

NATIONAL Assessment Centre Services

Date In: 10/05/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/1m722004330/13	E-mail (within 3hrs. A/C 2hrs)		
Veh No: XD5970L	i-Motor Claim Form		
D.O.A: 09/05/22 0900	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: 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: FBR6038J	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

NA2201241	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	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: 1dac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: 1dac Mobile \$30		
Driver/Owner:	QC Checked by (Engr-In-Charge):		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Contact No:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	Invoice dated	Fee Charged	
Damaged Portion:	Invoice dated	Fee Charged	
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	10/05/2022 16:03 (SGT)
Date of Accident	09/05/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS VIADUCT TWDS TUAS SOUTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5970L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANG TONG SENG CONSTRUCTION PTE LTD
Company Reg No	2XXXXX362N
Email Address	aang@angtongseng.com
Mobile Phone No	(Phone) +65-91052022
Alternative Phone No	+65-91052022

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MJ000900-R03
Cover Note Number	-

DRIVER

Name of Driver	NG AH CHONG
NRIC No	SXXXX289J

Date Of Birth	17/08/1963
Occupation	Outdoor
Date Of Driving Pass	04/12/1989
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97317114
Alt. Phone Number	-
Email Address	aang@angtongseng.com
Address	BLK 783 YISHUN RING RD
Address complement	#07-3522
Postcode	760783
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220509/2115

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR6038J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBR6038J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

10/5/22

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

10/05/22

Witnessed by Reporting Centre Personnel

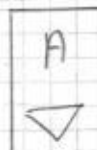
Sketch Plan

A = XD 5970L

B = FBR 6038J

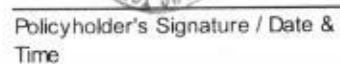
Tuas viaduct towards

Tuas South Ave 3.



— Please refer to the police report : T/20220509/2115. —

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220509/2115

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20220509/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2022 20:10	Vide Report No.: J/20220509/0053	Station Diary No.: 96
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Informant's Particulars

Name of Informant: NG AH CHONG			Address: APT BLK 783 YISHUN RING ROAD #07-3522 SINGAPORE 760783	
ID Type / ID No.: NRIC NO / S1575289J			Contact No.: Home/Office: Mobile: 97317114	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 17/08/1963	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TIPPER TRUCK DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

General Information				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/05/2022 09:00	Type of Location: TUAS VIADUCT
Location: TUAS SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR6038J	Motorcycle	YAMAHA	MT15 MANUAL	White	Slightly Damaged	0
XD5970L	Lorry	MITSUBISHI	FV51JJD4R DEA	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220509/2115

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20220509/2115

CONTINUATION OF REPORT

Driver			
Name	NG AH CHONG	ID No.	S1575289J
Related Vehicle	XD5970L (Lorry)	Contact No.	97317114
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09.05.2022 at about 0900hrs, I was driving a tipper truck bearing vehicle license plate XD5970L along Tuas viaduct towards Tuas South Ave 3 when I heard a loud sound and saw my rear-view mirror and saw a motorcyclist bearing vehicle license plate FBR6038J collided into the concrete barrier.

I immediately applied emergency brakes and alighted my vehicle at V156F to check if the motorcyclist is alright. I then asked other passerby to call for ambulance.

Shortly after, Ambulance arrived and conveyed the rider. Police then arrived and took my SD card and advised me to lodge a Traffic Accident Report.



**SINGAPORE
POLICE FORCE**



T/20220509/2115

3 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20220509/2115

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /

SGT 2 LIM JING KAI, DARYL
JEROME

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Signature Of Informant:

Date/Time:
09/05/2022 20:10

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 05 / 2022) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Tuas viaduct towards Tuas South Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 5970L
b) INSURANCE COMPANY: Tmi
c) POLICY NUMBER: 21-MJ000900-R03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi FV51JJD4RDEA AUTO / MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: employment
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ang Tong Seng Construction Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201800362N CONTACT: 9105 2022
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Ah Chong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1575289J CONTACT: 9731 7114
c) ADDRESS: Blk 783 Yishun Ring Road #07-3522 (S) 760783

*d) DATE OF BIRTH: (17 / 08 / 1963) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR) (class 4) / (class 5)
f) YEARS OF DRIVING EXPERIENCE: 04/12/1989 / (9/2/1990)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Sembawang N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBR 6038J MODEL: Yamaha (motorcycle)
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = aang@angtongseng.com

Fax = _____

VIDEO = Yes (with the police traffic)

TOKIO MARINE
INSURANCE GROUP

FORM MZ300

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-MJ000900-R03 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle: XD5970L Chassis No.: 1V51JJA00888
2. Name of Policyholder: ANG TONG SENG CONSTRUCTION PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act: 08/08/2021
4. Date of Expiry of Insurance: 07/08/2022
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: 04651DDB

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Excess - All Claims	SGD 2,000	
	Windscreen Excess	SGD 200	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature