

NATIONAL Assessment Centre Services (011-1200-1) **SN10928400002**

Date In: 12/04/2023 05:36	Job description	Date & Time Completed	Done by
Ref No: NBA/TM123003801/4	SAS e-filing		
Veh No: GRT 34634	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 12/04/2023 10:30	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (White: OD 3hrs, 20 mins)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: YM 7874J INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, P: 21-79%, P: 30-140%)		
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 repeler.

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

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

Remarks: (INC 60188, 6018)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: ()

Location: ()

Time: ()

Weather: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NA2301069	Invoice Preparation Checklist
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$20
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Emergency)	\$50
6) TR: Re-inspection	\$25
7) NI: New DA / SMRT Survey	\$140
8) NIUC: Additional Services	
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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	13/04/2023 09:36 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 10:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3463Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALEXCO WOODWORKS PTE. LTD.
Company Reg No	2XXXXX244G
Email Address	alexco@singnet.com.sg
Mobile Phone No	(Phone) +65-65838138
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	22-MQ003574-R01

DRIVER

Name of Driver	MOLLA RIDOY
Passport No/FIN	GXXXX613M
Date Of Birth	12/10/1988
Occupation	Outdoor

Date Of Driving Pass	13/04/2022
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-65838138
Alt. Phone Number	-
Email Address	alexco@singnet.com.sg
Address	10 ADMIRALTY STREET #04-23
Address complement	NORTHLINK
Postcode	757695
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	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?	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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

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 YM7874J
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 GBL504B
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) -

ANNEXURE 1

IMPORTANT NOTICE

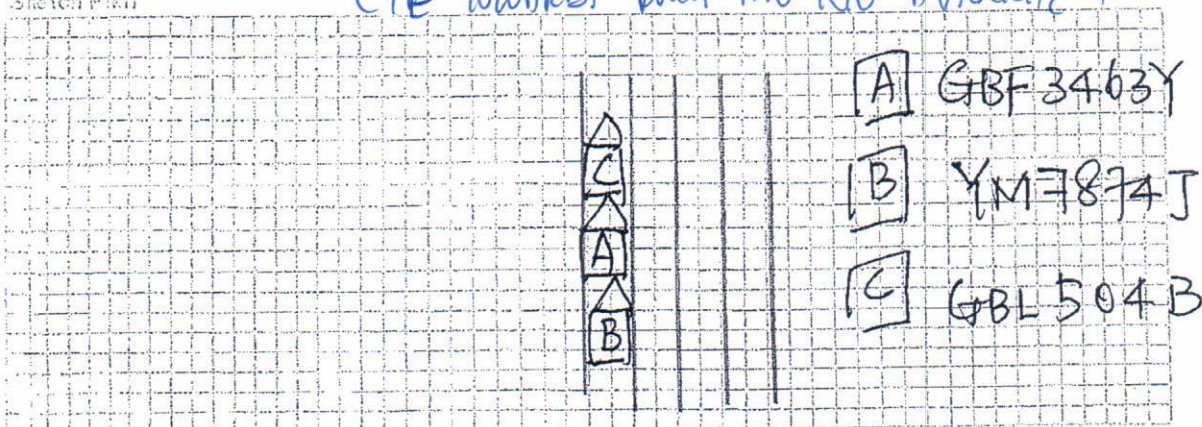
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
 4. The truth 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. The report will be forwarded by the Insurers of the G44 Roadside Management Centre established by the General Insurance Association of Singapore (GIAS) for monitoring and the 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 if needed.
 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 ("GIAS") 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 collected by my Insurer collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers) who have insured vehicle(s) involved in this accident (all Insurers) 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 Insurers) 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 GIAS to their third party service providers or agents (including their lawyers/law firms), which may be effected outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: 14/2/23
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Blank]
 Witnessed by Reporting Centre (Personal): 18/04/2023

Sketch Plan

CTE TOWARDS BUKIT MEO KIO AVENUE 1



Describe circumstances of the incident

I WAS DRIVING ALONG CTE EXPRESSWAY ON LANE 4
TOWARDS AMK AVE 1. A LORRY YM7874J
FROM BEHIND SUDDENLY BANG ONTO MY
LORRY BACK & CAUSE MY LORRY MOVE
FORWARD TO HIT ANOTHER VEHICLE NO.
GBL504B. NO

Declaration

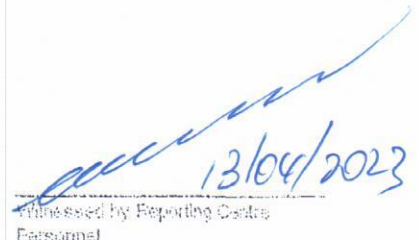
I/we declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 14/2/23



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

 13/04/2023
Witnessed by Reporting Centre
Personnel

VEHICLE NO: GBF 3463Y

MAKE & MODEL: TOYOTA DYNA

AUTO / MANUAL

DATE OF ACCIDENT	12 / 04 / 2023	*C.C.
TIME OF ACCIDENT	1030 AM / PM	
LOCATION OF ACCIDENT	CTE TOWARDS AMK AVE 1	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	ALEXCO WOODWORKS PTE LTD	
EMAIL: alexco@singnet.com.sg	Office:	MOBILE: 68538138
NRIC: UEN	201135244G	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY:	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
INSURANCE CO.	TOKIO MARINE	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	22-MQ003574-R01	
NAME OF DRIVER	AS ABOVE / IF NO: MOLLA RIDOY	
NRIC	G8815613M	
DATE OF BIRTH	12 / 10 / 1988	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO: 4	
NAME OF PASSENGER	UNKNOWN	
GENDER OF PASSENGER	MALE / <input checked="" type="checkbox"/> FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	13 / APR / 2022	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO.	Mobile: 68538138	Office: Home:
EMAIL:	alexco@singnet.com.sg	
ADDRESS	10 ADMIRALTY STREET NORTHLINK #04-23	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER: EMPLOYER
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / <input type="checkbox"/> IF NO:	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes, Who?	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	YM7874J	Any Passenger: UNKNOWN
NAME		
CONTACT NO.		
VEHICLE C NO.	GBL504B	Any Passenger: UNKNOWN
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?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
**WORKSHOP:	YSK AUTO WORKSHOP	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg. No. M2-000023-4)

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

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.: 22-MQ003574-R01 (Comm Vehicle Carry Own Goods)

- | | | | |
|--|--------------------------|--------------|-------------------|
| 1. Index Mark and Registration Number of Vehicle | GBF3463Y | Chassis No.: | JTFAT35Y10K206564 |
| 2. Name of Policyholder | ALEXCO WOODWORKS PTE LTD | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 22/09/2022 | | |
| 4. Date of Expiry of Insurance | 21/09/2023 | | |

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: 2483DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
Policy Excess:	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: Company
Owner ID: 244G

Vehicle Details

Vehicle No.: GBF3463Y
Vehicle to be Exported: Yes
Intended Deregistration Date: 12 Apr 2023
Date:
Vehicle Make: TOYOTA
Vehicle Model: TOYOTA DYNA 150
MANUAL
Primary Colour: White
Manufacturing Year: 2016
Engine No.: 1KD2623427
Chassis No.: JTFAT35Y10K206564
Maximum Power Output: -
Open Market Value: \$24,944.00
Original Registration Date: 22 Sep 2016
First Registration Date: 22 Sep 2016
Transfer Count: 0
Actual ARF Paid: \$1,248.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 21 Sep 2026
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$42,450.00
COE Rebate Amount: \$14,609.00
Total Rebate Amount: \$14,609.00

The information contained herein is correct as at 12 Apr 2023

OK