

NATIONAL Assessment Centre Services (part 1 of 4) **SNV 23470001**

Date In: 17/04/2023 10:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2801094	E-mail (initials, first, last)		
Veh No: 3602	1-Motor Claim Form		
D.O.A: 17/04/2023 17:18	1-Motor W/O (with: OD, 1st, 2nd, 3rd)		
OD: (TP) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Yeh No: **SNV 3602** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Petty No: () Period: () Cover Type: ()

Confirmed by: () Date: () Place: ()

Insured/Driver Liability: () 93) (Note: B&C Status (W/O): 10-0-30%, F: 21-79%, F: 90-140%)

Year of Registration: () Warranty: YES () / NO ()

Excess: () Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO info of repeller.

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

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

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

On-site: ()

Off-site: ()

Other: ()

NA2801094 / NA2801095

Owner/Owner: ()

Contact No: ()

Assigned Portion: ()

Checked by (Engi-In-Charge): ()

Invoice Breakdown (Only CHS):

1) A/R: Accident Processing (\$300)	
2) D/A: Damage Assessment (\$1000)	INC (\$56)
3) T/P: Towing Fee	\$10/\$40
4) P/T: Follow-Through Survey	\$140
5) P/T: Follow-Through Survey (Emergency)	\$30
6) T/A: Towing Allowance	\$75
7) N/A: N/A	\$140
8) N/A: Additional Services	
9) N/A: N/A	
10) N/A: N/A	
11) N/A: N/A	
12) N/A: N/A	
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99) N/A: N/A	
100) N/A: N/A	

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	17/04/2023 10:48 (SGT)
Reported by	Actual Driver
Date of Accident	14/04/2023 17:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE TOA PAYOH LORONG 6 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6544M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NAW ZAR MYO
NRIC No	SXXXX705G
Email Address	saisaiklm@yahoo.com
Mobile Phone No	(Phone) +65-96828264
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP002766

DRIVER

Name of Driver	SAI SAI KYAW LINN MAW
NRIC No	SXXXX663H
Date Of Birth	10/05/1976
Occupation	Indoor

Date Of Driving Pass	14/08/2002
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96828264
Alt. Phone Number	-
Email Address	saisaiklm@yahoo.com
Address	BLK 287B JURONG EAST STREET 21 #07-332
Address complement	-
Postcode	802287
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	MINDY LINN
Gender	Female

PASSENGER 2

Name	DANNY LINN
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/20230416/7021

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	SND360Z
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	SAI SAI KYAW LINN MAW
Gender	Male
Phone No	(Phone) +65-96828264
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKQ6544M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MINDY LINN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKQ6544M
Were seat belts worn?	Yes
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.
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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

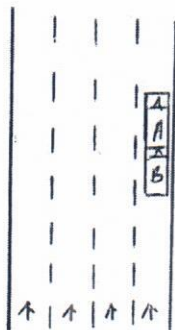
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

17/04/2023

Sketch Plan

PIE towards chong B/K Toa Payoh Lor. 6. EXIT

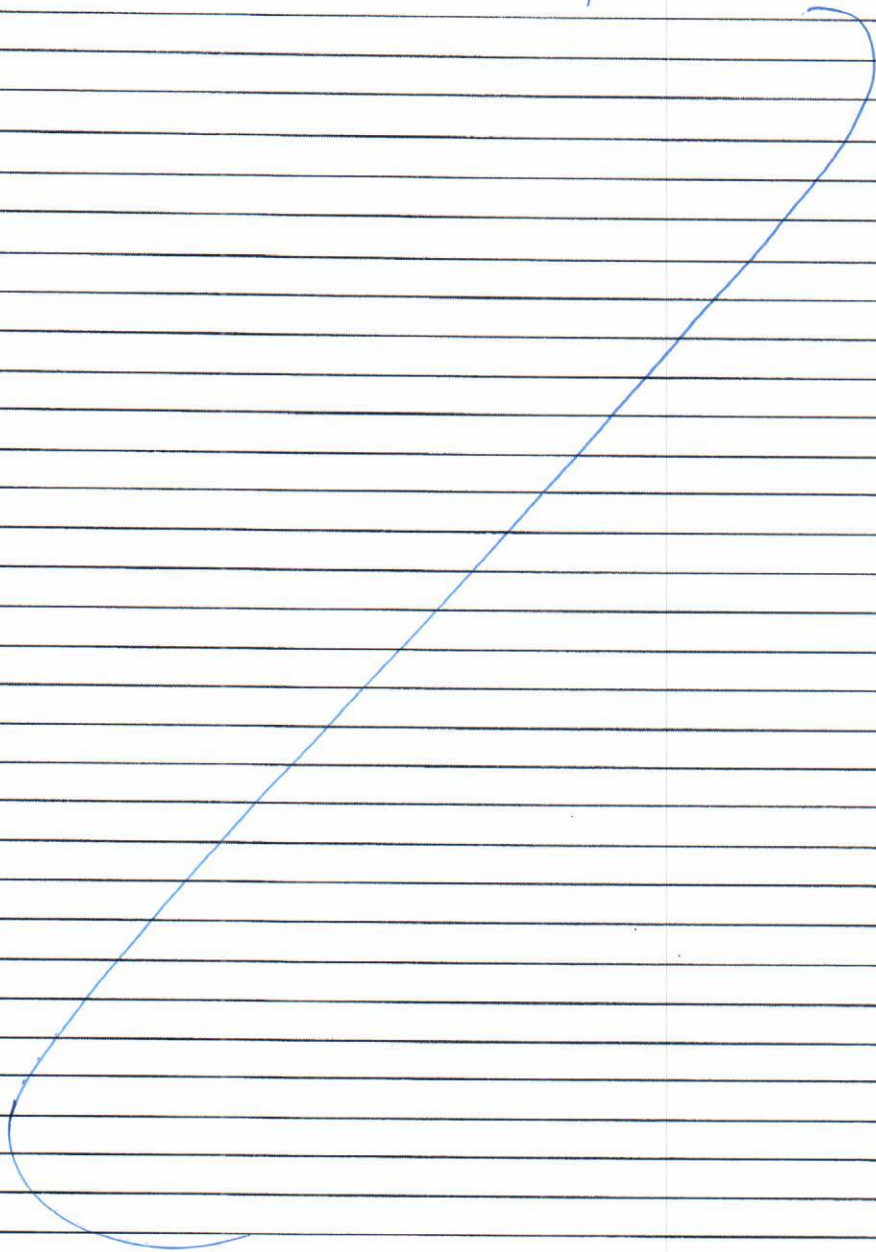


Veh A - SKQ 6544M

Veh B - SND 360Z

Describe Circumstances of the Accident

Refer to Police Report : T/20230416/7021



Declaration

We declare the foregoing particulars are true in every respect.

A handwritten signature in blue ink, appearing to be 'MM2', is written over the line for the policyholder's signature.

Policyholder's Signature / Date &
Time

A handwritten signature in blue ink, appearing to be 'Gij', is written over the line for the driver's signature.

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

A handwritten signature in blue ink is written over the line for the reporting centre personnel, with the date '11/04/2023' written next to it.

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230416/7021

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

1 of 3

Report No. T/20230416/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2023 16:39	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: SAI SAI KYAW LINN MAW	Address: 287B JURONG EAST STREET 21 #07-332 SINGAPORE 602287	
ID Type / ID No.: NRIC NO / S7681663H	Contact No.: Home/Office:	Mobile: 97651914
Nationality: SINGAPORE CITIZEN	Email: saisaiklm@yahoo.com	
Sex: Male	Age: 46	Date of Birth: 10/05/1976
Race: Burmese		Type of Informant: Driver
Language: English		
Occupation: Freelance	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2023 17:15	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ6544M	Car					2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20230416/7021

2 of 3

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

Report No. T/20230416/7021

CONTINUATION OF REPORT

Driver			
Name	SAI SAI KYAW LINN MAW		ID No. S7681663H
Related Vehicle	SKQ6544M (Car)		Contact No. 97651914
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SKQ6544M along PIE(Changi).

My daughter and son were on board my vehicle at that time and all three of us were belted.

I had gradually come to a stop due to traffic conditions before TPY Lor 6 Exit.

I was waiting for vehicles in front to move off when suddenly, a huge impact hit my vehicle's rear causing my vehicle to jerk forward.

My body lurched forward due to the unexpected impact.

Upon alighting, I realised that I was hit from the rear by SND360Z.

The following day, my daughter, Mindy Linn, and I started feeling stiffness over our neck and back areas.

As such, we proceeded to our family doctor, Unihealth JE, on 16/04/23 to seek treatment.

Each of us was given 3 days MC each.



**SINGAPORE
POLICE FORCE**



T/20230416/7021

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

3 of 3

Report No. T/20230416/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

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

Date/Time:
16/04/2023 16:39

Classification Of Case:

NP168

DATE OF ACCIDENT: 14/04/2023 TIME: 1715
LOCATION: P16 towards Changi before Tan Payoh Lor 6 Exit

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: SKQ6544M MODEL: Mazda 3
2) INSURANCE CO.: Tokio Marine POLICY NO.:
3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)
4) OWNER NAME: Naw Zar Myo I/C 373837056 TEL: 9682 8264
5) OWNER EMAIL: nzmyo@yahoo.com ALTERNATIVE PHONE NO.:
6) DRIVER NAME: Sai Sai Kyaw Linn Maw I/C 876816634 TEL:
7) DRIVER OCCUPATION: HR Manager EMAIL: saisaiklm@yahoo.com
8) RELATIONSHIP WITH OWNER: Husband
9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
10) DRIVER'S OWN VEHICLE REG NO.: INS CO.:
11) WEATHER CONDITION: CLEAR / RAINING / OTHERS
12) ROAD SURFACE: DRY / WET / OTHERS
13) ANY SCENE PHOTOS: YES / NO
14) ANY VIDEO CAPTURED BY CAR CAMERA: YES / NO
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: Private Use
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING
ACCIDENT CLAIMS ASSISTANCE: YES / NO
17) NO. OF PASSENGERS (INCLUDING DRIVER): 03 A) PASSENGER NAME: Mindy Linn
18) No. of Vehicle Involved (including own vehicle): 02 MALE / FEMALE
B) PASSENGER NAME: Panny Linn
MALE / FEMALE

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1 1) VEHICLE NO.: SND360Z MODEL:
2) DRIVER NAME: I/C
3) ADDRESS:
4) CONTACT NO.: INS CO:
VEHICLE 2 1) VEHICLE NO.: MODEL:
2) DRIVER NAME: I/C
3) ADDRESS:
4) CONTACT NO.: INS CO:

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT: (YES / NO)
IF YES, FOREIGN VEHICLE NO.:
FOREIGN VEHICLE CATEGORY:

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW:-
2) NAME & NRIC: TEL:
3) RELATIONSHIP WITH INVOLVED PARTIES:

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN:
2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A
COPY OF POLICE REPORT.
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE
A COPY OF THE NOTICE.
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO
THE ABOVE ACCIDENT (YES/NO).

DRIVER'S SIGNATURE & DATE
CHENG HOE MOTOR PTE LTD (AMK)
97820185 (Whatsapp)
Email: chmarnk@singnet.com

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



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine 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.: MP002766 (Private Car)

- | | | |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKQ6544M | Chassis No.: JM6BM42A8F0160664 |
| 2. Name of Policyholder | NAW ZAR MYO | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 17/06/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 16/06/2023 | |
| 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: 2773DDA
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 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:	MAYBANK SINGAPORE LIMITED		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature