

# NATIONAL Assessment Centre Services (with 1 hour)

2109235-00009

Date In: 26/05/2023 10:50	Job Description	Date & Time Completed	Done by
Ref No: NRB1-TM122005865	SAS e-filing		
Veh No: 8-L-1408J	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 25/05/2023 22:00	1-Motor Claim Form		
QC (TP) Reporting Only	1-Motor W/O (within 24 hrs, TP 1hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: 8MD 2367D	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	95) (Note: Hst Status (VO): 10-0-20%, P: 21-72%, P: 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 repair.

( ) 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 Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Incident: ( )

Location: ( )

Time: ( )

Weather: ( )

Other: ( )

NA2301554	Invoice Preparation Checklist
1) A/R: Accident Report (300)	
2) D/A: Damage Assessment (1000)	INC (550)
3) T/P: Towing Fee	\$10/\$15
4) P/T: Follow-Through Survey	\$150
5) P/T: Follow-Through Survey (Emergency)	\$50
6) T/R: Re-inspection	\$75
7) N/E: New DA + SMRT Survey	\$140
8) N/E: Additional Services	
9) N/E: ( )	
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## 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	26/05/2023 14:50 (SGT)
Reported by	Actual Driver
Date of Accident	25/05/2023 22:00 (SGT)
Exact Location of Accident	Rivervale Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1403J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	M AUTO LEASING PTE LTD
Company Reg No	2XXXXX087Z
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-93831693
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	Private hire
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000647-R00

### DRIVER

Name of Driver	YAP CHONG BENG
NRIC No	SXXXX722G
Date Of Birth	26/06/1967
Occupation	Outdoor

Date Of Driving Pass .....	23/05/2013
Driving experience .....	10 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93831693
Alt. Phone Number .....	-
Email Address .....	yapchongbeng@gmail.com
Address .....	BLK 243 HOUGANG STREET 22 #03-101
Address complement .....	-
Postcode .....	530243
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
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 SKETCH PLAN

#### 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 .....	SMD2367D
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 .....	YAP CHONG BENG
Gender .....	Male
Phone No .....	(Phone) +65-93831693
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLL1403J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



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

### ADDENDUM

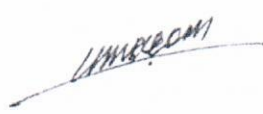
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN1323530008 Vehicle Registration No: SLH 3893K  
Name (as shown in NRIC): Lim Bee Kiat NRIC/FIN/Passport No: S1739406A  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: 28 Bukit Batok East Ave 2 #11-20 Singapore (659926)  
Contact (Tel): 9734 2654 Mobile No.: \_\_\_\_\_  
Email Address: Goh-1961@hotmail.com  
Date of Accident: 01/05/23 Time of Accident: 1810  
Place of Accident: Woodlands Ave 3  
Insurance Company: Great Eastern

**(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:

\* Amend the Email to GCB\_1961@hotmail.com

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

### 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.



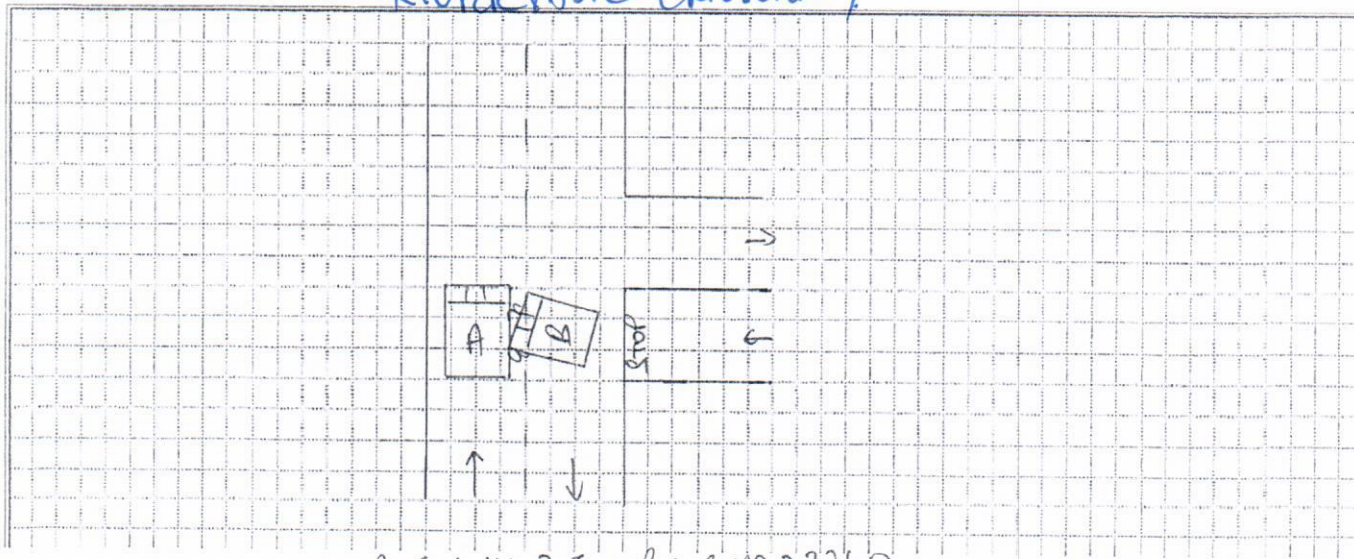
Policyholder's Signature / Date & Time

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

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

Sketch Plan

RIVERVALE CRASH SITE



A: SLL1403J B: SMD2376D



Describe Circumstance of the Accident

On the stated date and time, I was travelling along Rivervale Crescent. Suddenly, I felt a huge impact from the right side of my vehicle. I alighted and realised vehicle B had exited the carpark without looking for traffic on the main road hence colliding onto my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

*Y. J. J.*

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

*see below 26/05/2023*  
Witnessed by Reporting Centre Personnel

5

Date of Accident : 25/05/2023 Accident Time: 2200 (24-HR-FORMAT)

Accident Place : Rivervale Crescent

Vehicle Reg. No (Car plate No.) : SLL 1403 J CC: 1500 Vehicle Make/Model: Mazda 3

Insurance Company : Tokio Marine Policy No. 22-MN000647-R00

Name of Registered Owner : Company / Individual M Auto Leasing Pte Ltd.

ID of Registered Owner : Co Reg No: 202070877 Owner's NRIC No:

OWNER EMAIL ADDRESS: reporting.91@gmail.com : Co Contact No: Owner's Contact No:

DRIVER'S Name : Yap Chong Beng DRIVER'S NRIC No: S7661722G

DRIVER'S Date of Birth : 26/06/1967 DRIVER'S License Pass Date 23/05/2013

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Wife

DRIVER'S Address : 243, Hongang St 22, #03-101, S(530243)

DRIVER'S Contact No./ Alt No. : 1) 93831693 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : yapchongbeng@gmail.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): 1 Name & Gender:

Was the accident reported to the police? YES \ NO

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 injuries, if yes (name of the injured person) Yap Chong Beng

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMD 2367D

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MX1 H

**Certificate of Insurance**

**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.: 22-MN000647-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLL1403J Chassis No.: JM6BN22A8H0142042
2. Name of Policyholder M AUTO LEASING PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 01/07/2022
4. Date of Expiry of Insurance 30/06/2023
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: 2397DDA

Insurance Plan: Third Party, Fire & Theft  
Limit for total loss or theft: Prevailing Market Value  
Policy Excess: Excess-Third Party (Sect II) SGD 2,500  
Financial Interest: TECK WEI CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Rokiah Binte Ismail - Mo

Printed 04/07/2022