

NATIONAL Assessment Centre Services

Date: 14/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/TM/23003859/04	E-mail (within 3hrs, Aft 2hrs):		
Veh No: SMG 3391K	i-Motor Claim Form:		
DOA: 13/04/2023 09:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD/TP/Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 84F 9005D	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	[Note-Est. Status (WO): N: 0-20%; 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 repairer.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()		

Remarks: (INC Hotline: 6788 6616)	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

NA2301080	Invoice Preparation Checklist	Amnt (\$)	Amnt
Claimant's Particulars	1) AR: Accident Reporting (\$30);	Est. Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUG Additional Services:-		
	Q11*		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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	14/04/2023 08:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/04/2023 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROUNDAABOUT OF PASIR PANJANG MAPLE TREE BUSINESS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3391K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEO KHENG MENG
Company Reg No	SXXXX688A
Email Address	colinyeo63@gmail.com
Mobile Phone No	(Phone) +65-84680319
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MQ005081-R01

DRIVER

Name of Driver	YEO KHENG MENG
Company Reg No	SXXXX688A
Date Of Birth	28/06/1963

Occupation	Outdoor
Date Of Driving Pass	01/09/2003
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84680319
Alt. Phone Number	-
Email Address	colinyeo63@gmail.com
Address	APT BLK 212B COMPASSVALE DRIVE
Address complement	# 05-119
Postcode	542212
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Roundabout
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?	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?	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 THE ATTACHED POLICE REPORT - T/20230413/7036

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	SLF9005D
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	YEO KHENG MENG
Gender	Male
Phone No	(Phone) +65-84680319
Address	APT BLK 212B COMPASSVALE DRIVE
Address Complement	# 05-119
Post Code	542212
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN - GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SMG3391K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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. The 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.

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

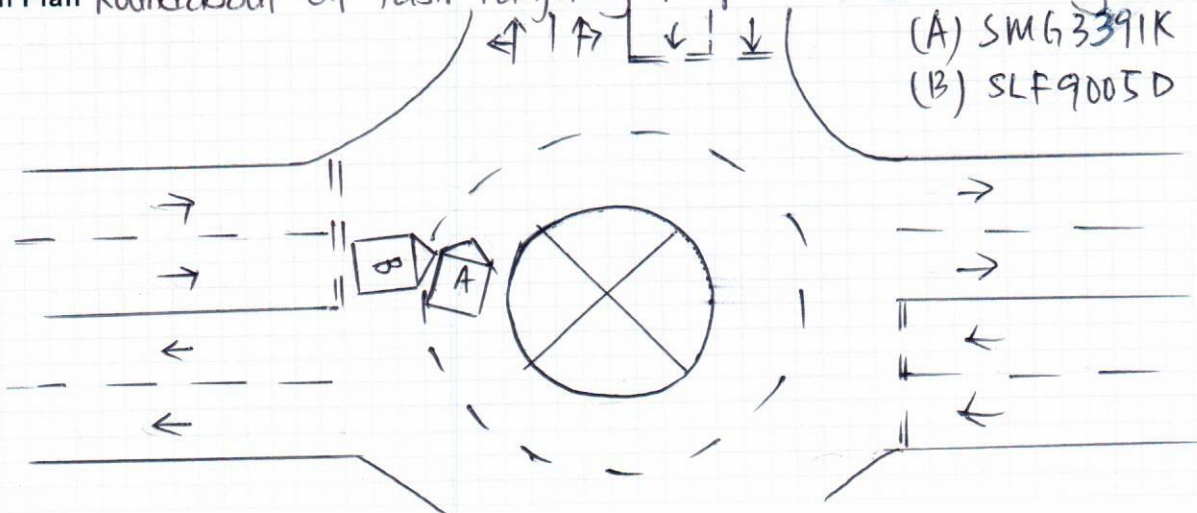
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Roundabout of Pasir Panjang Maple Tree Business City



Attached TP/20230413/7036
Police Report

LA

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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



x

Amund 14/04/2023

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230413/7036

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

1 of 3

Report No. T/20230413/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2023 15:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YEO KHENG MENG			Address: 212B COMPASSVALE DRIVE #05-119 SINGAPORE 542212		
ID Type / ID No.: NRIC NO / S1572688A			Contact No.: Home/Office: Mobile: 84680319		
Nationality: SINGAPORE CITIZEN			Email: COLINYEO63@GMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 28/06/1963	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2023 09:40	Type of Location: Roundabout
Location: PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF9005D	Car					0
SMG3391K	Car	TOYOTA	PRIUS HYBRID 1.8A CVT	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230413/7036

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

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Report No. T/20230413/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3391K	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ005081	16/11/2021	21/02/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEO KHENG MENG		ID No.	S1572688A
Related Vehicle	SMG3391K (Car)		Contact No.	84680319
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2023		Date	NIL
No. of Days granted Medical Leave		05	Degree of	Serious

Brief Details.

On 13/04/2023 at about 0940 hours at roundabout of Pasir Panjang Maple tree business city. I was travelling on the extreme right lane at the round about and a vehicle (B) exited out from Alexandre road without cautious and without checking his blindspot and hit onto front left portion of my vehicle (a) causing damages to my vehicle. After the accident and I went to consult a doctor and was given 05 days MC for my injury.

- (A) SMG3391K
(B) SLF9005D



**SINGAPORE
POLICE FORCE**



T/20230413/7036

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

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Report No. T/20230413/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
13/04/2023 15:45

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/04/2023	Time: 0940 hrs	(hh:mm) 24 hr format
Location Round about of Pasir Panjang Maple tree Business City		
Vehicle Number SMG 3391K		
Insured Name Yeo Kheng Meng		
NRIC / FIN S 1572688A	Contact Number 8468 0319	
Make Toyota	Model Prius hybrid 1.8A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company Tokio Marine		
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 23-MQ005081-R01		
Name of Driver (/) Same as Insured		
NRIC / FIN S 1572688A Contact Number 8468 0319		
Date of Birth 28/06/1963		
Driving Pass Date 01/09/2003		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address ColinYeo63@gmail.com () NO EMAIL		
Address of Driver B1K 212B Compassvale drive #05-119 S(542212)		
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured		
(/) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (/) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (/) Clear () Raining () Others		
Road Surface (/) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? (/) Yes () No		
If yes, injured detail Back & neck pain		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? (/) Yes () No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SLF 9005D		
Veh C		
Veh D		
Veh E		
Veh F		

1 person including driver



Certificate of Insurance

FORM MX1 H

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.: 23-MQ005081-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SMG3391K **Chassis No.:** ZVW516046667
2. **Name of Policyholder** YEO KHENG MENG
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 22/02/2023
4. **Date of Expiry of Insurance** 21/02/2024

5. **Persons or Class of Persons entitled to drive***

The Policyholder

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***

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person except for private hire services
- 4) Use for hire or reward except for (3) and rental by the Policyholder.

- * 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:** 2324DDA**Insurance Plan:**

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

SGD 2,000

Policy Excess:

Excess-Third Party (Sect II)

SGD 1,500

Young/Inexperienced Driver

SGD 1,500 (In additional to Section 1 & 2 separately)

Windscreen Excess

SGD 100

Financial Interest:

PURE MOTORS PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature