth Lok Yang way. Somewhere around GB19C Lok Yang way entrance, I was travelling straight and Veh(B) on my left coming out from GB19C Lok Yang way made a right turn without checking oncoming vehicle. As a result, my vehicle front portion collided onto Veh(B) right portion. We exchange particulars and left the scene.

Veh A - GBG 8941X

Veh B - SJV30D

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



Witnessed by Reporting Centre Personnel

| | | | | |
|--|--|----------------------|-------------|---------------|
| VEHICLE NO: | G868941X | MAKE & MODEL: | Toyota Dyna | AUTO / MANUAL |
| DATE OF ACCIDENT: | 17/12/21 | CC: | | |
| TIME OF ACCIDENT: | 1700 HRS | | | |
| LOCATION OF ACCIDENT: | outside 9B19C Lok Yang Way | | | |
| EXACT PURPOSE USE DURING ACCIDENT: | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | | | |
| NAME OF OWNER: | OPE Enterprise | | | |
| TEL NO: | H/P: 97475548 | OFFICE: | | HOME: |
| NRIC: | 53224523K | | | |
| ADDRESS: | 173 Yishun Ave 7, #09-817 S(760173) | | | |
| EMAIL: | Poh Tee ping@gmail.com | | | |
| CLAIM TYPE: | OD / THIRD PARTY / REPORTING ONLY | | | |
| FLEET POLICY: | YES / NO? | | | |
| INSURANCE COMPANY: | Tokio Marine | | | |
| TYPE OF COVERAGE: | Comprehensive / Third Party / Third Party Fire & Theft | | | |
| POLICY NO: | 21-m8011781-202 | | | |
| NAME OF DRIVER: | AS ABOVE / IF NO: Poh Tee ping | | | |
| NRIC: | S1553399D | ANY PASSENGER: | N.A. | |
| DATE OF BIRTH: | 09/09/1962 | LICENCE PASSED DATE: | 16/07/1980 | |
| OCCUPATION: | OUTDOOR / INDOOR | | | |
| GENDER: | MALE / FEMALE | | | |
| CONTACT NO: | H/P: 97475548 | OFFICE: | | HOME: |
| ADDRESS: | 775 Yishun Ring Road #04-3604 S(760775) | | | |
| EMAIL: | As above | | | |
| DOES DRIVER OWNED ANY VEHICLE: | NO / IF YES, REG NO: | INSURER: | | |
| RELATIONSHIP: | Owner | | | |
| WEATHER CONDITION: | CLEAR / RAINING / OTHERS: | | | |
| ROAD SURFACE: | DRY / WET / OTHER: | | | |
| ANY INJURIES: | NO / IF YES, WHO? | | | |
| NAME & CONTACT: | | | | |
| NAME & CONTACT: | | | | |
| POLICE REPORT: | NO / IF YES, WHERE? | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? | | | |
| VEHICLE B REG NO: | SJV 30D | ANY PASSENGERS: | N.A. | |
| NAME OF DRIVER: | unknown | CONTACT NO: | 9754 2755 | |
| VEHICLE C REG NO: | | ANY PASSENGERS: | | |
| VEHICLE D REG NO: | | ANY PASSENGERS: | | |
| VEHICLE E REG NO: | | ANY PASSENGERS: | | |
| VEHICLE F REG NO: | | ANY PASSENGERS: | | |
| VEHICLE G REG NO: | | ANY PASSENGERS: | | |
| ANY WITNESS? IF YES, NAME: | | WITNESS CONTACT: | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | | | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | | | |
| ACCIDENT SCENE PHOTOS TAKEN? | YES / NO | | | |
| ACCIDENT PORTION: | Front portion | | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | | YES / NO | | |
| WORKSHOP PARTICULAR: | N-TI Automotive Pte Ltd | | | |
| CONTACT NO: | 68420051 / 67440510 | | | |
| CONTACT PERSON: | Jim Mlg. | | | |
| FAX NO: | 67410510 | | | |
| WORKSHOP EMAIL: | sales@n51.com.sg | | | |


**TOKIO MARINE
INSURANCE GROUP**

FORM MZ300

A member of the
Tokio Marine Group

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.: 21-MS011781-R02 (Comm Vehicle Carry Own Goods)

- | | | |
|---|---|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBG8941X | Chassis No.: JTFAT35YX0K209365 |
| 2. Name of Policyholder | OPE ENTERPRISE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/11/2021 | |
| 4. Date of Expiry of Insurance | 26/11/2022 | |
| 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 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: 3039DDA

| | | |
|---------------------------------------|--|---------|
| Insurance Plan: | Comprehensive Approved Workshop Plan | |
| Limit for total loss or theft: | Prevailing Market Value | |
| Policy Excess: | Own Damage Claims | SGD 750 |
| | Windscreen Excess | SGD 100 |
| Financial Interest: | MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE | |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature