

NATIONAL Assessment Centre Services (all times)		SA109233K0002	
Date In: 20/03/2023 09:18	Job description	Date & Time Completed	Done by
Ref No: N/A/TM723002819/	SAS e-Mailing		
Yell No: 856 19284	E-mail (attach form, VIC 2013)		
D.O.A: 17/03/2023 10:40	1-Motor Claim Form		
QC: TP: Repairing Only	1-Motor W/O (white: OD 2013, 2014)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/W/Man		
Preferred Wxup / INC Assign Wxup / QW: (Tel:	Fax:
TP Particulars: Yell No: SMP 1676E	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%, 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 repeller.			
() Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()			
Remarks: () (INC No: 107830010)		Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			
Injury: ()			
Date of Incident: ()			
Time of Incident: ()			
Location of Incident: ()			
Weather: ()			
Road Conditions: ()			
Vehicle Condition: ()			
Driver Condition: ()			
Witnesses: ()			
Other: ()			
X/A7300790		Invoice Preparation Checklist	
1) A/R: Accident Paperwork (330)		2) DA: Damage Assessment (3100) INC (556)	
3) TP: Towing Fee \$10/\$45		4) PT: Follow-Through Survey \$112	
5) PT: Follow-Through Survey (Emergency) \$30		6) TR: Repairs \$379	
7) NJ: New DA + Shift Survey \$148		8) NTUC Additional Services	
Checked by (Engr-In-Charge):		Other:	
		* NJ: Courtesy Car / Tel Allowance \$5	
		* NJ: Repair Coordination \$12	
		* NJ: Post Repair Inspection \$39	
		* NJ: BY / Collect Excess Coordination \$1	
		* TP (211) TP (Non-INC) against INC \$20	
		* NJ: 12/12/2023 \$10	
L2/3:		Invoice Filed	
		Fees Charged	

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	20/03/2023 09:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/03/2023 10:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG1928H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YE PINGJUN
NRIC No	SXXXX897F
Email Address	tinacong@hotmail.com
Mobile Phone No	(Phone) +65-92706120
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Nx300
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MQ005038

DRIVER

Name of Driver	CONG NA
NRIC No	SXXXX122A
Date Of Birth	09/03/1984
Occupation	Indoor

Date Of Driving Pass	16/03/2016
Driving experience	7 YEARS
Gender	Female
Mobile Number	(Phone) +65-92706120
Alt. Phone Number	-
Email Address	tinacong@hotmail.com
Address	BLK 197A PUNGGOL FIELD #13-463
Address complement	-
Postcode	821197
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	5
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	VERON
Gender	Female

PASSENGER 2

Name	JENNY
Gender	Female

PASSENGER 3

Name	CAO HAN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 SMP1676E
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) -

SKETCH PLAN

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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.

Ye Pingxin
Policyholder's Signature / Date & Time

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

20/08/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

	<p style="text-align: right;">(A) SDG1928H (B) SMP1676E</p> <p style="text-align: center;">TPE</p>
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Describe Circumstance of the Accident

I WAS TRAVELLING ALONG TPE TOWARDS KPE.

SUDDENLY, THE VEHICLE IN FRONT CAME TO A STOP.

I FOLLOWED TO STOP BUT COULD NOT STOP IN TIME

AND COLLIDED ONTO HIS VEHICLE.

Declaration

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

Ye Pong Jern
Policyholder's Signature / Date & Time

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

20/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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Email: sm1@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: 17 / 03 / 2023 (dd/mm/yy) Time of Accident: 10 : 40 (24-HR-FORMAT)

Vehicle No: SDG1928H Vehicle Make & Model / Engine (cc): TOYOTA LEXUS Private Hire: (Y ☒ N ☐)

Exact location of Accident: TPE

Policyholder's Name / IC No.: YE PINGJUN S8264897F ROC/UEN (Company):

Driver's Name / IC No.: CONG NA S8485172A (As Above) ☐

Driver's Contact No.: 9270 6120 Company Contact No / Owner Contact No:

Driver's Address: BLK 197A PUNGGOL FIELD #13-463 SINGAPORE 821197

Owner Email address: TINACONG@HOTMAIL.COM Insurance Company: TOKIO MARINE

Driver Email address:

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): 5

*Passenger Name: VERON, JENNY

Gender: Male / Female x()

*Passenger Name: CAS HAN, UNKNOWN

Gender: Male / Female x()

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:

Injuries Sustain: Injured Person in Which Vehicle:

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

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SMP1676E

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

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 MX1

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.: MQ005038 (Private Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SDG1928H | Chassis No.: JTJBARBZ802210840 |
| 2. Name of Policyholder | YE PINGJUN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 12/11/2021 (00:00:00) | |
| 4. Date of Expiry of Insurance | 09/04/2023 | |
| 5. Persons or Class of Persons entitled to drive* | | |
| (a) The Policyholder. | | |
| (b) Any other person who is driving on the Policyholder's order or with his 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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: 2292DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 1,000.00	(Original Excess: SGD 1,000.00)
	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	
Financial Interest:	OCBC BANK LIMITED		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature