|  |   |   |                             | ***  |
|--|---|---|-----------------------------|--|
| MIJONAL Appessment Centre.   | Vervices:                                     | Jan 108) 180922.  | Comp                        |  |
| Date In: 1208/202 17:41  | Job description .                             | Date & Time Co  | ompleted (                  | Done by                                    |
| Rei No: NBA TMI 200 76941  | SAS e-filing                                  | -   | 6                           |  |
| Veh No: (1815 4329.5)  | E-mail (within shis, A                        | (C 2hrs)  |                             | 34   |
| D.O.A: 28 07 2022 12'35  | I-Motor Claim Fo                              |   |                             | -  |
|  | I-Motor TY/O (VIII                            |   |                             |  |
| OD (TP)/ Reporting Only .  | i-Photo Uploaded                              |   | - 1                         |  |
| TO Linux   | Assessment/Survey                             |   |                             |  |
| TP Insurer:  |   | x/Hand to Owner/Wksp  |                             |  |
| Preferred Wksp/INC Assign Wksp/QW: (                                     | ·   | Tel:  | Fax:                        | )  |
| TP Panticulars: Yeh No:  | 95 9471E                                      | NC( , )/Non-TNC   | ( )                         | ,  |
| Owner / Driver: (  |   | . Tel:  |                             | )  |
| Policy No: ( · · ) Peri  | og: ( .                                       | ) Cover Type: (   | 11                          |  |
| Confirmed by : (   |   | atei . Time   |                             |  |
|  |   | : N:0-20%; P:21-79%   | 6: ·F:, 80-100%             |  |
| 1 1000 01100000000000000000000000000000                                  |   | \NO(,)  |                             | •  |
| Excess: (\$ ) · Loading: \$1,00  | 00 ( ) / \$2,000 (                            | )   |                             | 13. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. |
| General Remarks  ( ) Walk-In Customer : Customer's Infor                 | mation strictly Confid                        | ential & Strictly NO refer                                  | of repairer.                |  |
| ( ) Total Loss Case : to e-mail Insure                                   | HEGENTLY.                                     |   |                             |  |
| Drive-In ( )/Towed-In ( ); Invoice                                       | : Y応S( ) / NO                                 | ( ) ; Towing Co: (  |                             |  |
|  | · · · · · · · · · · · · · · · · · · ·         | Date&Time(  | Dothaletic / Julia          | Done by                                    |
| Remarks: (fig (porline 6788 5616) 1) Apply for Transport Allowance ( )/( | Courtesy Car ( )                              |   |                             |  |
| 2) QC Check/Post Repair Inspection .                                     | (, )  |   |                             | <del></del>                                |
| 3) Upload Resurvey Photo [Repair Cost > \$                               | 3000]:,,, ( )                                 |   | ,                           |  |
|  | .;  | <del></del>   |                             | 121  |
| Injury:  |   |   |                             |  |
| Determe Actions  |   |   |                             |  |
|  |   |   |                             | <del></del>                                |
|  |   |   |                             | <del>.</del>                               |
|  |   |   |                             |  |
| 3017   |   |   |                             | ALCON LEADER                               |
| NA2202135  | , , ,   | Inveise Preparation S                                       |                             | Sheall Harde                               |
| Ilaumiantis Particulares   |   | 2) DA : Damege Assessment (                                 | \$30);<br>\$100); INC (380) |  |
| ) river/Owner:   |   | 3).TF : Towing Fee  | . 5407                      | 120  |
|  |   | 5) PT : Follow-Through Survey For claiming against RIC On   | (Fasurvey)                  | 330  |
| Contactivo:  |   | 6) TR: Re-inspection  |                             | 313  |
| ramaged Portion:   |   | 7) N1 : Idao DA + SMRT Surv<br>8) NTUC Additional Services: |                             | 160  |
|  |   | OD:   |                             | 95   |
| C Checked by (Engr-In-Charge):   |   | *143: Courtesy Car/Tpt All<br>*146: Rapair Co-ordination    |                             | \$5 .                                      |
| TOWARD SERVICE STREET  |   | *N7: Post Repair Inspection<br>+N8: DV / Collect Excess C   | loordinatión                | \$25                                       |
| Widitors Comments  | <u>(,                                    </u> | TP (NII) : TP (Non INC)                                     | Skill Jening                | \$20 .                                     |
| . <u>t. l:</u>   |   | 9) N12: Idao Mobile<br>Involce deled                        | Fee Charged                 | 301  |
| t. 2/3;  |   | Involce deted   | Fee Charged                 |  |
| 22.2   |   |   |                             |  |

SN09228C0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/08/2022 17:41 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (12/08/2022 17:41 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

2. This Form must be completed by the Policyholder and/or the Actual 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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/08/2022 17:41 (SGT) Driver 28/07/2022 13:30 (SGT) Bedok North Ave 1, Singapore JUNCTION WITH CHAI CHEE STREET Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBB4329S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No Yes

HIAP ENGINEERING & CONSTRUCTION PTE LTD 1XXXXX147N

fullstop423@gmail.com (Phone) +65-98361085

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

your vehicle? Vehicle Category

Are you claiming under your own insurance policy for repair to

Transmission CC

Employment

Nissan

Nv350

No - Claiming third party Commercial vehicle

Manual 2488

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 22-MR001395-R02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TEO BEE CHAN SXXXX663A 24/01/1950 Outdoor

 Date Of Driving Pass 22/07/1974 Driving experience 48 YEARS Gender Male Mobile Number (Phone) +65-98361085 Alt. Phone Number Email Address fullstop423@gmail.com Address BLK 513 ANG MO KIO AVENUE 8 #04-2796 Address complement Postcode 560513 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name UNKNOWN Gender Male 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBB9471E Vehicle Manufacturer Vehicle Model Vehicle Variant

| Vehicle Colour                          |                    |
|---|--------------------|
| Vehicle Category                        | Commercial vehicle |
| Name of Driver                          | YAM KUM MENG       |
| NRIC No                                 | SXXXX356G          |
| Contact Number                          | -                  |
| Address                                 |                    |
| Address complement                      | -                  |
| Postcode                                | -                  |
| Insurance Company Name                  | _                  |
| Nature Of Damage                        |                    |
| Details of property damaged in accident | :=                 |
| No. Of Passenger (Including Driver)     | œ.                 |
|   |                    |

### 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
  - 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.

holicyholder's Sign & Time:

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

Reporting Centre Personnel's Signature

Name NRIC/FIN No .:

SKETCH PLAN

BeDok Nor

| DN 28 July   | 2022 at doa | + 13.30 I  | was driving                        |
|--|-------------|--|------------------------------------|
| on chai chee st  | tuning left | thato Bedde  | North are                          |
| traffic Juntion, whi   | le i was t  | graning left.  | North are 1<br>to Bedok North st 1 |
| At the Junton V  | ebveh B G   | ABB 9471E H  | it on to my                        |
| Yeh rear.  |             |  |                                    |
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## 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Email. sm@idac.com.sg Tel no: 6555 6888
-\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

# Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident: 28 / 01 /2022 (dd/   | mm/yy) Time of Accident: 13: 30 (24-HR-FORMAT)  |  |  |  |  |
|--|---|--|--|--|--|
|  | Vehicle Make & Model: Nissan NV350  |  |  |  |  |
| Exact location of Accident: Bedok  | North Ave to Chai cheest Juntion  |  |  |  |  |
| Policyholder's Name : Hiap Engi  | North Ave to Cha; cheest Juntion<br>neering & Construction 1/C/UEN: 199800147N              |  |  |  |  |
| Driver's Name / IC No. : Teo Bee   | cHan (As About )  |  |  |  |  |
| Driver's Contact No.: 9836 lo 85   | 7836 1085<br>Company Contact No (Company Veh Only):   |  |  |  |  |
| Driver's Address: 513 Ang Mo   | 15.0 Ave & #042786  |  |  |  |  |
| Email address: RullStop 423 @  | gmail. Com Insurance Company: Tokio Marine  |  |  |  |  |
| Relationship between Owner & Driver:<br>Owner / Spouse / Children / Friend / Paren | (Please <u>CIRCLE</u> one only) ts / Sibling / Relative (Employee/ Hirer or Others specify: |  |  |  |  |
| What do you wish to claim? (Please TI  | CK one only)  |  |  |  |  |
| Own Insurance / Other Vehicle (  | The one you want to claim against) / Reporting (For Record Purpose)                         |  |  |  |  |
| Exact purpose for which the vehicle Was being used at time of accident?            | Occupation (nature of job) Indoor/ Outdoor  |  |  |  |  |
| Private use / Work purpose   | *No. of Passengers (Including Driver): 2  |  |  |  |  |
| *Passanger Name:   | Gender: Male Female *Passan   |  |  |  |  |
| Name:  | Gender: Male / Female   |  |  |  |  |
| Weather condition & Road conditions? (   | On the day of accident)   |  |  |  |  |
| Clear & Dry / Raining & Wet /  | After-Rain & Wet / Drizzling & Wet / Others:  |  |  |  |  |
| Was there any video captured by your Ca  | r Camera? Yes / No  |  |  |  |  |
| Any Injuries: Yes / No (If Y   | ES) Injured Person' Name:   |  |  |  |  |
| Injuries Sustain:  | Injured Person in Which Vehicle:  |  |  |  |  |
| Police Report filed: Yes No No The Other Party(s) Details:                         | o (If YES) Which Police Station:  |  |  |  |  |
| 1. Driver's Name / IC No: _S16483  | 56G Yam Kum Meng Vehicle No: GBB 9471E  |  |  |  |  |
| Driver's Contact No:   | Insurance Company :   |  |  |  |  |
| 2. Driver's Name / IC No (If Any):   | Vehicle No:   |  |  |  |  |
| Driver's Contact No:   | Insurance Company :   |  |  |  |  |
| *Independent Witness (If Any):   | Contact No:   |  |  |  |  |
| Preferred Workshop Name:   | Contact No:   |  |  |  |  |

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## 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@toklomarine.com.sg W: www.toklomarine.com

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.: 22-MR001395-R02 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number

GBB4329S

Chassis No.: JN1MG4E25Z0792118

of Vehicle

2. Name of Policyholder

HIAP ENGINEERING & CONSTRUCTION PTE LTD

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

11/03/2022

4. Date of Expiry of Insurance

10/03/2023

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: 1254DDA

Insurance Plan:

Third Party, Fire & Theft

Limit for total loss or theft:

Prevailing Market Value

Financial Interest:

TAI THONG LEE TRADING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 02/03/2022