

NATIONAL Assessment Centre Services SUCP231000E

Date In: 21/03/2022 18:21	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X/BA/TM1220025951	E-mail (within 2hrs):		
Veh No: GRH 1744P	i-Motor Claim Form		
DD: 20/03/2022 11:30	i-Motor W/O (Within 1st 2hrs, 1st 4hrs)		
QD: TP Reporting Only	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: WA 4980B	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

<p>NA2200753</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat. 1:</p> <p>Cat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2013)</td> </tr> <tr> <td>6) TR: Re-inspection \$15</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services-</td> <td></td> <td></td> </tr> <tr> <td> Q1:</td> <td></td> <td></td> </tr> <tr> <td> * N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td> * N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td> * N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td> * N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td> * N11: TP (N on INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile \$30</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </tbody> </table>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100); INC (\$30)			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 2013)			6) TR: Re-inspection \$15			7) N1: Idac DA + SMRT Survey \$160			8) NTUC Additional Services-			Q1:			* N5: Courtesy Car / Tpt Allowance \$5			* N6: Repair Co-ordination \$10			* N7: Post Repair Inspection \$25			* N8: DV / Collect Excess Coordination \$5			* N11: TP (N on INC) against INC \$20			9) N12: Idac Mobile \$30			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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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	21/03/2022 18:21 (SGT)
Date of Accident	20/03/2022 11:30 (SGT)
Exact Location of Accident	Punggol Flyover, Singapore
Additional Location Information	TOWARDS TPE (CTE/SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1744P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E S ENGINEERING
Company Reg No	5XXXX977X
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-91007823
Alternative Phone No	+65-91007823

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	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP000181
Cover Note Number	-

DRIVER

Name of Driver	LIM ENG SEW
NRIC No	SXXXX413B

Date Of Birth	27/05/1963
Occupation	Outdoor
Date Of Driving Pass	29/09/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91007823
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	BLK 117 YISHUN RING ROAD #04-613
Address complement	-
Postcode	760117
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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

PLEASE REFER TO SKETCH PLAN

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	WA4986B
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)

-
-
-
-
-

SKETCH PLAN

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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.

ES ENGINEERING

7030 Ang Mo Kio Ave 5

#05-01 @ NorthStar

Singapore 569890

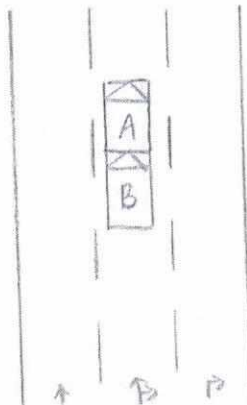
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ringgit Flyover towards
TPE (TE/SLE)



Vehicle A: G5H744P

Vehicle B: WA4986B

Describe Circumstances of the Accident

on the stated date & time, I, vehicle A (6BHA744D) was stationary at the stated location on Lane 2, AS the traffic light was still in red. Out of sudden, I felt an impact from the rear portion of my vehicle. I alighted and realised vehicle B (WA4986B) collided onto the rear portion of my vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.

E S ENGINEERING
7030 Ang Mo Kio Ave 5
#05-01 @ NorthStar
Singapore 569880
Tel: 6757 0800

hi

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

21/03/2022

Date of Accident : 20/03/2022 Accident Time: 1130hrs (24-HR-FORMAT)
 Accident Place : Punggol Flyover towards TPE (CTE / SLE)
 Vehicle Reg. No (Car plate No.) : G1BH1744P Vehicle Make/Model: Toyota Hiace
 Insurance Company : Tokio Marine Policy No. MP000181
 Name of Registered Owner : Company / Individual E S Engineering
 ID of Registered Owner : Co Reg No: 52993977X Owner's NRIC No: -
 : Co Contact No: - Owner's Contact No: 91007823
 DRIVER'S Name : Lim Eng Sen DRIVER'S NRIC No: S2706413B
 DRIVER'S Date of Birth : 27 May 1963 DRIVER'S License Pass Date 29 Sep 2001
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others owner
 DRIVER'S Address : APT Blk 117 Yishun Ring Road #04-613 S (760117)
 DRIVER'S Contact No./ Alt No. : 1) 91007823 2) -
 DRIVER'S Occupation : ~~INDOOR~~ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : kaseng - 353 @ hotmail. 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 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: -
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>WA 4986B</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
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.: 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.: MP000181 (Commercial Vehicle)

- | | | |
|--|---|----------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBH1744P | Chassis No.: KDH2015028985 |
| 2. Name of Policyholder | E S ENGINEERING | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 09/02/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 08/02/2023 | |
| 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: 1914DDA
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:	NIL		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature