

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 28/07/2023

Ref No: NA/TM/23007662/Id4

Veh No: GBK 656B

D.O.A: 27/07/2023 11:15

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs. AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMX 7004 M

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

NA2302254

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Amf (\$)

Am

1st Bill

Adc

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idac 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: 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 First Submission 28/07/2023 15:27 (SGT)
Reported by Actual Driver
Date of Accident 27/07/2023 11:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE TOWARDS UPPER CHANGI ROAD E SLIP ROAD INTO
Country/State of Loss PASIR RIS DRIVE 8
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK656B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner J & J TRADING SVS
Company Reg No 5XXXX188C
Email Address JEFFMJOH@GMAIL.COM
Mobile Phone No (Phone) +65-82822000
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 MP005910

DRIVER

Name of Driver OH MUI JOON

Occupation	Indoor
Date Of Driving Pass	28/12/1989
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82822000
Alt. Phone Number	-
Email Address	JEFFMJOH@GMAIL.COM
Address	KAKI BUKIT GREEN , 518 BEDOK NORTH AVENUE 2
Address complement	# 09-167
Postcode	460518
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	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	HENG SOK BOEY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230728/7015

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

Vehicle Registration Number	SMX7004M
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AVI KAPOOR
NRIC No	SXXXX291E
Contact Number	(Phone) +65-93859878
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	OH MUI JOON
Gender	Male
Phone No	(Phone) +65-82822000
Address	KAKI BUKIT GREEN , 518 BEDOK NORTH AVENUE 2
Address Complement	# 09-167
Post Code	460518
Approximate Age Years Old	-
Injuries Sustained	DISCOMFORT AT NECK,CHEST,RIGHT SHOULDER AND GIDDINESS -GIVEN 5 DAYS OF MC GBK656B
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HENG SOK BOEY
Gender	Female
Phone No	(Phone) +65-96269997
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,CHEST,KNEE DISCOMFORT WITH GIDDINESS-GIVEN 7 DAYS OF MC GBK656B
Injured person in which vehicle?	-
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.

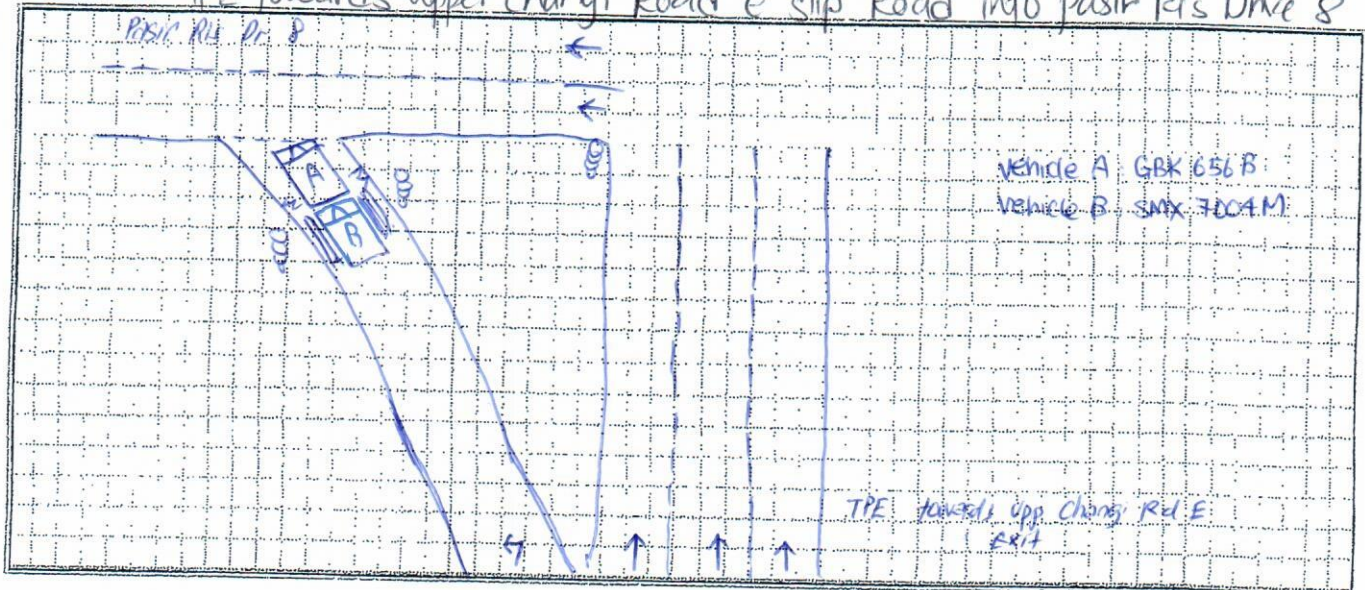


Policyholder's Signature / Date & Time

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

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

Sketch Plan TPE towards upper Changi Road E slip Road into Pasir Ris Drive 8



Describe Circumstance of the Accident

As per police Report

Report No : T/2023 0728/ 7015

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature]

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

[Handwritten signature] 28/7/2023



SINGAPORE POLICE FORCE



T/20230728/7015

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20230728/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

28/07/2023 11:21

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:

OH MUI JOON

Address:

518 BEDOK NORTH AVENUE 2 #09-167 SINGAPORE
460518

ID Type / ID No.:

NRIC NO / S16424911

Contact No.:

Home/Office:

Mobile: 82822000

Nationality:

SINGAPORE CITIZEN

Email:

JEFFMJOH@GMAIL.COM

Sex:

Male

Age:

59

Date of Birth:

03/04/1964

Type of Informant:

Driver

Race:

Chinese

Language:

English

Occupation:

Self-Employed

Driving Licence Information:

Class: 3,4

Date of Expiry:

General Information of the AccidentType of
Accident:Injury
OthersDrink
Drive:
NoDate/Time of
Accident:

27/07/2023 11:15

Type of Location:
SLIP ROAD

Location:

PASIR RIS GROVE

Weather:
ClearRoad Surface:
DryTraffic Flow:
One WayTraffic Control:
Not ControlledTraffic Volume:
Moderate

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK656B	Van	TOYOTA	HIACE	Silver	Slightly Damaged	1
SMX7004M	Car	MERCEDES BENZ		Silver	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20230728/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230728/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	OH MUI JOON	ID No.	S1642491I
Related Vehicle	GBK656B (Van)	Contact No.	82822000
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	27/07/2023	Date	27/07/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	HENG SOK BOEY	ID No.	S7301962A
Related Vehicle	GBK656B (Van)	Contact No.	96269997
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: ,3,4 Date of Expiry: NIL
Date	27/07/2023	Date	28/07/2023
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	AVI KAPOOR	ID No.	S2633291E
Related Vehicle	SMX7004M (Car)	Contact No.	93859878
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 27/07/2023 at around 1115hrs , i was driving along TPE towards Upp Changi Rd E slip road into Pasir Ris Drive 8 , i was slowed down and stopped behind the give way line due to oncoming traffic. Out of a sudden , vehicle B (SMX 7004 M) collided into the rear portion of my vehicle. after the accident , i felt discomfort at neck , chest , right shoulder and giddiness. my passenger also experienced neck , chest , knee discomfort with giddiness. we went to Mount Alvernia to consult a doctor and was given 5 days and 7 days MC respectively.



**SINGAPORE
POLICE FORCE**



T/20230728/7015

3 of 3

Report No. T/20230728/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/07/2023 11:21

Classification Of Case:

VEHICLE NO: <u>GBK 656 B</u>	MAKE & MODEL: <u>Toyota Hiace</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT: <u>27 / 07 / 2023</u>	CC: <u>3-0</u>	
TIME OF ACCIDENT: <u>1115</u> HRS		
LOCATION OF ACCIDENT: <u>TPE towards upper Changi Rd E Ship Rd into Passer Rd Dr 8</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>J & J Trading Svs</u>		
TEL NO: <u>H/P: 82822 000</u>	OFFICE:	HOME:
NRIC: <u>53295188C</u>		
ADDRESS: <u>Kaki Bukit Green, 518 Bedok North Avenue 2 #09-167 S460518</u>		
EMAIL: <u>JEFFMJOH@gmail.com</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>MP005910</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: Ch Mui Joon</u>		
NRIC: <u>S16424911</u>	ANY PASSENGER: <u>1 (2F)</u>	
DATE OF BIRTH: <u>03 / 04 / 1964</u>	LICENCE PASSED DATE: <u>28 / 12 / 1989</u>	
OCCUPATION: <u>OUTDOOR / INDOOR</u>		
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO: <u>H/P: as above</u>	OFFICE:	HOME:
ADDRESS: <u>as above</u>		
EMAIL: <u>as above</u>		
DOES DRIVER OWNED ANY VEHICLE: <u>NO / IF YES, REG NO:</u>	INSURER:	
RELATIONSHIP: <u>Self-employed (owner)</u>		
WEATHER CONDITION: <u>CLEAR / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>DRY / WET / OTHER:</u>		
ANY INJURIES: <u>NO / IF YES, WHO?</u>		
NAME & CONTACT: <u>Ch Mui Joon (82822000)</u>		
NAME & CONTACT: <u>Heng Sok Boey (96269997)</u>		
POLICE REPORT: <u>NO / IF YES, WHERE? Traffic Police</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SMX 7004 M</u>	ANY PASSENGERS: <u>N/A</u>	
NAME OF DRIVER: <u>Avi Kapoor</u>	CONTACT NO: <u>93859878</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 After Impact</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>Rear Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / NO</u>		
WORKSHOP PARTICULAR: <u>Twincar Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve 8821 5151</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

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.: MP005910 (Commercial Vehicle)

- | | | |
|--|---|----------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBK656B | Chassis No.: GDH2012008423 |
| 2. Name of Policyholder | J & J TRADING SVS | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 06/12/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 05/12/2023 | |
| 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

Insurance Plan:	Comprehensive Approved Workshop Plan	Account No: 2296DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims Additional Excess for Young, Elderly or Inexperience Driver(s) WindScreen Excess	SGD 600.00 (Original Excess : SGD 600.00) SGD 2,500.00 (All Claims) SGD 100.00
Financial Interest:	NIL	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature