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3) Upload Resurvey Photo [Repair Cost>	\$3000);,;; ()			·	574.155. 575.334
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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 <u>completed by the Policyholder and/or the Actual Driver</u>
- 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 5. Internation provided must be as truthin and accurate as possible. Any wind misrepresentation or witholding of material facts may allow insurance companies to reputing 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.
A	ACCIDENT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	02/09/2022 17:30 (SGT) PIE, Singapore TOWARDS TUAS BEFORE KALLANG BAHRU EXIT
DE	TAILS OF OWN VEHICLE
Vehicle Registration Number	SJV3838X
INSURED/POLICYHOLDER	

Is company?	Yes
Name Of Registered Owner	HYPRO PTE LTD
Company Reg No	2XXXXX693G
Email Address	singapore@hypro.com.sg
Mobile Phone No	(Phone) +65-92218622
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
Are you claiming under your own insurance policy for repair to	N Olejesies

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

Transmission Auto 2362

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP003552

DRIVER

Name of Driver	TEO HAN CHEONG
NRIC No	SXXXX201A
Date Of Birth	22/01/1981
Occupation	

Date Of Driving Pass 11/01/2001 Driving experience 21 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-92218622 Alt. Phone Number Email Address singapore@hypro.com.sg Address BLK 441A FERNVALE ROAD #20-311 Address complement Postcode 791441 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) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

WITH OWNER

Vehicle Registration Number	SLH7127M
Vehicle Manufacturer	-
Vehicle Model	: = :
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Contact Number	
Address	
Address complement	
Postcode	
nsurance Company Name	
Nature Of Damage	
Details of proporty damaged in accident	
Details of property damaged in accident No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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 Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible.</u> Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability.</u>
- 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 Traffic Police Department for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records IVIanagement 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 (POPA)

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

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

Date & Time

Date & Time

Orionation of the policyholder of the policyholder

Sketch Plan

Vehicle A - SJV 3838 X
Vehicle B - SLH 7127 IM

PIE towards Tuas

BI

Before Kallang Babaru

Exit.

Describe Circumstances of the Accident
On the stated date and time. I was traveling on
The state of the s
the stated location on my designated lane. As the Vehicle
infront of mine slowed down us such I follow suit . Suddail
I telt a huge impact coming from the rear portion of my
Vehicle. After the collision I got down my vehicle and I renties
realized up hich B collieded onto the rear portion of my kehile.
realized of west B contractly only

Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel



Email: sm@idac.com.sg Tel no: 6555 6888

Preferred Workshop Name: _____

*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)

reisonal rafficulars of Owner & Driver	Venicle A)
Date of Accident: 02/09/22 (dd/mm/yy) Time of Accident:	7 : 3 0 (24-HR-FORMAT)
Vehicle No.: SJV 3838 X Vehicle Make & Model / Engine (cc):	Estima 2362CC Private Hire: (Y/N
Exact location of Accident: PIE Tuas Before Kallang Bahru Exit	
Policyholder's Name / IC No.: HYPRO PTE LTD	201196936
Driver's Name / IC No. : Teo Han Cheong	02201A (As Above)
Driver's Contact No. : 92218622 Company Contact No / Owner	
Driver's Address: Apt Blk 441A Fernvale Road #20-311 S 79144	1
Owner Email address: Singapore hypro Com Synsurance	Company: Tokio Marine
Driver Email address :	22/01/1981
Owner & Driver: (Please CIRCLE one only) Owner pouse / Children / Friend / Parents / Sibling / Relative Employee Hire	r or Others specify: \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
What do you wish to claim? (Please TICK 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) V Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Include	ling Driver): 01
*Passanger Name:*Passanger Name:	Gender:
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 Car Camera? Yes / No	
Any Injuries: Yes / No (If YES) Injured Person' Name:	
Injuries Sustain: Injured Person in	Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police Station:	
The Other Party(s) Detail	
1. Driver's Name / IC No:	Vehicle No: SLH 7127 M
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:

Contact 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: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Tokio Marine Group



Certificate of Insurance

FORM MX4

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.: MP003552 (Private Car)

Index Mark and Registration Number of Vehicle

SJV3838X

Chassis No.: ACR507138213

2. Name of Policyholder

HYPRO PTE LTD

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

19/07/2022 (16:57:24)

Date of Expiry of Insurance

24/08/2023

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.

Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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

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 Componsation) Act (Chapter 189).

		Account No: 2986DDA
Comprehensive Approved Workshop Plan		
Prevailing Market Value		
Own Damage Claims Additional Excess for Unnamed Driver(s)	SGD 1,000.00 SGD 500.00	(Original Excess : SGD 1,000.00)
Driver(s)	SGD 3,500.00	
WindScreen Excess	SGD 100.00	
HONG LEONG FINANCE LTD		
	Prevailing Market Value Own Damage Claims Additional Excess for Unnamed Driver(s) Additional Excess for Young or Inexperience Driver(s) WindScreen Excess	Prevailing Market Value Own Damage Claims Additional Excess for Unnamed Driver(s) Additional Excess for Young or Inexperience Driver(s) WindScreen Excess SGD 1,000,00 SGD 3,500,00 SGD 100,00

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Printed: 19-07-2022 16:57:43