

NATIONAL Assessment Centre Services

(Unit 1) (3/1/2000)

MAINT 70919

Date In: 29/12/2017 16:02

Ref No: NPA/INT/7024713/1

Veh No: 8KL 349J

D.O.A: 27/12/2017 15:00

OD: TP / Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (within 2hrs, TP 1hr)

I-Photo Uploaded

Assessment/Survey Report

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

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No: XB 8892P

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:

NA1800099

Human's Particulars:

Owner/Driver:

Contact No:

Assessed Portion:

C. Checked by (Bug-In-Charge):

Initials/Comments:

L 1:

L 2/3:

Invoice Preparation Checklist

Item	Amount	INC (150)	Non-INC (150)
1) AR: Accident Reporting (370)	370		
2) DA: Damage Assessment (3100)	3100		
3) TP: Towing Fee	240/540		
4) FT: Follow-Through Survey	320		
5) RT: Follow-Through Survey (Resurvey)	320		
6) TR: Re-inspection	310		
7) NI: 1 day DA + SMRT Survey	3100		
8) NTUC Additional Services			
9) Q11:			
*NI: Courtesy Car / Tpl Allowance	15		
*NI: Repair Coordination	510		
*NI: Post Repair Inspection	320		
*NI: DV / Collect Excess Coordination	32		
TP (NI) / TP (Non-INC) against INC	320		
9) NTUC Mobile	10		

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	29/12/2017 16:02
Date Of Accident	27/12/2017 15:00
Exact Location Of Accident	ALONG JALAN AHMAD IBRAHIM TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3429J
Insured/Policyholder	
Name Of Registered Owner	YEO JEE POON
NRIC No	S1438919I
Email Address	JUDY@KERRYCONSULTING.COM
Mobile Phone No	(LOCAL) +65-90742486
Alternative Phone No	OTHERS-90742486

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-2.5 IS250 (A)
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-MV010641-R01
Cover Note Number	

Driver

Name of Driver	HIROBE HISAMI
Passport No/FIN	F0394774L
Date Of Birth	07/03/1953
Occupation	INDOOR
Date Of Driving Pass	02/04/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90742486
Fax Number	
Contact Number	OTHERS-90742486
EMail Address	KOKOSHAS@SINGNET.COM.SG

Address	989 BUKIT TIMAH ROAD #02-15 MAPLEWOODS
Postcode	589629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	1

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 SKETCH PLAN

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	XB8842P
Vehicle Make/Model/Colour	MITSUBISHI LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ARUMUGAM SUNDAR
NRIC/Passport Number	G7719184X
Contact Number	63652639
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

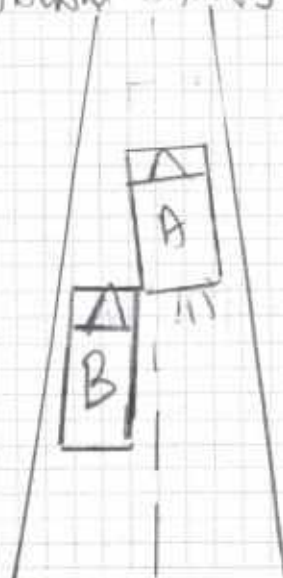

Reporting Centre Personnel's Signature
Name: Rosdi Wattoh
NRIC/FIN No.:

SKETCH PLAN

Along Jalan Ahmad Ibrahim towards CNY

A) SKL3479J

B) XB8842P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/12/2017 AT ABOUT 15:00 HRS I WAS TRAVELLING ALONG JALAN AHMAD IBRAHIM FROM YUAN CHING ROAD. I WAS AT THE 1ST LANE OF 2 LANE ROAD BEFORE ENTERING AYE. I DRIVE WITH A MODERATE SPEED BEFORE REACHING THE MERGING ROAD I FELT A BUMP & I MOVE MY HEAD TO THE LEFT & SAW A LORRY XB8842P BANG ON TO THE REAR LEFT OF MY CAR SKL3479J. WE STOP AT THE ROAD SIDE & WANTED TO EXCHANGE PARTICULARS BUT THE DRIVER COULD NOT SPEAK ENGLISH & I AM WAITING FOR THE DRIVER COMPANY TO REPLY ME THE ANSWER THAT WHY I WAS LAZE TO REPORT THE ACCIDENT. THE LORRY DRIVER ADMITTED HIS FAULT THAT ALL.

DECLARATION

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

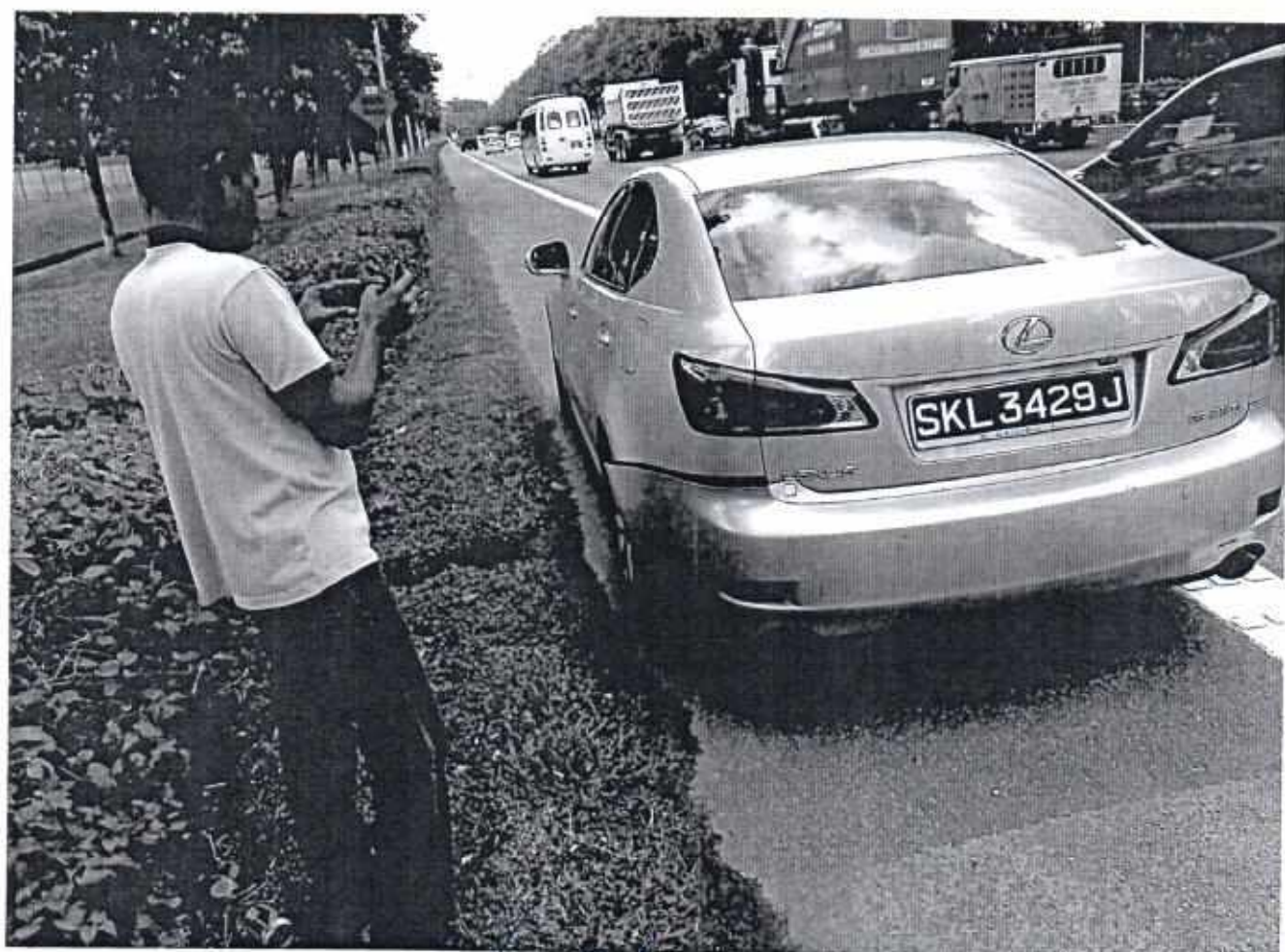
Policyholder's Signature
Date & Time:

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

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

29/12/2017

Rosli Watar



guy 28/12/2017



an 29/12/2017

ACCIDENT STATEMENT

ACCIDENT DATE: 27/12/17 (DD/MM/YYYY), TIME: 15.00 (HH:MM)

LOCATION: JN AHMAD IBRAHIM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 3429G
 b) INSURANCE COMPANY: TOKYO MARINE
 c) POLICY NUMBER: 17-MV010641-RO1
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS EL250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: YEO JEE POON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HIROBE HISAMI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F0394774L CONTACT: 91742486
 c) ADDRESS: 989 BUKIT TIMAH ROAD #02-15
MAPLEWOODS S 589629

* d) DATE OF BIRTH: 07/03/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 02/04/1996

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XB8842P MODEL: Lorry
 b) DRIVER'S NAME: ARUMUGAM SUNDAR
 c) NRIC/FIN/PASSPORT: 977191P4X CONTACT: 63652639

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No. of passenger
 (Including driver)
(1)

* No. of passenger
 (Including driver)
(1)

* No. of passenger
 (Including driver)
()

Email: KOKOSHAS@singnet.com.sg
JUDY@KERRYCONSULTING.COM
 Fax: _____
 Video _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: F0394774L

Name: HIROBE HISAMI

Birth Date: 07 Mar 1953

Issue Date: 20 Mar 2013

Valid Till: 01 Apr 2018

002160945J




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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 02 Apr 1996

NP 428A

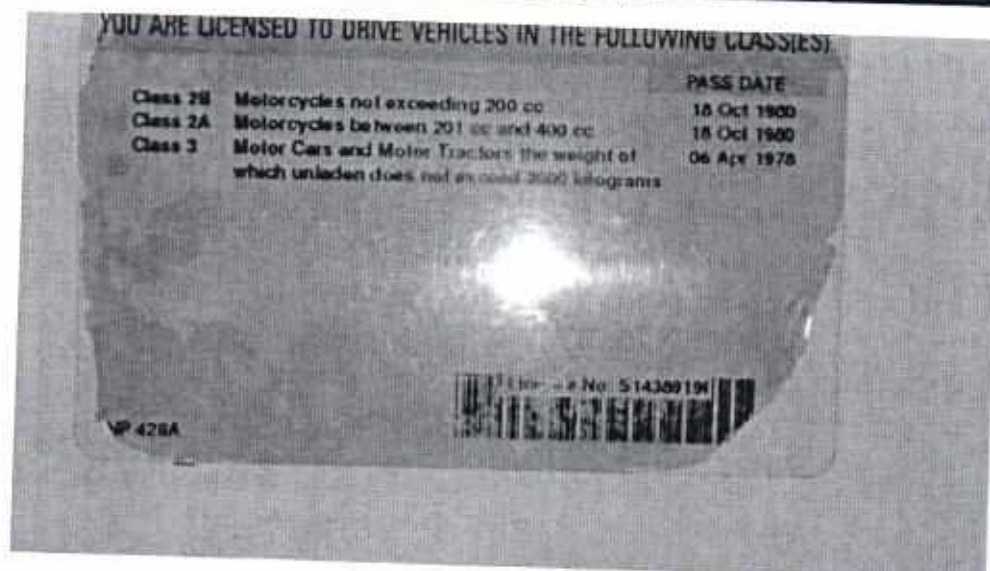
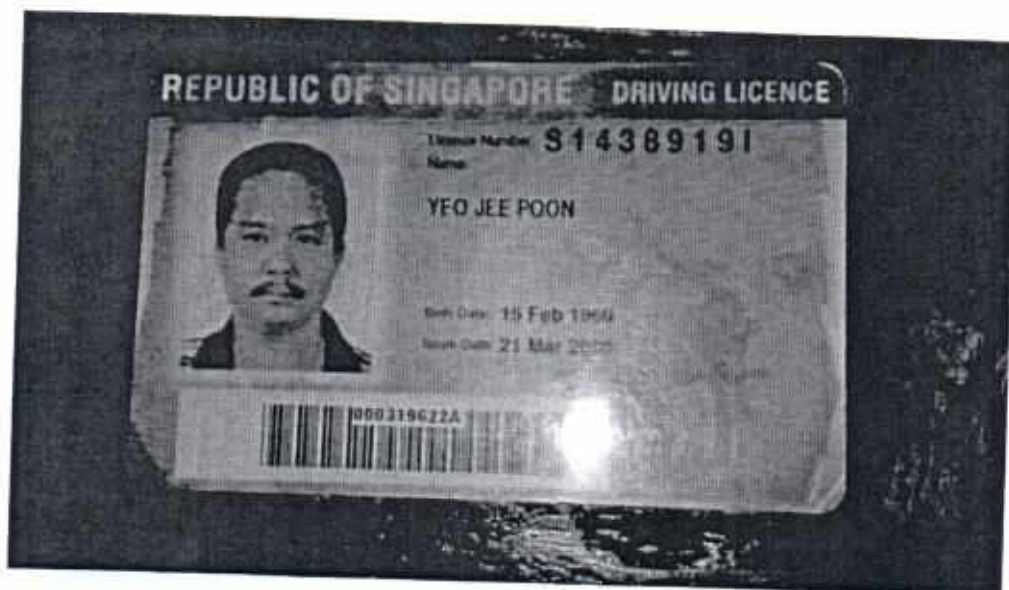
Licence No: F0394774L



DRIVER



POW KUR



OWNER

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-MV010641-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SKL3429J Chassis No.: JTHBK262602096114
2. Name of Policyholder MR YEO JEE POON
3. Effective date of the Commencement of Insurance for the purposes of the Act 02/12/2017
4. Date of Expiry of Insurance 01/12/2018
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

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,000
	Windscreen Excess SGD 100

Account: 2178DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature