

NATIONAL Assessment Centre Services

Date In 05/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/TM/23004589/d4	SAS e-filing		
Veh No GBF 1399M	E-mail (within 8hrs, AP 2hrs)		
DOA 04/05/2023 16.20	I-Motor Claim Form		
OD/TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	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: SMX9444M	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%. 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. ()

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

NA 2301306

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't Add
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	05/05/2023 15:58 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1399M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLASHPOINT SUPPLIER
Company Reg No	4XXXX600W
Email Address	VINCENTTEO75@YAHOO.COM
Mobile Phone No	(Phone) +65-90695486
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP006564

DRIVER

Name of Driver	TEO HAK SIM
NRIC No	SXXXX425F
Date Of Birth	19/09/1967
Occupation	Indoor

Date Of Driving Pass	06/09/1985
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90695486
Alt. Phone Number	-
Email Address	VINCENTTEO75@YAHOO.COM
Address	APT BLK 539 JURONG WEST AVENUE 1
Address complement	# 09-1032
Postcode	640539
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOYED
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	Raining
Road Surface	Wet

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX9444M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-84669788

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 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.

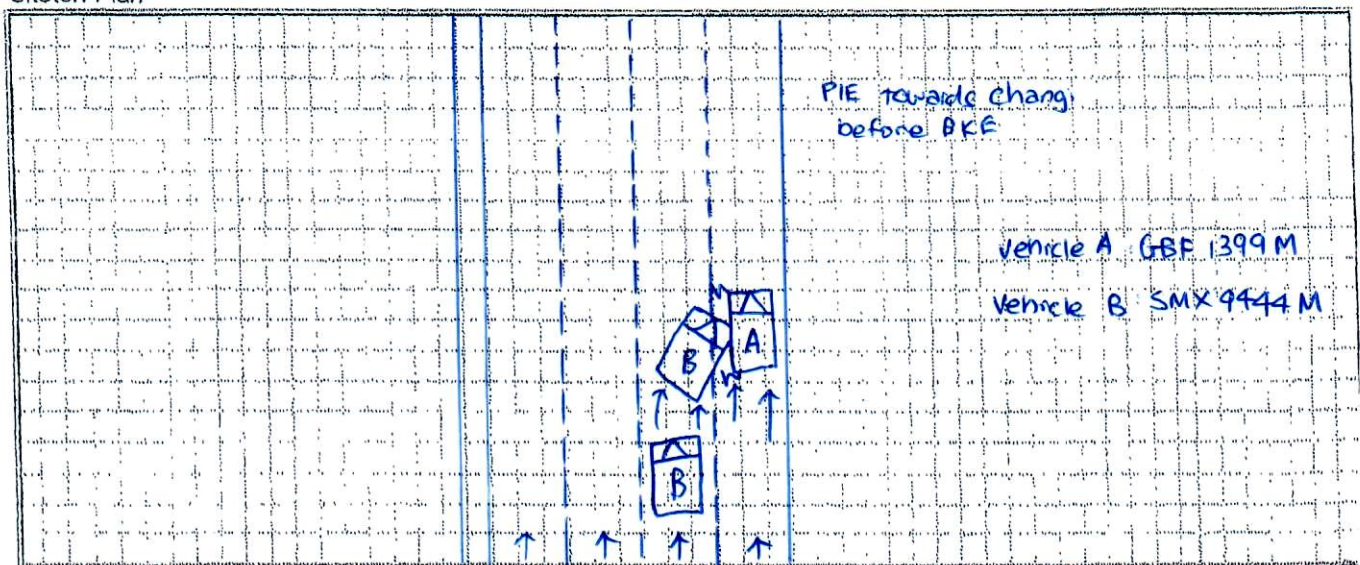
FLASHPOINT SUPPLIER

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)

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (GBF 1399 M) along PIE towards Changi before BKE on the extreme right lane of a 4 lane expressway. I was driving straight in my lane and suddenly, vehicle B (SMX 9444 M) filtered from my left (lane 2) and collided into my vehicle left portion. I was driving in lane 1 due to traffic jam on lane 1, 2 & 3.

Video footage Attached.

Declaration

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

富士坊
FLASHPOINT SUPPLIER

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)

VEHICLE NO: GBF 1399 M	MAKE & MODEL: Toyota Hiace	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	04 / 05 / 2023	CC: 2-8
TIME OF ACCIDENT:	1620 HRS	
LOCATION OF ACCIDENT:	PIE towards Changi Before BKE	
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER:	Flashpoint Supplier	
TEL NO:	H/P: 9069 5486	OFFICE: HOME:
NRIC:	46781600 W	
ADDRESS:	259 Jurong East Street 24 #01-435 S 600256	
EMAIL:	VINCENT TE075@yahoo.com	
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO	
INSURANCE COMPANY:	Tokio Marine	
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO:	MP006564	
NAME OF DRIVER:	AS ABOVE / IF NO: Teo Hak Sim	
NRIC:	S1805425 F	ANY PASSENGER: NIA
DATE OF BIRTH:	19 / 09 / 1967	LICENCE PASSED DATE: 06 / 09 / 1985
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR	
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
CONTACT NO:	H/P: as above	OFFICE: HOME:
ADDRESS:	APT BIK 539 Jurong West Avenue 1 #09-1032 S640539	
EMAIL:	as above	
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO: INSURER:	
RELATIONSHIP:	Self-Employed	
WEATHER CONDITION:	CLEAR / <input checked="" type="checkbox"/> RAINING / OTHERS:	
ROAD SURFACE:	DRY / <input checked="" type="checkbox"/> WET / OTHER:	
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	SMX 9444 M	ANY PASSENGERS: 1 (1F)
NAME OF DRIVER:	unknown	CONTACT NO: 8466 9788
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
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	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
ACCIDENT PORTION:	Left Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

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: tmis@tokiomarine.com.sg W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine 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.: MP006564 (Commercial Vehicle)

- | | | |
|---|---|-----------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBF1399M | Chassis No.: GDH2012014981 |
| 2. Name of Policyholder | FLASHPOINT SUPPLIER | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 02/02/2023 (00:00:00) | |
| 4. Date of Expiry of Insurance | 01/02/2024 | |
| 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: 1460DDA

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.

雙華保險專業公司
SUN HWA INSURANCE AGENCY
BLK 256 JURONG EAST ST 24
#01-383 SINGAPORE 600256
H/P: 9763 9933 TEL: 6560 9933

Authorised Signature