

NATIONAL Assessment Centre Services SNO/234/ROOP/

Date In: 27/04/2023 10:25	Job Description	Date & Time Completed	Done by
Ref No: NRP/TM/23004821/Y	SAS e-filing		
Yeh No: SKD 729E	E-mail (initial form, AIC form)		
D.O.A: 26/04/2023 17:05	1-Motor Claim Form		
OD: (7) Reporting Only	1-Motor W/O (w/ins: OD form, or form)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Yeh No: SKD 729E INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Types: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: 1st Status (WO): N: 0-30%, F: 21-70%, 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 repair.

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

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

Remarks: (INC/OD/TP/DA/PT/PP/FR/NE/NTUC/Additional Services)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time	Action	Done by

NA2301213

Invoice/Preparation Charge/Job	Amount
1) AR: Accident Paperwork (230)	
2) DA: Damage Assessment (\$1600)	INC (350)
3) TP: Towing Fee	\$100/\$40
4) PP: Follow-Through Service	\$150
5) PT: Follow-Through Survey (Recovery)	\$300
6) FR: Re-inspection	\$75
7) NE: New DA + EMI-T Survey	\$140
8) NTUC Additional Services	
OD:	
*NB: Courtesy Car / Tot Allowance	\$5
*NB: Repair Coordination	\$10
*NB: Post Repair Inspection	\$20
*NB: DY / Collect Excess Coordination	\$1
*NB: (1) TP (Non-INC) Approval	\$20
TP (1) (1) Mileage	100
Invoice Total	
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	27/04/2023 10:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 17:05 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND449C

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	REUBEN DOMINIC PHAY YI REN
NRIC No	SXXXX422B
Email Address	nic.muff@gmail.com
Mobile Phone No	(Phone) +65-81394104
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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	1490

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP005554

### DRIVER

Name of Driver	REUBEN DOMINIC PHAY YI REN
NRIC No	SXXXX422B
Date Of Birth	24/11/1985
Occupation	Indoor

Date Of Driving Pass .....	08/08/2006
Driving experience .....	16 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81394104
Alt. Phone Number .....	-
Email Address .....	nic.muff@gmail.com
Address .....	21 FLORA DRIVE #06-39
Address complement .....	-
Postcode .....	506761
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 - 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) .....	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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230426/7111

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 .....	SKD729E
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 .....	RUEBEN DOMINIC PHAY YI REN
Gender .....	Male
Phone No .....	(Phone) +65-81394104
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SND449C
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.
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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 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.

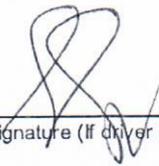
(collectively the "Purposes")

(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

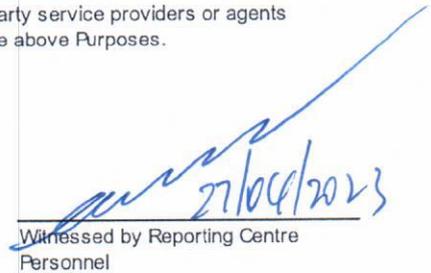
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

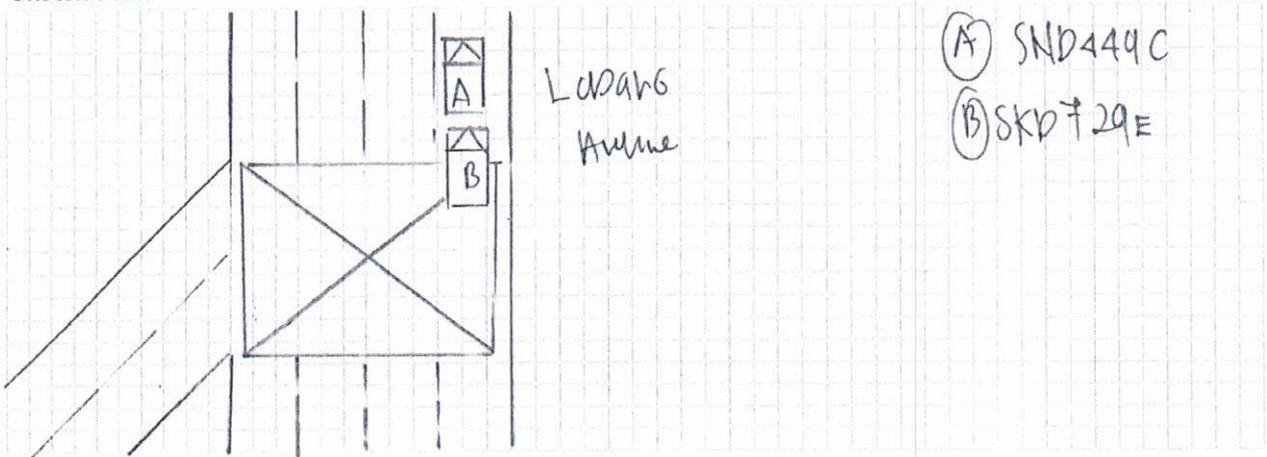


Driver's Signature (If driver is not the policyholder) / Date & Time



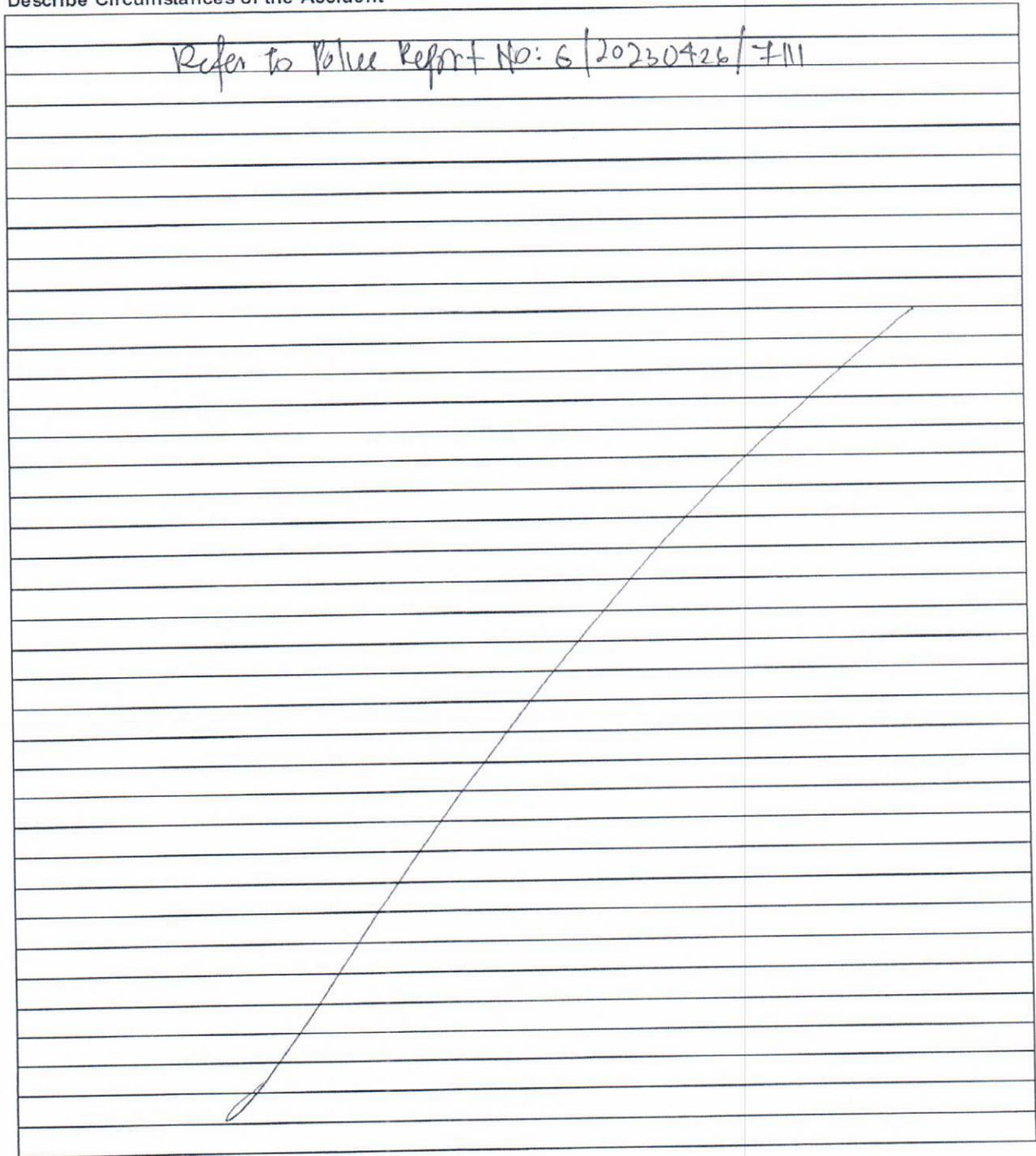
27/04/2023  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



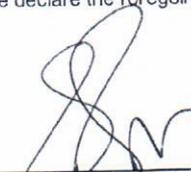
**Describe Circumstances of the Accident**

Refer to Police Report No: 6/20230426/711

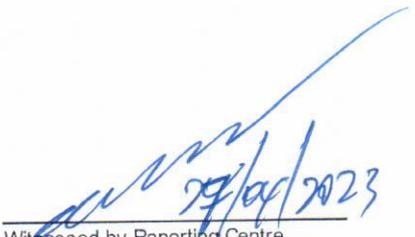


**Declaration**

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  
& Time

  
\_\_\_\_\_  
29/08/2023  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



G/20230426/7111

1 of 2

Report No. G/20230426/7111

**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 26/04/2023 20:31		Vide Report No.		Station Diary No.	
Name Of Informant REUBEN DOMINIC PHAY YI REN		Address 21 FLORA DRIVE #06-39 SINGAPORE 506761			
ID Type / ID No. NRIC NO / S8537422B		Contact No. Home/Office:		Mobile: 81394104	
Nationality SINGAPORE CITIZEN		Email Address nic.muff@gmail.com			
Occupation Primary school teacher		Sex Male	Age 37	Date of Birth 24/11/1985	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 26/04/2023 17:05 - 26/04/2023 17:15		Location Of Incident 21 FLORA DRIVE #06-39 SINGAPORE 506761			

**Brief details.**

I was exiting from TPE towards Loyang Avenue, planning to turn right into Old Tampines Road. As there was no oncoming traffic, I proceed to turn into the yellow box on the right and stopped. Just then, a white car (Vehicle Number: SKD729E), came from the same exit from TPE and stopped behind me and as he did not stop in time, he knocked into my bumper.

The traffic light then signalled for the cars to turn to Old Tampines Road. I turned and signalled to turn right into Flora Drive. The white car then kept to the right and proceeded to drive past me along Old Tampines Road. As I could not get out of the traffic, which was moving, I had no choice but to turn. I took

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2023 20:31
Officer In-Charge Of Case:	Classification Of Case:



# SINGAPORE POLICE FORCE



G/20230426/7111

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230426/7111

down his car license plate number.

Subjects Involved			
Victim			
Person Name	REUBEN DOMINIC PHAY YI REN		
ID Type	NRIC NO	ID No	S8537422B
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Primary school teacher	Address	21 FLORA DRIVE #06-39 SINGAPORE 506761
Mobile No	81394104	Is Informant A Victim?	Yes
Person Name	REUBEN DOMINIC PHAY YI REN (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
26/04/2023 20:31

Classification Of Case:

Date of Accident : 26-04-23 Accident Time: 1705 (24-HR-Format)  
 Accident Place : LODANG Avenue  
 Vehicle No. (Car Plate No.) : SND 449C Make/Model: Toyota VARIO CROSS 1.5X B-MKS  
 Insurance Company : TM Policy No: M1005554 CVT  
 Owner or Company Name /IC No. : Reuben Dominic Phay Yi Ren (S8537422B)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 81394104 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : same as above  
 DRIVER'S Date Of Birth : 24.11.1985 DRIVER'S License Pass Date 08.06.2006  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
 DRIVER'S Address : 21 Flora Drive #06-39 S(506761)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 81394104  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : NIC.MUFF@EMAIL.COM  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): Driver only  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SKD 729E (NTW)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

# 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: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIOMARINE**  
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.: MP005554 (Private Car)

- |  |  |                            |
|--|--|----------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SND449C  | Chassis No.: MXPB103013762 |
| 2. Name of Policyholder  | DOMINIC PHAY YI REN  |                            |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/11/2022 (00:00:00)  |                            |
| 4. Date of Expiry of Insurance   | 29/11/2023   |                            |
| 5. Persons or Class of Persons entitled to drive*                              | (a) The Policyholder.<br>(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

Insurance Plan:	Comprehensive Approved Workshop Plan	Account No: 2456DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims Additional Excess for Unnamed Driver(s) Additional Excess for Young or Inexperience Driver(s) WindScreen Excess	SGD 800.00 SGD 500.00 SGD 3,500.00 SGD 100.00 (Original Excess : SGD 800.00)
Financial Interest:	NIL	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	422B
Vehicle Details	
Vehicle No.:	SND449C
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jun 2023
Vehicle Make:	TOYOTA
Vehicle Model:	YARIS CROSS 1.5X B-PKG CVT
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	M15AY232162
Chassis No.:	MXPB103013762
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$18,486.00
Original Registration Date:	30 Nov 2021
First Registration Date:	30 Nov 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2031
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,709.00
COE Rebate Amount:	\$44,641.00
<b>Total Rebate Amount:</b>	<b>\$48,391.00</b>

The information contained herein is correct as at 27 Apr 2023

OK

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SU09234R0001 Vehicle Registration No: SND449C  
 Name (as shown in NRIC): REUBEN DOMINIC PHAY YI RAY NRIC/FIN/Passport No: SXXXX422B  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 81394104  
 Email Address: \_\_\_\_\_  
 Date of Accident: 26/04/2023 Time of Accident: 17:05  
 Place of Accident: WYBURN AVE  
 Insurance Company: OKO MANULIFE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME ON SAS TO REUBEN DOMINIC PHAY YI RAY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: 28/04/2023