

**NATIONAL Assessment Centre Services** (all items) **510923440008**

Date In: **04/04/2023 15:12** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NRB/TM1280034844** E-mail (with SRI, AIC 2015)

Veh No: **GRB 244** 1-Motor Claim Form

D.O.A: **29/03/2023 05:50** 1-Motor W/O (White OD 2015, 2016, 2017)

**OD** TP / Repairing Only 1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whom

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

TP Particulars: Veh No: **XD 8880T** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) % (Note: Hst Status (WO): 10-0-30%, P: 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: ( )

Repairer: **NRB/TM1280034844** ( ) ; Done by: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Notes: ( )

**NA2300970**

Invoice Preparation Checklist:

Item	Amount	Total
1) AIC: Accident Processing (\$300)		
2) DA: Damage Assessment (\$1000)		
3) TP: Towing Fee (\$100)		
4) P: Follow Through Survey (\$100)		
5) P: Follow Through Survey (Survey)		
6) TR: Repairs (\$100)		
7) NI: New DA, & SRI, Survey		
8) NUC Additional Services		
9) NI: Courtesy Car / Tel Allowance		
10) NI: Repair Coordination		
11) NI: Post Repair Inspection		
12) NI: DV / Collect Excess Coordination		
13) TP (NI) TP (NI) Invoice INC		
14) NI: 24hrs Helpline		
15) NI: 24hrs Helpline		

Checked by (Engi-In-Charge):

Signature: ( )

Date: ( )



## 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	04/04/2023 15:17 (SGT)
Reported by	Actual Driver
Date of Accident	29/03/2023 05:50 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	EXIT TO WOODLANDS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL24U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LUM CHUAN ENTERPRISE
Company Reg No	5XXXX744C
Email Address	gbb2025@yahoo.com.sg
Mobile Phone No	(Phone) +65-90257819
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP005813

### DRIVER

Name of Driver	KELVIN TAN KIM CHUAN (CHEN JINQUAN)
NRIC No	SXXXX451C
Date Of Birth	28/02/1979
Occupation	Outdoor

Date Of Driving Pass .....	05/07/2004
Driving experience .....	18 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90257819
Alt. Phone Number .....	-
Email Address .....	gbb2025@yahoo.com.sg
Address .....	BLK 433 YISHUN AVENUE 6 #11-2132
Address complement .....	-
Postcode .....	760433
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 .....	Side Swipe
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) .....	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 .....	XD8880T
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) ..... -



## SKETCH PLAN

### IMPORTANT NOTICE

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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.



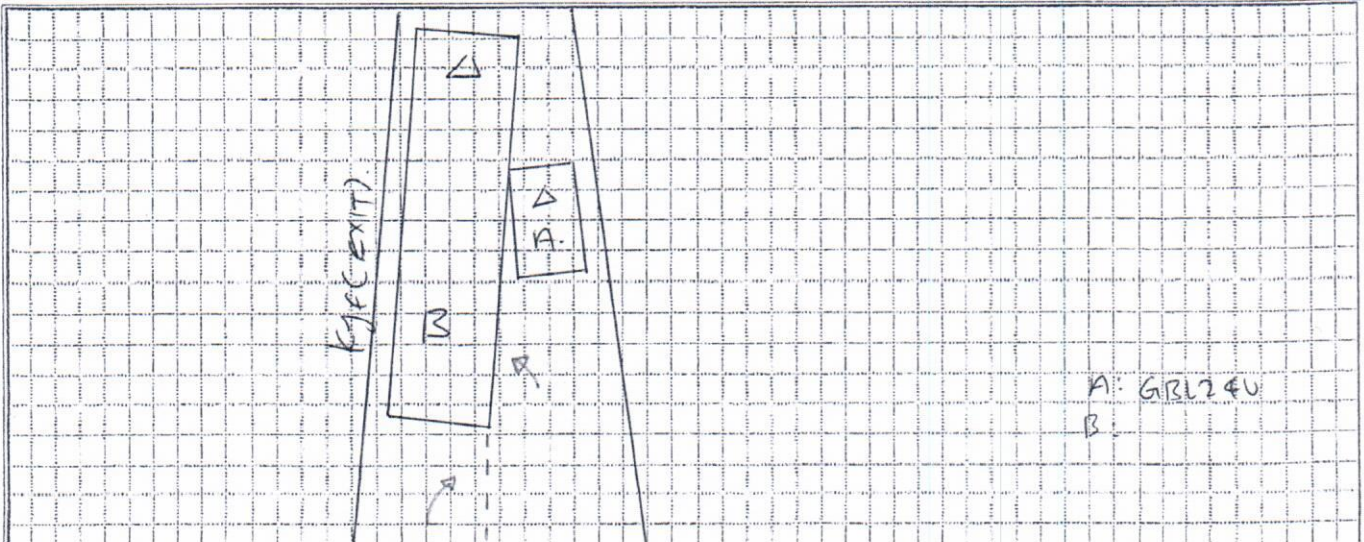
Policyholder's Signature / Date & Time

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

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

*[Handwritten signature]*  
04/04/2023

### Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING

STRAIGHT

OUT OF NOWHERE, ALONG THE MERGING LANE

VEH B COLLIDED ONTO ME.

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

*[Handwritten signature]*  
08/04/2023



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VEHICLE NO: GBL 240.

MAKE & MODEL: Toyota Hiace.

AUTO/MANUAL

DATE OF ACCIDENT	29 / 03 / 23.	CC 3.0.
TIME OF ACCIDENT	0550.	AM / PM
LOCATION OF ACCIDENT	KJC EXIT TO HOODMUNIP RD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LUM CHUAN ENTERPRISE.	
EMAIL	GBB2025@4M100.com.sg.	OFFICE: MOBILE: 96257818.
NRIC	53373744C.	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURANCE CO.	TOKIO MARINE	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	MP 005813.	
NAME OF DRIVER	AS ABOVE (IF NO: KEVIN TAN KIM CHUAN (CHEN JINQUAN))	
NRIC	S7906451C.	
DATE OF BIRTH	28 / 02 / 79.	
ANY PASSENGER	YES / NO: DRIVER ONLY.	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	05 / 07 / 04.	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: ( ) Office: Home:	
EMAIL	"	
ADDRESS	433 YISHUN HVE 6 #11-2132 SC760437).	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
ROLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	X129980T.	Any Passenger: DRIVER ONLY.
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / 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: tmsis@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.: MP005813 (Commercial Vehicle)

- |  |   |                            |
|--|---|----------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | GBL24U  | Chassis No.: KDH2010230950 |
| 2. Name of Policyholder  | LUM CHUAN ENTERPRISE  |                            |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/11/2022 (00:00:00)   |                            |
| 4. Date of Expiry of Insurance   | 26/11/2023  |                            |
| 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: 2456DDA
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:	NIL			

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature