

NATIONAL Assessment Centre Services

Date: 09/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/1M/23004703/d4	SAS e-filing		
Veh No: GBL 8314E	E-mail (within 2hrs, AP 2hrs)		
DOA 08/05/2023 16:15	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: GBE 6547.A	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 6619)	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

NA2301358	Invoice Preparation Checklist	Am't (\$)	Is Bill
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idas 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 (NI1): TP (Non INC) against INC \$20		
	9) N12: Idas 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	09/05/2023 13:13 (SGT)
Reported by	Actual Driver
Date of Accident	08/05/2023 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG ROAD TOWARDS KALLANG ROAD AFTER GEYLANG LORONG 16
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8314E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHENG MOH HUAT TRADING SUPPLIER CO
Company Reg No	2XXXX800E
Email Address	DE@CMHT.SG
Mobile Phone No	(Phone) +65-98535252
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	T3 (ELECTRIC)
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	0

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZC01846

DRIVER

Name of Driver	YU JIAN DE
NRIC No	SXXXX383D
Date Of Birth	22/11/1990

Occupation	Indoor
Date Of Driving Pass	03/06/2011
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90493438
Alt. Phone Number	-
Email Address	DE@CMHT.SG
Address	APT BLK 409C NORTHSORE DRIVE
Address complement	# 25-260
Postcode	823409
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	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?	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6547A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Passport No/FIN	GXXXX232T
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	YU JIAN DE
Gender	Male
Phone No	(Phone) +65-90493438
Address	APT BLK 409C NORTSHORE DRIVE
Address Complement	# 25-260
Post Code	823409
Approximate Age Years Old	-
Injuries Sustained	BODYPAIN
Injured person in which vehicle?	GBL8314E
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 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.



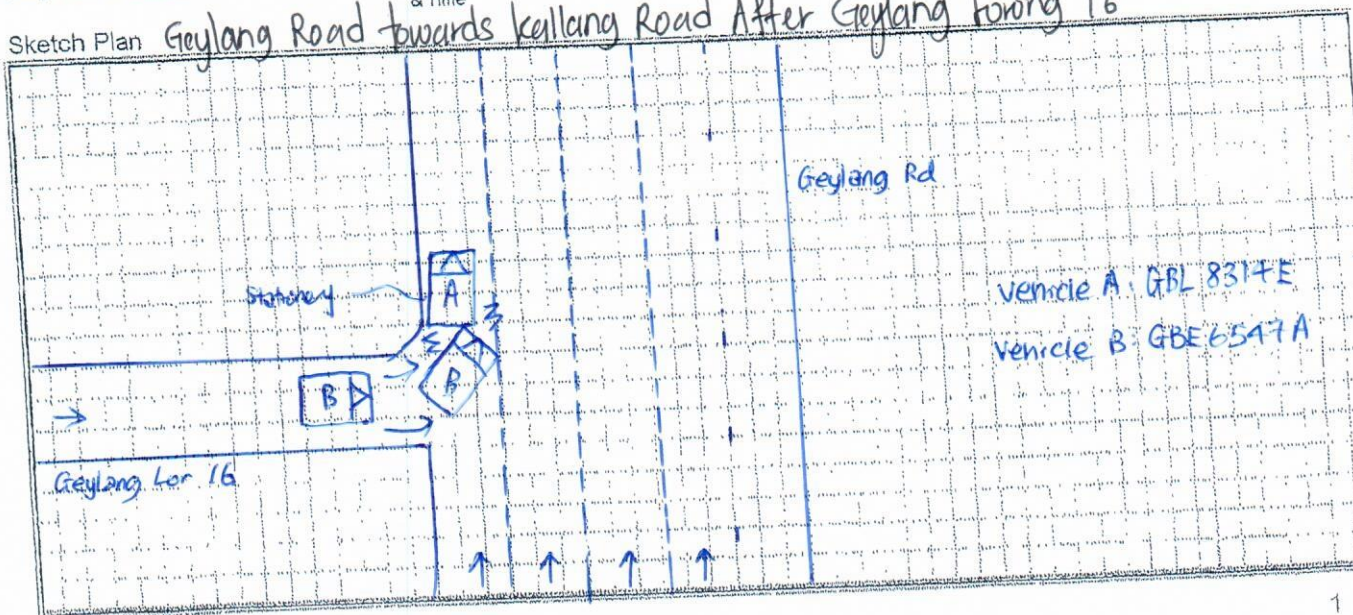
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

9/5/2023

Sketch Plan Geylang Road towards Kallang Road After Geylang Lorong 16



Describe Circumstance of the Accident

As of above date and time, my vehicle (GRL 8314 E)
was stationary along the Road of Geylang Rd towards
Kallang Rd After Geylang Cor 16 on the left lane of a 4
lane Rd. while being stationary, vehicle B (GBE 6547A) collided
into the rear right portion of my vehicle.

Declaration

I/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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

9/15/2023

VEHICLE NO: <u>GBL 8314 E</u>	MAKE & MODEL: <u>BYD T3</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT:	<u>08 / 05 / 2023</u>	CC: <u>-</u>
TIME OF ACCIDENT:	<u>1615</u> HRS	
LOCATION OF ACCIDENT:	<u>Geylang Rd towards Kallang Rd After Geylang Lor 16</u>	
EXACT PURPOSE USE DURING ACCIDENT:	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER:	<u>Cheng Moh Huat Trading Supplier Co</u>	
TEL NO:	H/P: <u>9859 5252</u>	OFFICE: HOME:
NRIC:	<u>22845800E</u>	
ADDRESS:	<u>1809 Geylang Bahru #01-01 S 339713</u>	
EMAIL:	<u>DE@CMHT.SG</u>	
CLAIM TYPE:	<u>OD / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / NO?</u>	
INSURANCE COMPANY:	<u>Tokio Marine</u>	
TYPE OF COVERAGE:	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO:	<u>MZC01846</u>	
NAME OF DRIVER:	<u>AS ABOVE / IF NO: Yu Jian De</u>	
NRIC:	<u>S9051383D</u>	ANY PASSENGER: <u>NIA</u>
DATE OF BIRTH:	<u>22 / 11 / 1990</u>	LICENCE PASSED DATE: <u>03 / 06 / 2011</u>
OCCUPATION:	<u>OUTDOOR / INDOOR</u>	
GENDER:	<u>MALE / FEMALE</u>	
CONTACT NO:	H/P: <u>9049 3438</u>	OFFICE: HOME:
ADDRESS:	<u>Apt BIK 409C Northshore Drive #25-260 S823409</u>	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<u>NO / IF YES, REG NO:</u>	
RELATIONSHIP:	<u>Employee</u>	
WEATHER CONDITION:	<u>CLEAR / RAINING / OTHERS:</u>	
ROAD SURFACE:	<u>DRY / WET / OTHER:</u>	
ANY INJURIES:	<u>NO / IF YES, WHO? Backpain</u>	
NAME & CONTACT:	<u>Yu Jian De (9049 3438)</u>	
NAME & CONTACT:		
POLICE REPORT:	<u>NO / IF YES, WHERE?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO / IF YES, WHO?</u>	
VEHICLE B REG NO:	<u>GBE 6547A</u>	ANY PASSENGERS: <u>NIA</u>
NAME OF DRIVER:	<u>G 7679232T</u>	CONTACT NO: <u>Unknown</u>
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?	<u>YES / NO</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES / NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES / NO</u>	
ACCIDENT PORTION:	<u>Rear Right Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / NO</u>		
WORKSHOP PARTICULAR:	<u>N-51 Automotive Pte Ltd</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:	<u>Steve</u>	
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>	

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 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.: MZC01846 (Commercial Vehicle)

GBL8314E

Chassis No.: LC0CE4DB6M0090123

1. Index Mark and Registration Number of Vehicle

2. Name of Policyholder

CHENG MOH HUAT TRADING SUPPLIER CO

3. Effective date of the Commencement of Insurance for the purposes of the Act

28/04/2023 (00:00:00)

4. Date of Expiry of Insurance

27/04/2024

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).

Account No: 2456DDA

ADDITIONAL INFORMATION

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 2,500.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	UNITED OVERSEAS BANK LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature