

**NATIONAL Assessment Centre Services** (not a person) **210923/010006**

Date In: 20/01/2023 12/46	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2300292			
Veh No: SFE 312X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/01/2023 17:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (White: OD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL/SP		

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

TP Particulars: Veh No: FB8 5652L INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % (Note: Est. Status (WO): N: 0-30%, P: 21-79%, F: 80-140%)

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 for 6783.0015) 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: Action:

NA2300292

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$35)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$40
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
Excluding 1st & 2nd Only (over 12 hrs 2023)	
6) TR: Road Speedin	\$70
7) NI: NI & DA / SMART Survey	\$140
8) NIUC Additional Fee: ( )	
GR:	
*NI: Courtesy Car / Test Allowance	\$5
*NI: Repair Coordination	\$15
*NI: Post Repair Inspection	\$20
*NI: DV / Collect Excess Coordination	\$5
*TP (NI): TP (NI) INC against INC	\$20
TP (NI) Fee: ( )	10
Invoice Total	Fee Charged
Amount Paid	

Checked by (Engr-In-Charge):

Signature: ( )

Date: 2/2/23

## 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	30/01/2023 12:46 (SGT)
Reported by	Driver
Date of Accident	27/01/2023 17:00 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE3112X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	M AUTO LEASING PTE LTD
Company Reg No	2XXXXX286N
Email Address	clarence.awj@gmail.com
Mobile Phone No	(Phone) +65-81448822
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1497

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000647-R00

### DRIVER

Name of Driver	AU WEI JIAN CLARENCE
NRIC No	SXXXX229F
Date Of Birth	27/03/1987
Occupation	Outdoor

Date Of Driving Pass	21/10/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85828090
Alt. Phone Number	-
Email Address	clarence.awj@gmail.com
Address	BLK 617 BEDAK RESERVOIR ROAD #09-1302
Address complement	-
Postcode	470617
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT G/20230127/7105

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS5652L
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	AU WEI JIAN CLARENCE
Gender	Male
Phone No	(Phone) +65-85828090
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJE3112X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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;

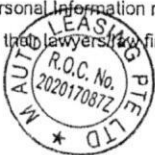
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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 straight along bedok north rd out of sudden i felt an impact on my vehicle rear portion when i got down i realised vehicle (b) collided onto my vehicle

POLICE REPORT #/20230127/7105

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

Witnessed by Reporting Centre Personnel

30/01/2023





**SINGAPORE  
POLICE FORCE**



G/20230127/7105

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**POLICE REPORT (NP299)**

Report No. G/20230127/7105

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 27/01/2023 22:22	Vide Report No.	Station Diary No.
Name Of Informant AU WEI JIAN, CLARENCE	Address 617 BEDOK RESERVOIR ROAD #09-1302 SINGAPORE 470617	
ID Type / ID No. NRIC NO / S8708229F	Contact No. Home/Office: Mobile: 85828090	
Nationality SINGAPORE CITIZEN	Email Address CLARENCE.AWJ@GMAIL.COM	
Occupation Sales manager	Sex Male	Age 35
Institution/School Name	Date of Birth 27/03/1987	Race Chinese
Date/Time Of Incident 27/01/2023 16:45 - 27/01/2023 17:45	Location Of Incident 101 BEDOK NORTH ROAD SPC BEDOK SINGAPORE 469678	

**Brief details.**

My vehicle registration number is SJE3112X. I was involved in a traffic accident with a motorbike, vehicle registration number FBS5652L along bedok north road, at the traffic junction just directly infront of SPC and Esso Petrol Kiosk.

I was waiting in line as the 3rd car, preparing to turn right into bedok north street 2. Out of a suddenly there was a loud bang and i felt impact from the back and my car surge forward. it gentle bump into the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2023 22:22
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230127/7105

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230127/7105

car in front. I look back and saw my rear windscreen shattered so i step out of the car and the driver of the car in front both found a motorist injured on the floor.

I called for 995 and an ambulance came shortly with 2 Traffic Police officer. The traffic police officer asked what happen and i replied as per the truth. I gave him my sd card for my in car camera to assist in the investigation. meanwhile i exchange contact details with the driver at the front and he left claiming that there was no damage to his vehicle.

Shortly the injured motorcyclist was convey for further medical treatment by the ambulance. I did not managed to exchange any particulars with the motorcyclist. I was however given an report number, G/20230127/0130 by the traffic police officer present with regards to this accident and was advise to make a police report either at the police post or online.

Subsequently i drove off to my workshop after permission was given by the officer. When i reach home, i felt ache and pain abd on my neck and shoulder and i consult a doctor. I was given 2 days of MC for 27 and 28 Jan 2023. I was advise to monitor and return to see him if the pain and ache continue.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
27/01/2023 22:22

Classification Of Case:



(5)

Date of Accident : 27/01/23 Accident Time: 1700 Pm (24-HR-FORMAT)  
Accident Place : Bedok north rd  
Vehicle Reg. No (Car plate No.) : SJE 3112X cc: 1.5 Vehicle Make/Model: toyota vios  
Insurance Company : Tokio marine Policy No. 22-MN000647-R00  
Name of Registered Owner : Company / Individual AM Auto Pte Ltd  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: 201939286N  
OWNER EMAIL ADDRESS: reporting.autoleasing@gmail.com : Co Contact No: \_\_\_\_\_ Owner's Contact No: 81448822  
DRIVER'S Name : Au Wei Jian clarence DRIVER'S NRIC No: S870829F  
DRIVER'S Date of Birth : 27/03/1987 DRIVER'S License Pass Date 21/10/2011  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: friend  
DRIVER'S Address : Blk 617 bedok reservoir road #09-1302  
DRIVER'S Contact No./ Alt No. : 1) 85828090 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : clarence.auj@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 1 Name & Gender: ♂  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes (name of the injured person) driver

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>FBS 5652L</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH \ CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

**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



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MX1 H

**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-MN000647-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SJE3112X Chassis No.: MR053HY9305057136
2. Name of Policyholder: M AUTO LEASING PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act: 01/07/2022
4. Date of Expiry of Insurance: 30/06/2023
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 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 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**

Insurance Plan: Third Party, Fire & Theft  
Limit for total loss or theft: Prevailing Market Value  
Policy Excess: Excess-Third Party (Sect II) SGD 2,500  
Financial Interest: TECK WEI CREDIT PTE LTD

Account: 2397DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signatory

User Name: Rokiah Binte Ismail - Mo

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