NATIONAL Assessment Centre	Services :	sel i Japinj			
Date In: 27/05/22	Job description		Date & Time Completed	Done	ž
Res No Nation 2200 5001/13	SAS e-filing				
Veh No 500 88320	E-mail (within 8)	irs, AIC 2hrs;			
DOA 26/05/22 0830	i-Motor Clain	ı Form			
	-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		r i n en france
OD (TP) Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:	GBK13.99	/ INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Times)	
Insured/Driver Liability: (%) [N	lote-Est. Status (W	- Contract	0%; P: 21-79%. F: \$0-1	60%]	
Year of Registration: () W	/arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()			
General Remarks:-			Telephone Contract		
 QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30 	()	0			
Injury:					
Date/Time Actions					
NA030149	7	Invoice Pro	eparation Checklist	Ant (\$) 1st Bill	Amt (\$ Add Bi
laimant's Particulars :-		1) AR : Accider	nt Reporting (\$30); e Assessment (\$100); INC (\$	80)	
Priver/Owner:		3) TF : Towing	Fee S4	0/\$45 \$120	
		5) FT : Follow-	Through Survey Through Survey (Resurvey)	\$30	
Contact No:		For claiming 6) TR : Re-insp	egainst INC Only (wef 10 Jan 200 ection	\$75	
Pamaged Portion:	*	7) N1 : Idac DA	A + SMRT Survey	\$160	
OC Checked by (Engr-In-Charge):		*N5: Courte	sy Car / Tpt Allowance Co-ordination	\$5 \$10:	
Validated Community		*N7: Post Re	pair Inspection	\$25	
Auditors' Comments :-		TP (N11): 7	offeet Excess Coordination TP (Non INC) against INC	\$5 \$20	
		9) N12: Idae N		30	A Control
at 2/3;		Invoice dated	Fee Charges	MUNICIPAL PRINT	The second second second

SN09225R0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/05/2022 08:57 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (27/05/2022 08:57 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.

- 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 27/05/2022 08:57 (SGT) 26/05/2022 08:30 (SGT) Date of Accident Exact Location of Accident Haig Rd, Singapore Additional Location Information Country/State of Loss

Singapore

Honda

No - Claiming third party

DETAILS OF OWN VEHICLE

SMT8832D Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YONG SHENG JUN JOEL NRIC No SXXXX042I joelyang83@hotmail.com Email Address (Phone) +65-96174018 Mobile Phone No +65-96174018 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Freed Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Private car Auto Transmission 1496 CC

INSURANCE COMPANY

Tokio Marine Insurance Singapore Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No 21-MR004120-R01 Policy Number

Cover Note Number

DRIVER

YONG SHENG JUN JOEL Name of Driver NRIC No SXXXX042I



13/05/1983 Date Of Birth Indoor Occupation 06/08/2003 Date Of Driving Pass 18 YEARS AND 9 MONTHS Driving experience Gender (Phone) +65-96174018 Mobile Number +65-96174018 Alt. Phone Number joelyang83@hotmail.com Email Address BLK 83B CIRCUIT RD Address #15-24 Address complement 372083 Postcode Yes Is the driver the policyholder? If No. Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident 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) 3 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 YONG HOCK LUM Name Male Gender PASSENGER 2 CHEE KHENG FONG Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? 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 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK1399L
Vehicle Manufacturer -



Vehicle Model	2
Vehicle Variant	52
Vehicle Colour	4
Vehicle Category	Commercial vehicle
Name of Driver	TAY SUN HIANG
NRIC No	SXXXX304B
Contact Number	
Address	
Address complement	2
Postcode	
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	::-
No. Of Passenger (Including Driver)	38

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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' law yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date 8

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

Witnessed by Reporting Centr

Personnel

Sketch Plan

A-SMT88320 B-GBK1399L

HAIG ROAD

ked to drop my parents at the market as they were elderly at 8.30-8.
bed to drop my parellis at the market as new some emotion in 222
-ked behind the lorry GBK 1399 L. Just as my parents were about to
ght, they called for me to press the horn. I pressed but it was too
te and the lorgy reversed into me. She came down, looked at the dam
I me that it was a small issure and wanted to leave I called her back and
per tried to private settle by offering \$20 I disposed and told her
ver tried to private settle by offering \$20.1 disagged and told her domain is at least \$300. She offered to pay \$50.1 disagged them she
it on let and the a recognited to con let her velocity with intentions
kare I stopped her to get her NRIC and vehicle with intention
lett
· · · · · · · · · · · · · · · · · · ·

Declaration

Time

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

26/05/22 Policyholder's Signature / Date &

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

Sym 57105/12

Witnessed by Reporting Centre Personnel

26/05/22 ... C/ & DIBEO

ACCIDENT STATEMENT

LOCATION: Hais Barroad	MM/YYYY), TIME: (08 : 30) (HH:MM
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SMT 8832 D	,
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
b) INSURANCE COMPANY: To Kin' M	lactor
C)POLICY NUMBER: MR 084123	18
d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT
e)MAKE & MODEL: Handa Fr	red 2019
FITYPE: (SALDON / COUPE / KIRY A/A	AUTO / MANUAL
g) VEHICLE CATEGORY: (PRIVATE / CO	N/LORRY/MOTORCYCLE/OTHERS)
h) PURPOSE OF USING AT ACCIDENT	DMMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR C	DWALKER THE PROPERTY OF MANGET
IF NO, PLEASE STATE (THIRD PARTY C	A THE DEPORTING
2. INSURED / POLICY HOLDER	DAINLY REPORTING ONLY)
Alname: Yong Shing Jun Ju	ري د د د د د د د د د د د د د د د د د د د
b) NRIC/FIN/PASSPORT: S&3/4042	[MALE / FEMALE)
7.50	#15-24 S372083
Cream pool	#13-21 35+Z903
* CONTINUE TO 3.d IF DRIVER ALSO PO	OHOVILOIDED
TO T DESSENAR DRIVER	OLICY HOLDER
(Including driver) alNAME: As NOWL.	(644) = 4 = 141
(3) b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	·
ng Hock Lum	
*d)DATE OF BIRTH: 1/3 / 05/ 198	53)(DD/MM/YYYY) .
EJOCCUPATION: INDOOR / OUTDOO	DR)
f)YEARS OF DRIVING EXPRERIENCE:	06/08/2003 .
ALL THEY WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
1. NO, RELATIONSHIP OF THE DRTV	FR WITH INSUPER GOVALER
5. DIWEATHER CONDITION: (CLEAR ARAI	INING / OTHERS
b)ROAD SURFACE: (DRY) WET / OTHER	RS
6. WAS ANYBODY INJURED (YES / NO)	11 m
7. a) REPORTED TO POLICE (YES (NO)	
IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE	STATION:
No of pussinger a) VEHICLE NUMBER: GBK /39	9/
Including driver) b) DRIVER'S NAME: TAY SUN	TVIODEL.
() NRIC/FIN/PASSPORT: S/3/3304	
9. THIRD PARTY VEHICLE	LBCONTACT:
The state of the s	MODEL:
f) NRIC/FIN/PASSPORT:	CONTACT:

email = Joelyang 83 @ Lotmail.com

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

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-MR004120-R01 (Private Motor Car)

1. Index Mark and Registration Number

SMT8832D

Chassis No.: GB71100534

of Vehicle

2. Name of Policyholder

YONG SHENG JUN JOEL

3. Effective date of the Commencement of Insurance for the purposes of the Act

22/07/2021

4. Date of Expiry of Insurance

21/07/2022

5. Persons or Class of Persons entitled to drive*

The Policyholder

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*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled
- 3) Use for the carriage of passengers for hire or reward by any person except for private hire services
- 4) Use for hire or reward except for (3) and rental by the Policyholder.
- * 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).

SGD 100

Account: 3140DDA ADDITIONAL INFORMATION Comprehensive Approved Workshop Plan

Insurance Plan:

Prevailing Market Value

Limit for total loss or theft: Policy Excess:

Own Damage Claims Excess-Third Party (Sect II) SGD 1,500 SGD 1,500 Young/Inexperienced Driver

(In Addition To Own Damage Claims Excess)

Windscreen Excess Financial Interest:

HONG LEONG FINANCE LTD

Printed 01/07/2021 User Name: TMIS Direct from TM Onli