

**NATIONAL Assessment Centre Services** (wef 1 Jan'05)

Date In: * 22/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/TMI23006436/d4	SAS e-filing		
Veh No: 9BE 9301Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 21/06/2023 16:10	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: SLM 9100A 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%. F: 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	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2301872	<b>Invoice Preparation Checklist</b>	Am't (\$)	Ac
Claimant's Particulars	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$30		
	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	22/06/2023 15:52 (SGT)
Reported by	Actual Driver
Date of Accident	21/06/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ESSO PETROL STATION PARKING LOT AT MACPHERSON ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9301Y
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BEAUTY LANGUAGE PTE. LTD.
Company Reg No	2XXXXX695M
Email Address	jessie@beautylanguage.com
Mobile Phone No	(Phone) +65-67480552
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MS011015-R03

### DRIVER

Name of Driver	KANG SEONG KHOON
Passport No/FIN	GXXXX823K
Date Of Birth	13/06/1985

Occupation .....	Outdoor
Date Of Driving Pass .....	19/05/2017
Driving experience .....	6 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90195573
Alt. Phone Number .....	-
Email Address .....	jessie@beautylanguage.com
Address .....	316 UBI AVENUE 1 , KAMPONG UBI GREENVILLE
Address complement .....	# 09-363
Postcode .....	400316
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 .....	Collided into Parked Vehicle
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? .....	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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM9100A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HASSIM BIN MOHAMED

NRIC No .....	SXXXX122G
Contact Number .....	(Phone) +65-96468342
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.**
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.

BEAUTY LANGUAGE PTE LTD

*Handwritten signature*  
22/6/23

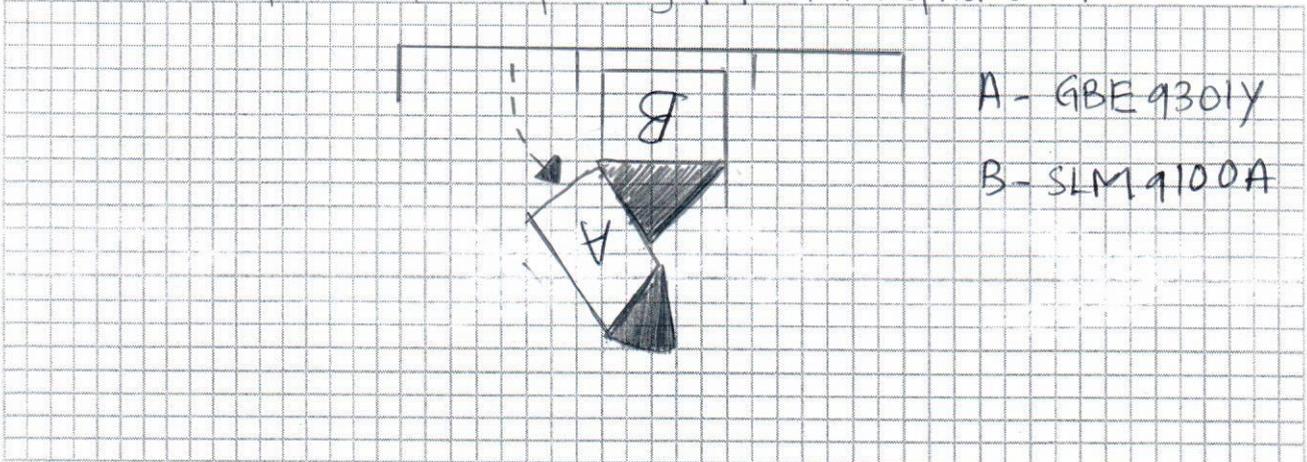
*Handwritten signature* 22/6/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Esso petrol station parking lot at Macpherson Road



**Describe Circumstance of the Accident**

please Refer to the attached  
statement

**Declaration**

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

BEAUTY LANGUAGE PTE LTD

.....  
Policyholder's Signature / Date & Time

XANER  
22/6/23  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 22/6/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Date: 21/6/2023

Time: around 4.10pm

location: Esso Petrol Station Parking lot at  
Macpherson Road.

Vehicle: Nissan NV350 (GBE93014) Purple color

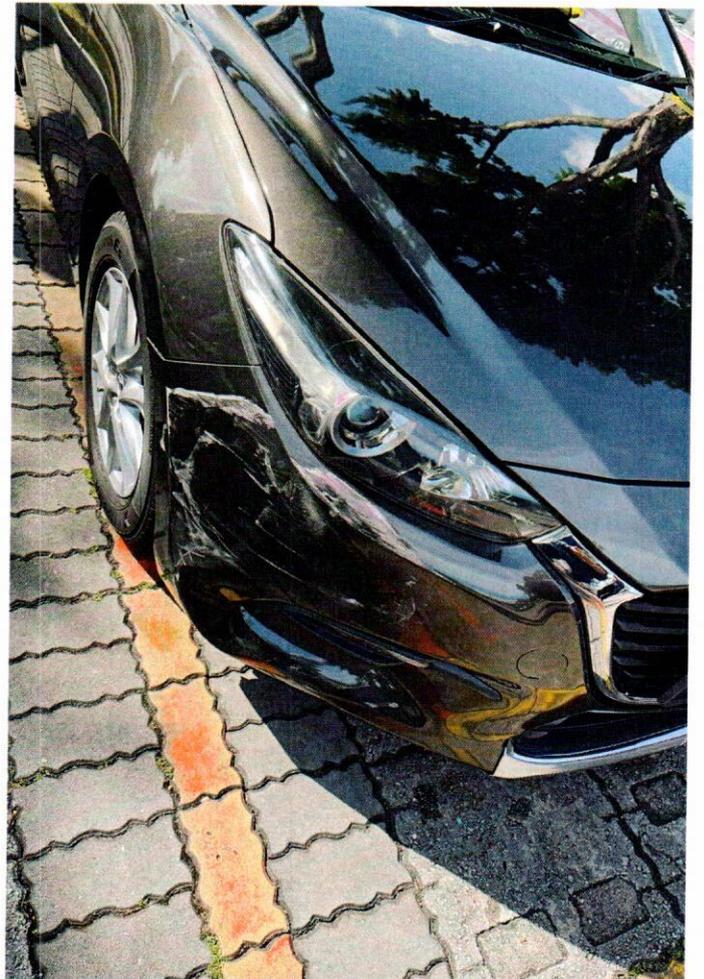
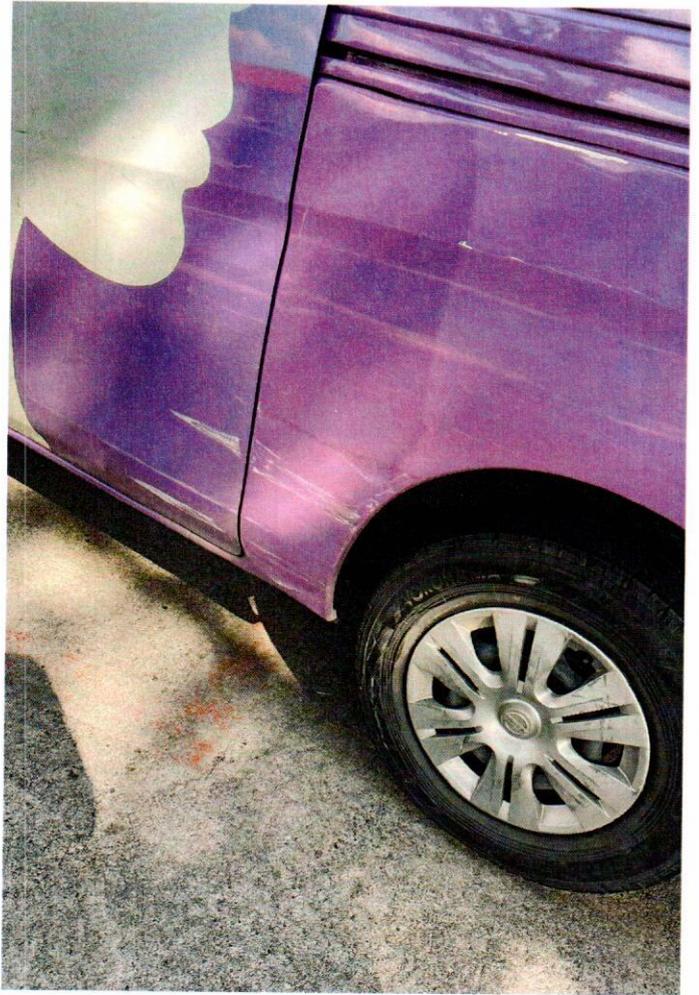
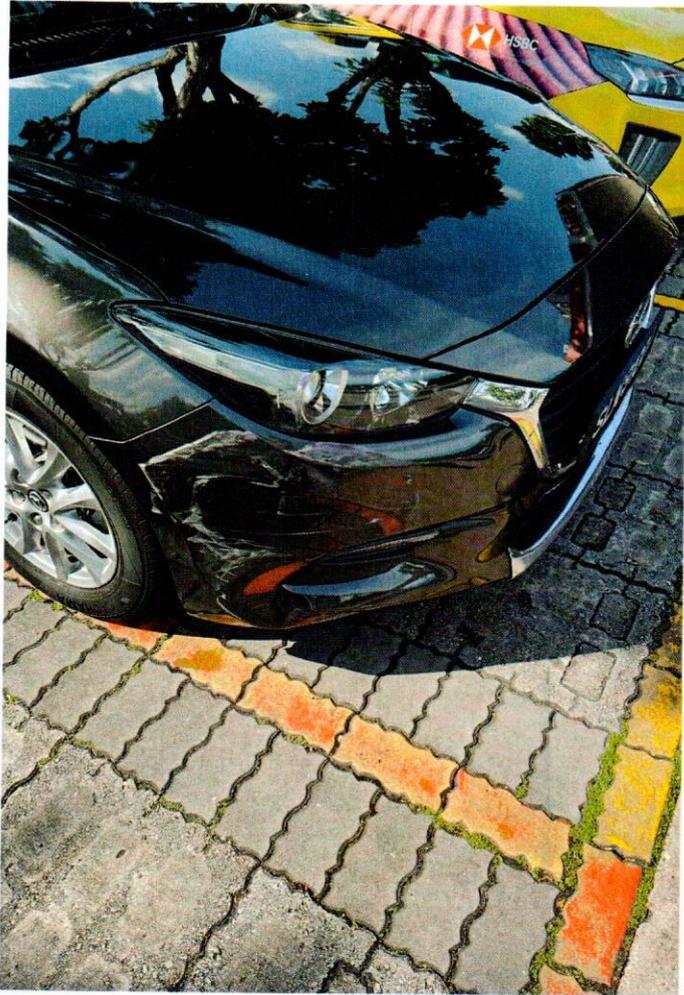
The Mazda was parked slightly out of his parking lot  
towards my left side.

When I make a left turn out from parking lot  
and hit the right front bumper of Mazda  
(SLM9100A) Black color.

~~KANGA~~  
22/6/23

UNITY LANGUAGE PTE LTD





**IDAC ACCIDENT STATEMENT**

DATE OF ACCIDENT: 21/06/2023	TIME OF ACCIDENT: 16:10pm
VEHICLE NO: GBE 9301Y	TRANSMISSION: AUTO / <u>MANUAL</u>
MAKE & MODEL:	LOCATION: Esso Petrol station parking lot at Macpherson Road
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD</u> / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: Tokio Marine	POLICY NO: 23-MS011015-R03
TYPE OF COVERAGE: <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: ( SALOON / <u>COUPE/MPV/VAN</u> / LORRY / MOTORCYCLE )
NAME OF OWNER: Beauty Language Pte Ltd	NRIC:
ADDRESS:	CONTACT NO: 67480552
EMAIL ADDRESS: jessie@beautylanguage.com	VIDEO RECORDING: YES / <u>NO</u>
NAME OF DRIVER: AS ABOVE / IF NO: Kang Seong Khoon	NRIC: <u>G7634823K</u> CONTACT NO: <u>9019 5573</u>
DRIVER OWNER RELATIONSHIP: <u>employee</u>	PASSENGER: <u>0</u> MALE ( ) FEMALE ( )
DATE OF BIRTH: 13/06/1985	DRIVING PASSING DATE: 19/05/2017
OCCUPATION: INDOOR / <u>OUTDOOR</u>	ADDRESS: 316 Ubi Avenue 1, Kampong Ubi Greenville # 04-363, S400316
ANY INJURIES: <u>NO</u> , IF YES:	POLICE REPORT: <u>NO</u> , IF YES WHERE?
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO: <u>SLM9100A</u> DRIVER NAME: <u>Hassim Bin Mohamed</u> NRIC: <u>S1491122G</u> CONTACT: <u>96468342</u>	VEHICLE C REG NO: _____ DRIVER NAME: _____ NRIC: _____ CONTACT: _____
VEHICLE D REG NO: _____ DRIVER NAME: _____ NRIC: _____ CONTACT: _____	ANY WITNESS? <u>NO</u> , IF YES: NAME: _____ CONTACT: _____
WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> ) IF YES, AGAINST WHOM: _____	WERE SEAT BELTS WORN?: YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE: YES / <u>NO</u>

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg. No. M2-000023-6)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069045

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

## 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.: 23-MS011015-R03 ( Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle      GBE9301Y      Chassis No.: JN1MC2E26Z0006145
2. Name of Policyholder      BEAUTY LANGUAGE PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act      28/04/2023
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).

#### ADDITIONAL INFORMATION

Account: 2712DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
Policy Excess:	Windscreen Excess	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature