

# NATIONAL Assessment Centre Services

SN0922AS0003

Date In: 28/10/2022 10:28  
Ref No: N/A/TM1220/0674/y  
Veh No: GBT 9679G  
D.O.A: 27/10/2022 11:06

Job description: SAS e-filing  
E-mail (with Ins, A.C. Ref)  
I-Motor Claim Form  
I-Motor W/O (whats app msg, etc)  
I-Photo Uploaded  
Assessment/Survey Report  
Asst Report by Fax: Hand to Owner/With

Date & Time Completed: Done By:

CC: (1) Reporting Only

TV: Insured

Preferred Wksp / NO Assgn Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBT 9679G

INC ( ) / Non-INC ( )

Owner / Driver (

Tel:

Policy No: ( )

Period: ( )

Cover Type: ( )

Confirmed by: ( )

Date:

Time:

Insured Driver Liability: ( )

Warranty: YES ( ) / NO ( )

Year of Registration: ( )

Excess: (\$ )

Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

Walk-In Customer: Customer's Information strictly Confidential & Sensitive. NO refer of repairer.

Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Cost:

Remarks: (INC 001/Ins 0788/0019)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) CO Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Inquiry:

Date: Time: Action:

N/A/203018

TP Particulars:

Owner / Driver:

Contact No:

Assigned Persons:

Checked by (Engr-In-Charge):

Remarks:

## Invoice Preparation Checklist:

1) AR - Accidental Damage (500)	
2) DA - Damage Assessment (500)	INC (500)
3) TP - Towing Fee	\$150
4) PT - Follow Through Salvage	\$150
5) PT - Follow Through Salvage (Reserve)	\$50
6) TR - Transport Allowance	\$70
7) NI - Ins DA - DMFC Survey	\$150
8) NTUC / National Technology	
9) CO - Courtesy Car	\$50
10) CO - Courtesy Car (Reserve)	\$50
11) CO - Courtesy Car (Reserve)	\$50
12) CO - Courtesy Car (Reserve)	\$50
13) CO - Courtesy Car (Reserve)	\$50
14) CO - Courtesy Car (Reserve)	\$50
15) CO - Courtesy Car (Reserve)	\$50
16) CO - Courtesy Car (Reserve)	\$50
17) CO - Courtesy Car (Reserve)	\$50
18) CO - Courtesy Car (Reserve)	\$50
19) CO - Courtesy Car (Reserve)	\$50
20) CO - Courtesy Car (Reserve)	\$50

Date:

Date:

Date:

Date:





## 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 Actual 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	28/10/2022 10:28 (SGT)
Reported by	Driver
Date of Accident	27/10/2022 11:06 (SGT)
Exact Location of Accident	Cantonment Link, Singapore
Additional Location Information	TOWARDS CANTONMENT ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9679G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WATER + PLANTS LAB PTE LTD
Company Reg No	2XXXXXX744G
Email Address	info@waterplants-lab.com
Mobile Phone No	(Phone) +65-90014321
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ004176-R01

#### DRIVER

Name of Driver	LAW TENG ANG
NRIC No	SXXXX048J
Date Of Birth	25/06/1956
Occupation	Outdoor

Date Of Driving Pass	27/01/1975
Driving experience	47 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90014321
Alt. Phone Number	-
Email Address	april@waterplants-lab.com
Address	BLK 657 WOODLANDS RING ROAD #12-336
Address complement	-
Postcode	730657
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	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
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
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK7196R
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

### 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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.

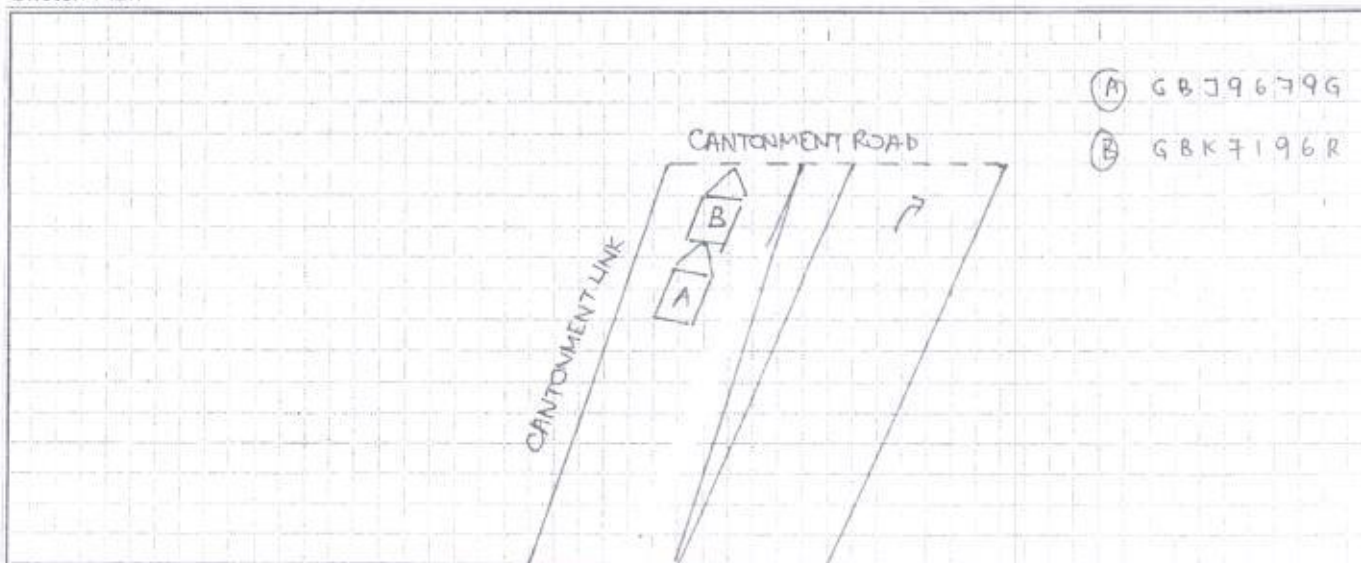
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG CANTONMENT LINK TOWARDS

CANTONMENT ROAD. AT THE SLIP ROAD, THE VEHICLE IN

FRONT MOVED OFF, I FOLLOWED TO MOVE OFF.

SUDDENLY, THE VEHICLE CAME TO A SUDDEN STOP.

I COULD NOT STOP IN TIME AND COLLIDED ONTO HIS

VEHICLE. NO INJURIES FOR BOTH PARTIES.

Declaration

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

*Chip*



Policyholder's Signature / Date & Time

*Ja*

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

*28/05/2022*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



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.

Date of Accident: 27 / 10 / 2022 (dd/mm/yy) Time of Accident: 11 : 06 (24-HR-FORMAT)

Vehicle No.: GBJ9679G Vehicle Make & Model / Engine (cc): TOYOTA DYNA Private Hire: ☒ (N)

Exact location of Accident: CANTONMENT LINK TOWARDS CANTONMENT ROAD

Policyholder's Name / IC No.: WATER + PLANTS LAB PTE LTD ROCQUEN (Company): 201301744G

Driver's Name / IC No.: LAW TENG ANG S1222048J (As Above): ☐

Driver's Contact No.: 9001 4321 Company Contact No. / Owner Contact No.:

Driver's Address: BLK 657 WOODLANDS RING ROAD #12-336 SINGAPORE 730657

Owner Email address: INFO@WATERPLANTS-LAB.COM Insurance Company: TOKIO MARINE

Driver Email address: APRIL@WATERPLANTS-LAB.COM

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative: Employee / Hirer 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) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 1

Passenger Name: --

Gender: Male / Female ( ) /

Passenger 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 Car Camera? ☐ Yes / ☐ No (Remarks:)

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injured Person's Name: Injured Person's (With Vehicle):

Police Report Filed: ☐ Yes / ☒ No (If YES) Which Police Station:

### The Other Party(s) Details:

Driver's Name / IC No.: Vehicle No: GBK7196R

Driver's Contact No.: Injured Person's Name:

Injured Person's Name: Vehicle No:

Driver's Contact No.: Insurance Company:

Injured Person's Name: Injured Person's Name:

Injured Person's Name: Vehicle No:



**Tokio Marine Insurance Singapore Ltd**

Company Reg No: 152300614M; GST Reg No: M2-000023-0

20 McClure Street #09-01 Tokio Marine Centre Singapore 099040

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



**TOKIO MARINE  
INSURANCE GROUP**

FORM MZ100

**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-MQ004176-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle	GBJ9679G	Chassis No.:	JTFAT35Y80K213978
2. Name of Policyholder	WATER + PLANTS LAB PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Act	22/10/2022		
4. Date of Expiry of Insurance	21/10/2023		

**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: 2693DDA

Insurance Plan:	Comprehensive Other Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
Policy Excess:	Windscreen Excess	SGD 100
Financial Interest:	UNITED OVERSEAS BANK LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature