

NATIONAL Assessment Centre Services

Date In: 24/02/22	Job description	Date & Time Completed	Done by
Ref No: NM/SMI22001793/A13	SAS e-filing		
Veh No: GBJ8368K	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/03/22 1620	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:	Veh No: XE40990	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
	MOBILE REPORTING

NA2200518

NA2200519

(MOBILE REPORTING)

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	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) 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:-			
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	\$10		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments :-	
Cat. 1:	
Cat. 2 / 3:	



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	24/02/2022 16:26 (SGT)
Date of Accident	23/02/2022 16:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8368K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VODA POOL PTE LTD
Company Reg No	2XXXXX883H
Email Address	admin@vodapool.com.sg
Mobile Phone No	(Phone) +65-92200027
Alternative Phone No	+65-92200027

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	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ003244
Cover Note Number	-

DRIVER

Name of Driver	TAN CHUAN HOE
NRIC No	SXXXX590B



Date Of Birth	25/01/1966
Occupation	Outdoor
Date Of Driving Pass	09/11/1984
Driving experience	37 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91067616
Alt. Phone Number	-
Email Address	admin@vodapool.com.sg
Address	BLK 676A JURONG WEST ST 64
Address complement	#12-251
Postcode	641676
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	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)	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/20220224/7005

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	XE4099D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	XD8589K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	TAN CHUAN HOE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBJ8368K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 24/02/22

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) - GBJ83681C
(B) - XE4099D
(C) - XD8589K



Describe Circumstances of the Accident

- Refer to police report attached -
Report No. T/20220224/7005

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Declaration

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



Policyholder's Signature * Date & Time

[Signature]

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

[Signature] 24/02/22

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220224/7005

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

1 of 3
Report No. T/20220224/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2022 11:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHUAN HOE			Address: 676A JURONG WEST STREET 64 #12-251 SINGAPORE 641676		
ID Type / ID No.: NRIC NO / S1768590B			Contact No.: Home/Office: Mobile: 91067616		
Nationality: SINGAPORE CITIZEN			Email: ADMIN@VODAPOOL.COM.SG		
Sex: Male	Age: 56	Date of Birth: 25/01/1966	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: OPERATIONS MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2022 16:20	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ8368K	Van					0
XD8589K	Lorry					0
XE4099D	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20220224/7005

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

2 of 3

Report No. T/20220224/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHUAN HOE	ID No.	S1768590B
Related Vehicle	GBJ8368K (Van)	Contact No.	91067616
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/02/2022	Date	23/02/2022
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On the stated date and time, along PIE(Tuas). I was driving my Vehicle GBJ8368K on the Lane 2 of the above mentioned expressway before Jurong Town Hall Exit. When my front vehicles slowed down and stopped due to heavy traffic, hence i followed suit. Suddenly a Vehicle XE4099D hit me from the rear and the impact pushed my vehicle forward to hit into Vehicle XD8589K in front of me, It was a chain collision of 3 cars in total.



**SINGAPORE
POLICE FORCE**



T/20220224/7005

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

3 of 3

Report No. T/20220224/7005

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
24/02/2022 11:46

Classification Of Case:

MOBILE REPORTING

VEHICLE NO: GBJ8368K

MAKE & MODEL: Toyota Hiace

AUTO / MANUAL

DATE OF ACCIDENT	23.02.2022	CC. 2.306
TIME OF ACCIDENT	4.20 AM / PM	
LOCATION OF ACCIDENT		
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	Voda Pool Pte. Ltd.	
EMAIL: admin@vodapool.com.sg	Office:	MOBILE: 9220 0027
NRIC	201434883H	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO?	
INSURANCE CO.	Tokio Marine	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	MQ003244	
NAME OF DRIVER	AS ABOVE / IF NO: Tan Chuan Hoe	
NRIC	S17665908	
DATE OF BIRTH	25.10.1966	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	09.11.1984	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO.	Mobile: 9106 7616 Office: Home:	
EMAIL:		
ADDRESS	Blk 676A Jurong West SP. 64 #12-251 S(641676)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No. INSURER:	
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:	
ANY INJURIES	No / If yes, Who? Tan Chuan Hoe	
CONTACT NO.	9106 7616	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	XE 4099D	Any Passenger: unknown
NAME		
CONTACT NO.		
VEHICLE C NO.	XD8589K	Any Passenger: unknown
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> 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: tms@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.: MQ003244 (Commercial Vehicle)

- | | | |
|--|---|----------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBJ8368K | Chassis No.: GDH2011016810 |
| 2. Name of Policyholder | VODA POOL PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/08/2021 (00:00:00) | |
| 4. Date of Expiry of Insurance | 29/08/2022 | |
| 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 No: 0774DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 2,500.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	THIAM HENG AUTO (S) PTE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature