

# NATIONAL Assessment Centre Services (v01.1 Jan2021)

5009231V0003

Date In: 31/01/2023 10:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/TM 2300092814	E-mail (within 3hrs, A/C 2hrs)		
Veh No: GFE 7700A	I-Motor Claim Form		
D.O.A: 28/01/2023 11:50	I-Motor W/O (Within: QD 2hrs, TP 1hrs)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/isp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: 4P 4608 P	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( %)	(Note: Bst Status (WO): N: 0-20%, P: 21-79%, P: 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: N/A	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

NA2300313	Invoice Preparation Checklist
Insured's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$10/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$150
Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$50
Any other Comments:	6) TR: Roadside Assistance \$70
	7) NI: Hail DA / SMPT Survey \$140
	8) NTUC Additional Services:
	OD:
	*NI: Courtesy Car / Trip Allowance \$5
	*NI: Repair Coordination \$15
	*NI: Post Repair Inspection \$25
	*NI: DV / Collision Excess Coordination \$5
	*TP (NI): TP (Non-INC) against INC \$10
	TP (NI) Fee: \$10
	Invoice Date: Fee Charged: \$10
	Invoice Date: Fee Charged: \$10



## 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	31/01/2023 10:24 (SGT)
Reported by	Driver
Date of Accident	28/01/2023 11:50 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2700A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EAST ASIA EXPRESS GLOBAL PTE. LTD.
Company Reg No	2XXXXX521M
Email Address	hengggweiii@gmail.com
Mobile Phone No	(Phone) +65-87813793
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	MP001161

#### DRIVER

Name of Driver	ROY TANG KHIN HENG
NRIC No	SXXXX180A
Date Of Birth	17/06/1957
Occupation	Indoor



Date Of Driving Pass	08/11/1978
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87813793
Alt. Phone Number	-
Email Address	hengggweiii@gmail.com
Address	420 UPPER PAYA LEBAR ROAD #03-20
Address complement	-
Postcode	534049
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)	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	YP4608R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PANG HONGWU
Passport No/FIN	GXXXX994P



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	ROY TANG KHIN HENG
Gender	Male
Phone No	(Phone) +65-87813793
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBE2700A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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.

**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.



*L2L 30/1/2023 12:50pm*

*31/01/2023*

Policyholder's Signature / Date & Time

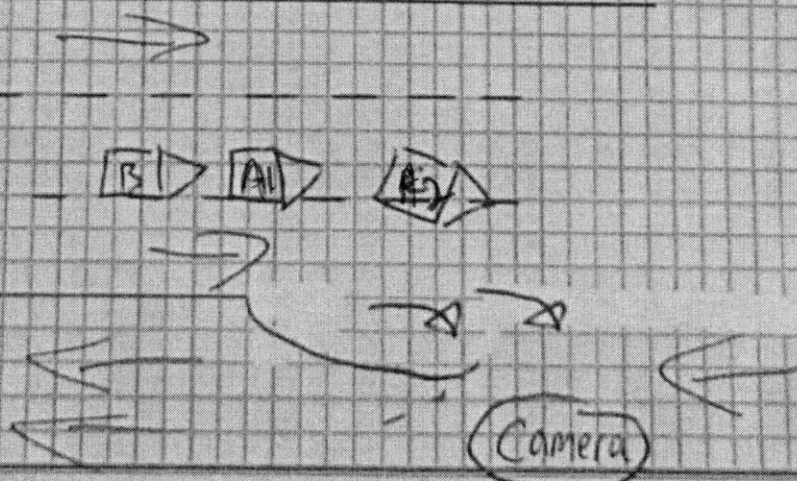
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**Sketch Plan**

*Mandai Road towards SLE*

*Vehicle A : GBE27001A  
Vehicle B : YP4608R*





Describe Circumstance of the Accident

On the stated date and time, I was driving my vehicle (A8E2700A) Along mandai Road towards SLE. I observed that there was a truck in front of me trying to u-turn hence I stopped completely for him to complete his turn as he requires more space. After the truck cleared his turn, I was about to move off.

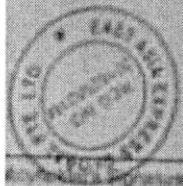
Suddenly, I felt an impact from the rear of my vehicle and discovered that another truck bearing YP4608R had collided onto my vehicle which caused my vehicle to mount over the kerb.

My vehicle is badly damage.

Opposite the lane, there was a camera

Declaration

We declare the foregoing particulars are true in every respect.



Signature (Date & Time)

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

Witnessed by Reporting Centre Personnel (Name as in NPIC/IC card)



Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	28 - 01 - 2023	Time of Accident:	1150AM
Exact Location:	Along Mandai Road towards SLE		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	GBE 2700 A	NRIC / FIN / Passport no:	20165521M
Name of Registered Owner:	EAST ASIA EXPRESS GLOBAL PTE LTD		
Owner's Email:	hengggweiii@gmail.com		
Owner's Address:	16 Arunugam Road #02-04B LTC Building D Singapore (409961)		
Vehicle Make:	TOYOTA	Vehicle Model:	HIACE 3.0 DX M
Engine Capacity (cc):	2982 cc	Transmission:	Auto <input checked="" type="checkbox"/> Manual
Type of Claim:	Own Damage / <input checked="" type="checkbox"/> Third Party / Reporting Only		
Vehicle Category:	Private <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle / Private Hire		
Name of Insurance Co:	TOKIO MARINE INSURANCE		
Type of Policy:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	MP001161		

DRIVER			
Name of Driver:	ROY TANG KHIN HENG <input type="checkbox"/> same as		
NRIC / FIN / Passport no:	S1246180A	Date of Birth:	17 / 06 / 1957
Occupation:	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driving Pass Date:	08 / 11 / 1978
Contact Number:	87813793	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address:	420 UPPER PAYA LEBAR ROAD #03-20 Singapore 534049		
Relationship with Owner:	Owner <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:		
Weather Condition:	Clear <input type="checkbox"/> <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others:	Road Surface:	Dry <input type="checkbox"/> <input checked="" type="checkbox"/> Wet
Video available:	Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No		
Was anybody injured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Police Report Made?	Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	YP 4608 R		
Vehicle Make / Model:	MITSUBISHI FUSO		
Name of Driver:	PANG HONGWU		
NRIC / FIN / Passport no:	G8314994P		
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	ROY TANG KHIN HENG		

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver \_\_\_\_\_

Date and time \_\_\_\_\_



# 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: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

## Certificate of Insurance

FORM MZ300

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.: MP001161 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle GBE2700A Chassis No.: KDH2010153845
2. Name of Policyholder EAST ASIA EXPRESS GLOBAL PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 14/04/2022 (00:00:00)
4. Date of Expiry of Insurance 13/04/2023
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 No: 2834DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600.00 (Original Excess : SGD 600.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s) SGD 2,500.00 (All Claims)
	Windscreen Excess SGD 100.00
Financial Interest:	SKYLINK CREDIT PTE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature