

NATIONAL Assessment Centre Services (wef 1 Jan'06)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/07/2023 | Job description | Date & Time Completed | Done by |
| Ref No: NA/TM/23007467/d4 | SAS e-filing | | |
| Veh No: GBF 4364 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 20/07/2023 14:58 | i-Motor Claim Form | | |
| OD / (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: GBA 236x | 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: (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------|--|
| NA230206 | Invoice Preparation Checklist | Amf (\$) | |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: 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) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | 9) N12: Idao Mobile \$30 | | |
| Cat. 1: | | | |
| Cat. 2/3: | | | |

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 | 21/07/2023 16:24 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 20/07/2023 14:58 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SIMS WAY JUNCTION TOWARDS (PIE) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBF4436U |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | TAY KIA KOON TRADING |
| Company Reg No | 5XXXX737K |
| Email Address | claims@miragemw.sg |
| Mobile Phone No | (Phone) +65-85414599 |
| 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 | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | 22-MR005289-R02 |

DRIVER

| | |
|-----------------|--------------|
| Name of Driver | SOE THU LWIN |
| Passport No/FIN | GXXXX930M |

| | |
|--|---------------------------|
| Date Of Driving Pass | 22/05/2022 |
| Driving experience | 1 YEAR AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89344950 |
| Alt. Phone Number | - |
| Email Address | claims@miragemw.sg |
| Address | APT BLK 16 EUNOS CRESCENT |
| Address complement | # 06-2851 |
| Postcode | 400016 |
| 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 | 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| 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 | - |

PASSENGER 1

| | |
|--------------|-----------------|
| Name | CHOOK NAIN FATT |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | MacPherson Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007449999 |
| Alt. Police Station Phone No | (Fax) +65-65476366 |
| Police Station Address | Blk 54 Pipit Road #01-82/84 Singapore 370054 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230720/2120

ATTACHMENT(S)

| | |
|---|-------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH DRIVER |

| | |
|---|--------------------|
| Vehicle Registration Number | GBH236X |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | LEE HOCK HWA |
| NRIC No | SXXXX934I |
| 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 | SOE THU LWIN |
| Gender | Male |
| Phone No | (Phone) +65-89344950 |
| Address | APT BLK 16 EUNOS CRESCENT |
| Address Complement | # 06-2851 |
| Post Code | 400016 |
| Approximate Age Years Old | - |
| Injuries Sustained | SHOULDER AND BACK |
| Injured person in which vehicle? | GBF4436U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-------------------|
| Name of injured person | CHOOK NAIN FATT |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SHOULDER AND BACK |
| Injured person in which vehicle? | GBF4436U |
| 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 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.

TAY KAK KOON TRADING

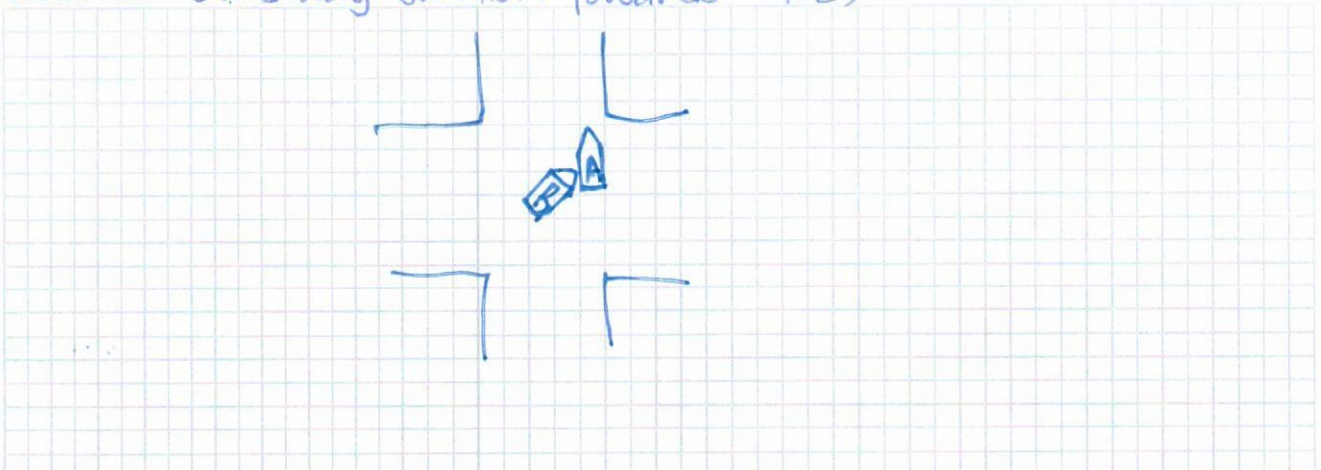
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sim's way Junction towards (PIE)

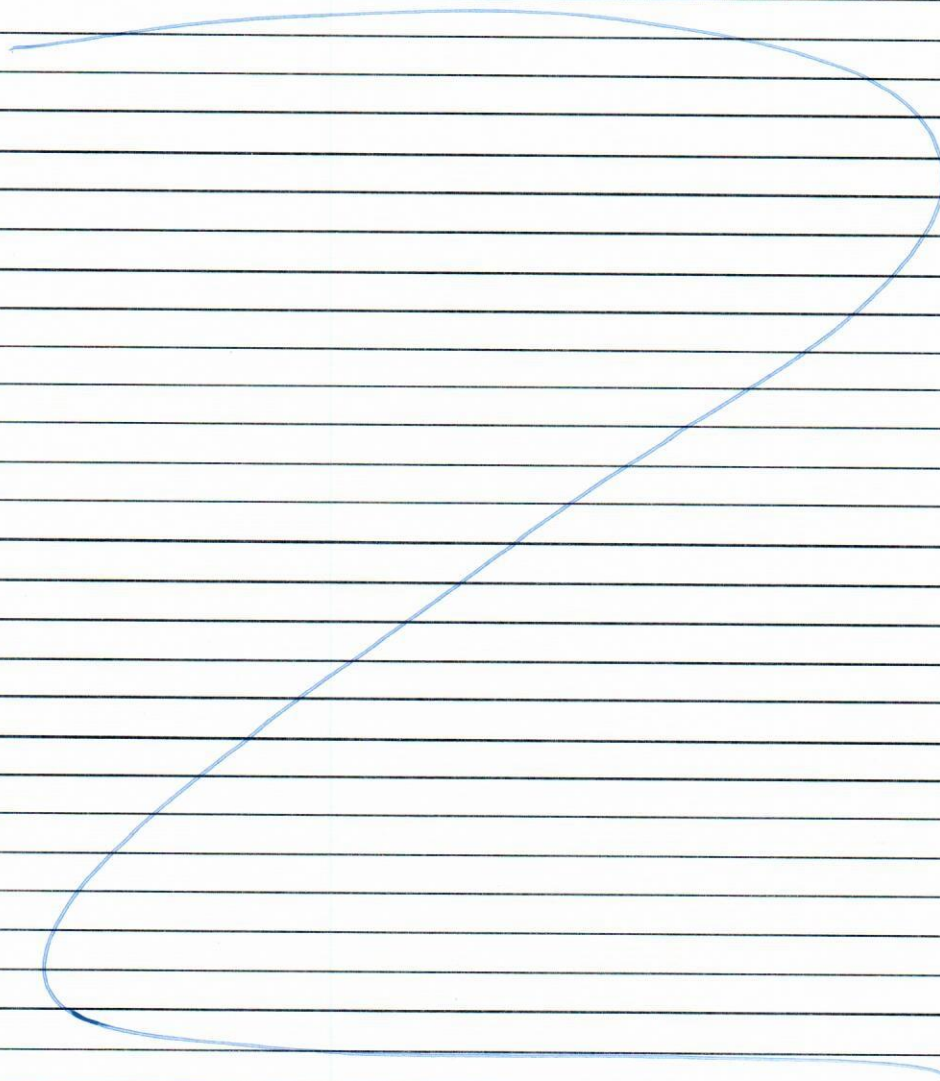


(A) GBF44360

(B) GBH 236x

Describe Circumstances of the Accident

Refer to police Report
-T/20230720/2120-




Declaration

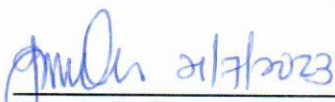
We declare the foregoing particulars are true in every respect.

THE POLICE RECORD READING

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230721/2073

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20230721/2073

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 21/07/2023 16:19 | Vide Report No.: T/20230720/2120 | Station Diary No.: 32 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|--|--|
| Name of Informant: SOE THU LWIN | | | Address: APT BLK 16 EUNOS CRESCENT #06-2851 SINGAPORE 400016 | |
| ID Type / ID No.: FIN NO / G2491930M | | | Contact No.: Home/Office: Mobile: 89344950 | |
| Nationality: MYANMAR | | | Email: | |
| Sex: Male | Age: 29 | Date of Birth: 30/07/1993 | Type of Informant: Driver | |
| Race: Burmese | | | Language: | |
| Occupation: AIRCON TECHNICIAN | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 20/07/2023 15:00 | Type of Location: Straight Road |
| Location: SIMS AVENUE | | | | |
| Weather: Drizzling | | Road Surface: Wet | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|------------------|-----------------|
| GBF4436U | Van | | | | Slightly Damaged | 0 |
| GBH236X | Lorry | | | | Slightly Damaged | 0 |

Details of Person Involved

| | | | | | |
|---------------------------------|--------------------------------|--|--|--|--|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | | | | |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20230721/2073

2 of 3

Report No. T/20230721/2073

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|------------------------|------------------|--|---------------------------------|
| Driver | | | | |
| Name | SOE THU LWIN | | ID No. | G2491930M |
| Related Vehicle | GBF4436U (Van) | | Contact No. | 89344950 |
| Hospital/Clinic | KIRIN CLINIC & SURGERY | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 20/07/2023 | | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight | |

Brief Details.

I am the above mentioned person, and I have earlier lodge a Traffic Accident Police Report, Vide T/20230720/2120.

I wish to inform that add on facts to my Traffic Accident report as I felt sore on my right shoulder after the accident and I proceeded to visit a doctor. I was then given 3 days MC for the sore on my right shoulder.

I also wish to amend the following facts which was stated incorrectly in the earlier report.

I wish to inform that the correct fact is I was driving along Sims Avenue, on my way to my client who has engaged me for Aircon services.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20230721/2073

3 of 3

Report No. T/20230721/2073

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 TAN PENG YEE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:
21/07/2023 16:19

Classification Of Case:

Date of Accident : 20-7-2025 Accident Time: 14:58 (24-HR-FORMAT)
Accident Place : Sims Way Junction towards (PIE)
Vehicle Reg. No (Car plate No.) : GBF4436U Vehicle Make/Model: Hiace
Insurance Company : Tokio Marine Policy No. 22-mr005289-k02
Name of Registered Owner : Company / Individual Tay kia koon Trading
ID of Registered Owner : Co Reg No: 53137737K Owner's NRIC No: 85414599
: Co Contact No: _____ Owner's Contact No: _____
DRIVER'S Name : Soe THU LWIN DRIVER'S NRIC No: G2491930M
DRIVER'S Date of Birth : 30 Jul 1993 DRIVER'S License Pass Date 22 May 2022
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 16 enos crescent #06-2851
DRIVER'S Contact No./ Alt No. : 1) 8650 6237 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Claims@miragemw.sg
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
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

Other Party Driver's Particulars (if any)

| | |
|-----------------------------------|-------------------------------|
| Vehicle Reg No: <u>GBH 236X</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: <u>Nissan</u> | Vehicle Make/Model: _____ |
| Name DRIVER: <u>Lee hock HWA</u> | Name DRIVER: _____ |
| IC No. DRIVER: <u>S13719341</u> | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Tokio Marine Insurance Singapore Ltd.

(Company Reg No. 192300014M) (GST Reg No. M2-0000023-4)

20 Cecil Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0595 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

**TOKIO MARINE**
INSURANCE GROUPA 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.: 22-MR005289-R02 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBF4436U **Chassis No.:** JTFHT02P700200000
2. **Name of Policyholder** TAY KIA KOON TRADING
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 26/10/2022
4. **Date of Expiry of Insurance** 25/10/2023

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: 2692DDA

| | |
|---------------------------------------|--------------------------------------|
| Insurance Plan: | Comprehensive Approved Workshop Plan |
| Limit for total loss or theft: | Prevailing Market Value |
| Policy Excess: | Own Damage Claims SGD 750 |
| Policy Excess: | Windscreen Excess SGD 100 |
| Financial Interest: | THIAM HENG AUTO (S) PTE LTD |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature