

NATIONAL Assessment Centre Services (Call 1 800 555 5555) **SL09532M0002**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 22/07/2023 09:58 | Job description | Date & Time Completed | Done by |
| Ref No: NAB 7M1230019157 | SAS e-Mailing | | |
| Veh No: GBD 1165G | E-mail (within 24hrs, A/C 2hrs) | | |
| D.O.A: 21/07/2023 14:58 | 1-Motor Claim Form | | |
| OC: 74 Reporting Only | 1-Motor W/O (within 24hrs, A/C 2hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

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

TP Particulars: Vch No: **YM 9900 D** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-30%, F: 21-70%, 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 repairer.

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

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

Remarks: **NONE** (Note: 6788, 6615)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: () Time: ()

Location: ()

Actions: ()

NA2300557

| | | |
|-------------------------------|--|-------------|
| TP Particulars: | Invoice Preparation Charge | |
| Owner/Driver: | 1) A/C: Accident Recording (\$30) | |
| Policy No: | 2) DA: Damage Assessment (\$100) | INC (\$5) |
| Assigned Portion: Wksp | 3) TP: Towing Fee | \$10/\$45 |
| | 4) PF: Follow-Through Survey | \$12 |
| | 5) PF: Follow-Through Survey (Barterway) | \$30 |
| | 6) TR: Re-insurance | \$75 |
| | 7) NI: New DA, SMART Survey | \$140 |
| | 8) NIUC Additional Fee | |
| Checked by (Engr-In-Charge): | QC | |
| | *NI: Courtesy Car / Tot Allowance | \$5 |
| | *NI: Repair Coordination | \$15 |
| | *NI: Post Repair Inspection | \$20 |
| | *NI: DV / Collect Excess Coordination | \$1 |
| | *TP (NI): TP (Non-INC) replace INC | \$10 |
| | *TP (NI) Move | 10 |
| TP/TP: | Invoice Total | Fee Charged |
| | Unpaid Total | Due Amount |

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 | 22/02/2023 09:58 (SGT) |
| Reported by | Driver |
| Date of Accident | 21/02/2023 14:55 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS TUAS BEFORE KPE (ECP) EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBD1165G |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | E & D SERVICES |
| Company Reg No | 5XXXX300J |
| Email Address | henrylim1979@yahoo.com |
| Mobile Phone No | (Phone) +65-96744302 |
| 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 | Auto |
| CC | 2982 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | 22-MS007072-R03 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | CHUA KWEE YEW |
| NRIC No | SXXXX543I |
| Date Of Birth | 19/10/1958 |
| Occupation | Outdoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 27/12/1997 |
| Driving experience | 25 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96744302 |
| Alt. Phone Number | - |
| Email Address | henrylim1979@yahoo.com |
| Address | BLK 526 WOODLANDS DRIVE 14 #05-467 |
| Address complement | - |
| Postcode | 730526 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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) | 2 |
| 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 | CHOOI MUN HOU |
| 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

PLEASE REFER TO POLICE REPORT T/20230221/7082

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 | YM9900D |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SJA3869S |
| 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 KWEE YEW |
| Gender | Male |
| Phone No | (Phone) +65-96744302 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURIES |
| Injured person in which vehicle? | GBD1165G |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|----------------------|
| Name of injured person | CHOOI MUN HOU |
| Gender | Male |
| Phone No | (Phone) +65-86488464 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURIES |
| Injured person in which vehicle? | GBD1165G |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

IMPORTANT NOTICE

- (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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.



Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

Refer to Police Report No: T/2023 0221/7082



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

Witnessed by Reporting Centre Personnel

[Signature] 22/08/2023



SINGAPORE POLICE FORCE



T/20230221/7082

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

1 of 3

Report No. T/20230221/7082

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 21/02/2023 18:35 | | Vide Report No.: G/20230221/0103 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHUA KWEE YEW | | | Address: 526 WOODLANDS DRIVE 14 #05-467 SINGAPORE 730526 | | |
| ID Type / ID No.: NRIC NO / S1308543I | | | Contact No.: Home/Office: Mobile: 96744302 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: EDSVCS@YAHOO.COM | | |
| Sex: Male | Age: 64 | Date of Birth: 19/10/1958 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/02/2023 14:55 | Type of Location: Straight Road |
| Location: JALAN KOLAM AYER | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 90 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Controlled by Others e.g. Workmen | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|-----------|--------|-------------------|-------|
| GBD1165G | Van | | | | Seriously Damaged | 1 |
| SJA3869S | Car | HONDA | honda fit | Silver | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20230221/7082

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

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Report No. T/20230221/7082

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|-------|-------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| YM9900D | Lorry | | | | Seriously Damaged | 0 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | CHOOI MUN HOU | | ID No. G8635656U |
| Related Vehicle | GBD1165G (Van) | | Contact No. 86488464 |
| Hospital/Clinic | RAFFLES HOSPITAL | | Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL |
| Date | 21/02/2023 | | Date 21/02/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |
| Driver | | | |
| Name | CHUA KWEE YEW | | ID No. S1308543I |
| Related Vehicle | GBD1165G (Van) | | Contact No. 96744302 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL |
| Date | 21/02/2023 | | Date 21/02/2023 |
| No. of Days granted Medical Leave | 05 | Degree of | Serious |

Brief Details.

On 21st feb 2023 at about 3pm i was driving along PIE Tuas at before kpe exit. i was driving on lane 2, the traffic was slow and suddenly i felt an impact from my rear of my van, the impact was very big and i was push towards and hit veh infront. i came down and find out the veh from my back(YM9900D) hit me and i hit my front veh (SJA3869S) was hit by me. My passanger was conveyed to hospital. After the police came and we left the scene, i was give 5 days mc from mount alvernia hospital.



**SINGAPORE
POLICE FORCE**



T/20230221/7082

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

3 of 3

Report No. T/20230221/7082

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 /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

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

Date/Time:
21/02/2023 18:35

Classification Of Case:

Date of Accident : 21.02.23 Accident Time: 1455 (24-HR-Format)
 Accident Place : PIE Twardo Tuas Before KPE (ECP) exit
 Vehicle. No. (Car Plate No.) : 6BD11656 Make/Model: Toyota Hiace Van Turbo 5 PR
 Insurance Company : Tokio Marine Policy No: 22-MS007072-R03 manual
 Owner or Company Name /IC No. : E & D Services (52817300J)
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : CHua Khee Yew (S1309543I)
 DRIVER'S Date Of Birth : 19.10.1958 DRIVER'S License Pass Date 27.12.1997
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
 DRIVER'S Address : 526 Woodlands Drive 14 #05-467 S(730526)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 96744302
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : henrylim1979@yahoo.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): 2 pax include driver
 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 Injury (If YES, Pls state): Yes both

Other Party Driver's Particular (if any)

| | |
|------------------------------------|-------------------------------|
| Vehicle. No: <u>YM9900D (HSBC)</u> | Vehicle. No: <u>SJA 3889S</u> |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:

① CHooi man Hoy - (M)

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 MZ300

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-MS007072-R03 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle GBD1165G Chassis No.: JTFHT02P300142001
2. Name of Policyholder E & D SERVICES
3. Effective date of the Commencement of Insurance for the purposes of the Act 20/06/2022
4. Date of Expiry of Insurance 19/06/2023

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: 2773DDA

Insurance Plan: Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

Policy Excess: Own Damage Claims SGD 750

Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|------------------------------------|
| Owner ID Type: | Business |
| Owner ID: | 300J |
| Vehicle Details | |
| Vehicle No.: | GBD1165G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 08 Apr 2023 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| Primary Colour: | Silver |
| Manufacturing Year: | 2014 |
| Engine No.: | 1KD2408715 |
| Chassis No.: | JTFHT02P300142001 |
| Maximum Power Output: | - |
| Open Market Value: | \$27,502.00 |
| Original Registration Date: | 20 Jun 2014 |
| First Registration Date: | 20 Jun 2014 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,376.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 19 Jun 2024 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| PQP Paid: | \$27,358.00 |
| COE Rebate Amount: | \$3,275.00 |
| Total Rebate Amount: | \$3,275.00 |

The information contained herein is correct as at 21 Feb 2023

OK