

Date / Time	18/12/17 11:28	Job description	Date & Time Completed	Done by
Ref No	NA/ TMZ 170 23901/h4	SAS e-filing		
Veh No	SFE 9400 Y	E-mail (within 3hrs A/C time)		
D.O.A	16/12/17 23:00	i-Motor Claim Form		
OD	Reporting Only	i-Motor W/O (within 30 days TP 4hrs)		
		i-Photo Uploaded		
TP Insurer		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wsp		

Preferred Wksp / INC Assign Wksp / QW (	Tel:	Fax:
TP Particulars:	Veh No: SLP 6266 J	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

NA 1707800

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

Amt (\$)  
1st BillAmt (\$)  
Add Bill

- |  |       |
|--|-------|
| 1) AR: Accident Reporting (\$30)                 | 30.00 |
| 2) DA: Damage Assessment (\$100) INC (\$30)      |       |
| 3) TF: Towing Fee \$40/\$45                      |       |
| 4) FT: Follow-Through Survey \$120               |       |
| 5) FT: Follow-Through Survey-Resurvey \$20       |       |
| For claimants action (NCT Only) 14/1/18 Jan 2018 |       |
| 6) TR: Re-Inspection \$75                        |       |
| 7) N1: Ideal DA - SMRT Survey \$140              |       |
| 8) NTUC Additional Services:-                    |       |
| OP:  |       |
| *N5: Courtesy Car / Tpt Allowance                | \$0   |
| *N6: Repair Co-ordination                        | \$10  |
| *N7: Post Repair Inspection                      | \$10  |
| *N8: DV/ Collect Excess Contribution             | \$0   |
| TP ON1: TP IN-INC Against DND                    | \$20  |
| 9) N12: Ideal Monthly                            | \$0   |

Invoice done

Fee Charged

Invoice done

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	18/12/2017 11:28
Date Of Accident	16/12/2017 23:00
Exact Location Of Accident	PIE EXIT 1 TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE9400Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR GUI AH SENG
NRIC No	S1283762C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96807900
Alternative Phone No	OFFICE-96807900

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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-MB013867-R08
Cover Note Number	-

### Driver

Name of Driver	MR GUI AH SENG
NRIC No	S1283762C
Date Of Birth	24/10/1958
Occupation	INDOOR
Date Of Driving Pass	08/12/1979
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96807900
Fax Number	
Contact Number	OFFICE-96807900
Email Address	NOEMAIL



Address	BLK 898A TAMPINES ST 81 #09-782
Postcode	521898
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	SLP6266J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
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	GUI AH SENG
Approximate Age	

Injuries Sustain	NECK, BACK
Injured person in which vehicle?	SFE9400Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	GUI LAY HWA
Approximate Age	
Injuries Sustain	NECK, BACK
Injured person in which vehicle?	SFE9400Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	GUI LAY SUAN
Approximate Age	
Injuries Sustain	NECK, BACK
Injured person in which vehicle?	SFE9400Y
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

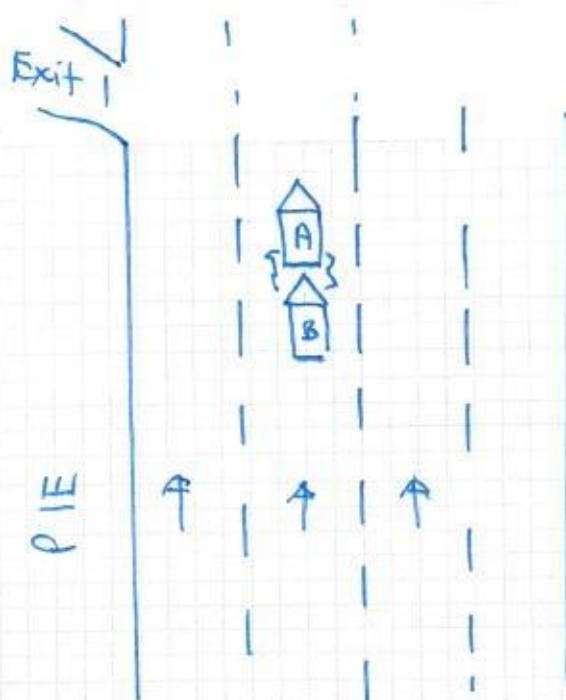


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



DOA: 16/12/17

A: SFE 9400Y

B: SLP 6266J


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit, but veh B failed to brake in time & hit onto my veh rear portion.

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

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

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



## Personal Particulars

Date of Accident: 16/12/17 Time of Accident: 11.00 pm  
Exact Location of Accident: PIE exit 1 towards Changi Airport.  
Owner's Name: Gui Ah Seng NRIC No: 51283762C HP No: 96807900  
Driver's Name: " NRIC No: " HP No: "  
Date of Birth: 24/10/1958 Driving Licence Passing Date: 8/12/1979 Occupation: Indoor / Outdoor  
Address: 81K 898A Tampines St 81 #09-782 (521898)  
Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_  
Vehicle No: SFE 94004 Make & Model: Honda Stream  
Insurance Co: Tokio Marine Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 2 B: 1 + 0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (☒ Yes / ☐ No) If yes,

Name / NRIC / In Vehicle: Gui Lay Hwa, Gui Lay Suan, Gui Ah Seng  
C neck & back

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/☒ No)



## Third Party Driver's Particulars

Vehicle B No: SLP 6266J Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Licence Number: **S1283762C**  
 Name: **GUI AH SENG**  
 Birth Date: **24 Oct 1958**  
 Issue Date: **03 Oct 2003**

000887098H


REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S1283762C**  
 Name: **GUI AH SENG**  
 Race: **CHINESE**  
 Date of Birth: **24-10-1958** Sex: **M**  
 Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)  
 PASS DATE: **08 Dec 1979**  
 Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: **S1283762C**



0250455  
  
 S1283762C  
 N1 BLK PSIA TAMRINES ST 81 #08-782  
 SINGAPORE 521893  
 NRIC No: **S1283762C** Date: **24/03/2017**





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)

Policy No.: 17-MB013867-R08 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SFE9400Y Chassis No.: JHMRN68408S205318
2. Name of Policyholder MR GUI AH SENG
3. Effective date of the Commencement of Insurance for the purposes of the Act 26/09/2017
4. Date of Expiry of Insurance 25/09/2018
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: 0996DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 800
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

新时代汽车保险代理私人有限公司  
NEW TIMES MOTOR & INSURANCE AGENCY PTE LTD  
Rm 1057 Eunos Ave 3  
#02-83 Singapore 409848  
Tel: 6747 8705/06 Fax: 6744 1072  
E-mail: newtimes@singnet.com.sg