

NATIONAL Assessment Centre Services

Date In 26/01/2023	Job description	Time & Time Completed	Done by
Ref No NA/TM123000775/W	SAS e-filing		
Veh No SMZ 708 B	E-mail (within 8hrs. Aft 2hrs)		
DOA 22/01/2023	i-Motor Claim Form		
OD/ <input checked="" type="checkbox"/> / Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SDZ 7888 A** 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

Client's Particulars	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Managed Portion:	3) TP : Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
editors' Comments:-			

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	26/01/2023 11:06 (SGT)
Reported by	Driver
Date of Accident	22/01/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE exit 11 towards Paya Lebar Road (At give way junction)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ708B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Reyan21
Company Reg No	5XXXX533D
Email Address	phbms@yahoo.com
Mobile Phone No	(Phone) +65-92982010
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variation	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP001246

DRIVER

Name of Driver	Chua Chiew Loong
NRIC No	SXXXX624A
Date Of Birth	17/10/1986
Occupation	Outdoor

Date Of Driving Pass	26/11/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92982010
Alt. Phone Number	-
Email Address	phbms@yahoo.com
Address	Blk 178B Rivervale Crescent
Address complement	#07-429
Postcode	542178
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	Raining
Road Surface	Wet

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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	Passenger
Gender	Female

PASSENGER 2

Name	Passenger
Gender	Female

PASSENGER 3

Name	Passenger
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no. T/20230124/7023

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 SDZ7888A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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 Chua Chiew Loong
 Gender Male
 Phone No (Phone) +65-92982010
 Address Blk 178B Rivervale Crescent
 Address Complement #07-429
 Post Code 542178
 Approximate Age Years Old 36
 Injuries Sustained Back pain
 Injured person in which vehicle? SMZ708B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

LKK 467

ACCIDENT STATEMENT

ACCIDENT DATE: 22/01/2023 (DD/MM/YYYY), TIME: 2.20 pm (HH:MM)

LOCATION: PIE EXIT 11 toward paya laper Road at give way Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMZ 708B
- b) INSURANCE COMPANY: Tokio Marine
- c) POLICY NUMBER: MP00246
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Toyota Sients Auto/Manual
- f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: Hire's
- 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: REYANZI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: Reg: 53430533D CONTACT: 92982010
- c) ADDRESS: 178B Rivervale Crescent # 07-429 Singapore 542178

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA CHIEW Loong (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8629624A CONTACT: 92982010
- c) ADDRESS: 178B Rivervale Crescent # 07-429 Singapore 542178

*d) DATE OF BIRTH: 17/10/1986 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 15 years 26/11/2008

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) D+22/ing

b) ROAD SURFACE: (DRY / WET) / OTHERS

6. WAS ANYBODY INJURED (YES / NO) Chug chiew Loong

7. a) REPORTED TO POLICE (YES / NO) on line

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- b) VEHICLE NUMBER: SDZ 7888A MODEL: _____
- 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: _____

No of passenger (including driver) (4) person
4-A
2F
2M

No of passenger (including driver) ()

No of passenger (including driver) ()

Email = phbms@yahoo.com
Fax = 67489386
Video = _____

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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.



Handwritten signature of the policyholder

Handwritten signature of the reporting centre personnel

26/01/2023

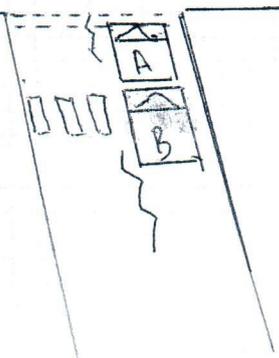
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE exit 11 (towards Paya Lebar Road)



A : SMZ 708B
B : SDZ 7888A

Describe Circumstances of the Accident

Refer to the police report No = T/20230124/7023

Declaration

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

26/1/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230124/7023

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230124/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2023 15:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHUA CHIEW LOONG		Address: 178B RIVERVALE CRESCENT #07-429 SINGAPORE 542178	
ID Type / ID No.: NRIC NO / S8629624A		Contact No.: Home/Office: Mobile: 92982010	
Nationality: SINGAPORE CITIZEN		Email: RAYMONDCHUA_CL@YAHOO.COM	
Sex: Male	Age: 36	Date of Birth: 17/10/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 2,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2023 14:20	Type of Location: Y-Junction
Location: PIE exit 11 toward Paya Laber Road at give way junction				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDZ7888A	Car	BMW				0
SMZ708B	Car	TOYOTA	Sienta	Black	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230124/7023

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230124/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ708B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP001246	08/04/2022	07/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA CHIEW LOONG		ID No.	S8629624A
Related Vehicle	SMZ708B (Car)		Contact No.	92982010
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: 2,3,4 Date of Expiry: NIL
Date	22/01/2023		Date	22/01/2023
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On 22/01/2023 at PIE Paya Lebar exit 11 toward Paya Lebar road. When I going to turn left at give way line, a vehicle (SDZ7888A) suddenly bend my car (SMZ708B) from behind cause my car back damage.



**SINGAPORE
POLICE FORCE**



T/20230124/7023

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230124/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219


Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
24/01/2023 15:07

Classification Of Case:

ORIGINAL

MEDICAL CERTIFICATE

EMD202310297

Name CHUA CHIEW LOONG		NRIC No. S8629624A
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>22-Jan-2023</u> to <u>24-Jan-2023</u> inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ <input type="checkbox"/> Maternity Leave, Delivered on : _____ Discharged on : _____ <input type="checkbox"/> Sterillization Leave, Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Emergency Department Sengkang General Hospital 110 Sengkang East Way Singapore 544886 Not valid without official hospital stamp	Ward No. SKH Emergency Department Date 22-Jan-2023	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  RACHANA PANDE SHRIKANT , 16246I

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-000023-4)
 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
 T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com



**TOKIO MARINE
 INSURANCE GROUP**

A member of the
 Tokio Marine Group

Certificate of Insurance

FORM MX1 H

**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.: MP001246 (Private Car)
 1. **Index Mark and Registration Number of Vehicle** SMZ708B **Chassis No.:** NHP1707178328
 2. **Name of Policyholder** REYAN21
 3. **Effective date of the Commencement of Insurance for the purposes of the Act** 08/04/2022 (00:00:00)
 4. **Date of Expiry of Insurance** 07/04/2023
 5. **Persons or Class of Persons entitled to drive***
 The Policyholder
 Any person who is driving on the Policyholder's order or with the Policyholder's 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 vehicle.
- 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 10 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 No: 2091DOA	
Insurance Plan:	Comprehensive		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,500.00	(Original Excess : SGD 2,500.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	Windscreen Excess	SGD 100.00	
	Excess-Third Party (Sect II)	SGD 2,500.00	
Financial Interest:	GENIE FINANCIAL SERVICES PTE. LTD.		
Additional Terms:	1.Private Hire Usage Vehicle Endorsement is included. 2.Unnamed Driver Excess is not applicable. 3.Car is licensed for private hire (PH) by LTA. 4.Only PH licensed hirers can use car for PH in Singapore only. 5.Subletting is NOT covered. 6.Additional YCD excess of \$3,500 on Section 1 & 2 separately. 7.Approved workshop plan only. 8.Notwithstanding anything to the contrary in the policy, MC18 Waiver of Excess is NOT applicable.		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature