

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA117163693-01

Date In: 12/12/17-18:44	Job description	Date & Time Completed	Done by
Ref No: NA/TM217023618/24	SAS e-filing		
Veh No: 56427725	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/12/17-19:15	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: YL96710

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

NA1707686

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

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) N1: 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 \$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 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 ability.
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 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 Report	12/12/2017 18:44
Date Of Accident	11/12/2017 19:15
Exact Location Of Accident	ECP TWDS CHANGI BEFORE BAYSHORE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH2772S
Insured/Policyholder	
Name Of Registered Owner	MS LOW SU-FUNG ELAINE
NRIC No	S7225565H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96417203
Alternative Phone No	OFFICE-96417203

Vehicle Particulars

Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MX011781-R02
Cover Note Number	

Driver

Name of Driver	LOW SU-FUNG, ELAINE (LIU SHUFANG, ELAINE)
NRIC No	S7225565H
Date Of Birth	27/07/1972
Occupation	INDOOR
Date Of Driving Pass	24/08/1990
Driving Experience	27 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	+65-96417203
Fax Number	
Contact Number	OFFICE-96417203
Email Address	NOEMAIL

Address	38 SALAM WALK
Postcode	467179
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20171212/7027.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL9671U
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Name of Driver	MOHAMED KASSIM S/O AJAM UDDI
NRIC/Passport Number	S1281872F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD5308A
Vehicle Make/Model/Colour	LORRY

Details Of Properties

Name of Driver	KARUNAKARAN KARTHIKEYAN
NRIC/Passport Number	S7885176G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBV5308A
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	SYLVIA TAN BEE QUAN
NRIC/Passport Number	S7216381H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LOW SU-FUNG, ELAINE (LIU SHUFANG, ELAINE)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGH2772S
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ECP TOWARD CHANGI
AIRPORT

Bayshore
Exit



(A) SGH 2772 S

(C) XD 5308A

(B) YL 96714


(D) SBV 9779M


Describe Circumstances of the Accident


Refer To Police Report: G/2017/2/2/7027

Declaration

We declare the foregoing particulars are true in every respect.

x 
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



G/20171212/7027

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20171212/7027

Date/Time Report Made 12/12/2017 14:31		Vide Report No.		Station Diary No.	
Name Of Informant LOWSU-FUNG, ELAINE		Address 38 SALAM WALK SINGAPORE 467179			
ID Type / ID No. NRIC NO / S7225565H		Contact No. Home/Office: Mobile: 96417203			
Nationality SINGAPORE CITIZEN		Email Address elainelow_sg@yahoo.com			
Occupation Managing director/Chief executive officer		Sex Female	Age 45	Date of Birth 27/07/1972	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 11/12/2017 19:15		Location Of Incident EAST COAST PARKWAY (ECP)			
Brief details.					

I was driving at 30-40km/hour along ECP highway towards change airport close to Bayshore exit on 11th Dec around 7.15pm on far left lane of expressway. It was drizzling and road was wet. all of sudden I heard and felt a loud bang from vehicle YL9671U who drove into the rear of my car and my car then was pushed forward and hit vehicle SBY9779M. My back of the car was badly damaged with my windscreen smashed and back was dented inwards. I got down from the car and realised there was another vehicle XD5308A that was behind YL9671U. All 4 drivers then exchanged details. The next day, my maid who was sitting in back side of my car felt neck and back pain and I took her to Changi Hospital for treatment. She had an xray and 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

12/12/2017 14:31

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20171212/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171212/7027

Subject Involved			
Victim			
Person Name	LOW SU-FUNG, ELAINE		
ID Type	NRIC NO	ID No	S7225565H
Gender	Female	Age	45
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address Type	
Address	38 SALAM WALK SINGAPORE 467179	Mobile No	96417203
Is Informant A Victim?	Yes		
Person Name			
Sri Wahyauningsih			
ID Type	FIN NO	ID No	G7642575U
Gender	Female	Age	33-36
Race	Indonesian	Language	English
Occupation	Domestic helper (general)	Address Type	Private Landed Property / Apartment
Address	38 SINGAPORE 567179	Mobile No	96417203
Relation To Informant	employee		
Person Name			
LOW SU-FUNG, ELAINE (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

12/12/2017 14:31

Classification Of Case:

Fax: 68442641

TK Motor

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 12 / 2017 (DD/MM/YYYY), TIME: 19:15 (HH:MM)

LOCATION: ECP Toward Changi before Bayshore Exit

1. DETAILS OF VEHICLE

- SGH 2772S
- a) VEHICLE NUMBER: SGH 2772S
- b) INSURANCE COMPANY: Tokio Marine
- c) POLICY NUMBER: 17-MX011781-R02
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: BMW 320i
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: After Work
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Low Su Fung Elaine (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7225565-H CONTACT: 96417203
- c) ADDRESS: 38 Salam Walk S'pore 467179

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: As Above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

*d) DATE OF BIRTH: 27 / 7 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/8/1990 Pass Date

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bedok North Police Divisional HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YL 96714 MODEL: Lorry
- b) DRIVER'S NAME: Mohamed Kassim s/o Ajam Uddi
- c) NRIC/FIN/PASSPORT: S1281872-F CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: XD 5308A MODEL: Lorry
- e) DRIVER'S NAME: Karunakaran Karthikeyan
- f) NRIC/FIN/PASSPORT: S7885176G CONTACT: _____

THIRD PARTY VEHICLE

Vehicle number: SBV 9779M Model: TOYOTA

Driver Name: SYLVIA TAN BEE QUAN

NRIC: S7216381-H

Passenger

Include

Driver 3

Passenger

Include

Driver 2

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA17163693 Vehicle Registration No: SAH2772S
 Name (as shown in NRIC) : LOW SUFUNG, ELAINE CUU SHUFANG NRIC/FIN/Passport No : S7225565H
 (*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
 Address : 38 Salam Road Walk Singapore (467179)
 Contact (Tel) : _____ Mobile No. : 96417203
 Email Address : _____
 Date of Accident : 11/12/17 Time of Accident : 19:15
 Place of Accident : ECP towards Changi before Bayshore Exit
 Insurance Company : TMI

(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:

Add in police report - TA 6/20171212/7027.

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE.

IDENTITY CARD NO. S7225565H



Name

LOW SU-FUNG, ELAINE
(LIU SHUFANG, ELAINE)

劉淑芳

Race

CHINESE

Date of birth

27-07-1972

Sex

F

Country of birth

SINGAPORE



S7225565H

478247



NRIC No. S7225565H



Date of Issue
26-09-2011

38 SALAM WALK
SINGAPORE 467179

30/05/2013

S7225565H

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S 7225565H

Name

LOW SU-FUNG, ELAINE
(LIU SHUFANG, ELAINE)



Birth Date: 27 Jul 1972

Issue Date: 30 Sep 2003

000877003J



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

24 Aug 1990

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



NP 428A

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

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)

K1014
\$750.65

Policy No.: 17-MX011781-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SGH2772S

Chassis No.: WBAPG56020NM22558

2. Name of Policyholder MS LOW SU-FUNG ELAINE

3. Effective date of the Commencement of Insurance for the purposes of the Act 05/02/2017

4. Date of Expiry of Insurance 04/02/2018

5. Persons or Class of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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: 2388DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreen Excess	SGD 100
Financial Interest:	MAYBANK	

Tokio Marine Insurance Singapore Ltd.

LQ SERVICES PTE LTD

180B BENCOOLEN STREET
#08-04 THE BENCOOLEN
SINGAPORE 189648
TEL: 6-333-4116 FAX: 6-333-4108
Co. Reg. No: 201227819H



Authorised Signature

User Name: Intermediaries from TM O

6444-2555

Printed 09/01/2017