

NATIONAL Assessment Centre Services (incl. Jaxco) MA118015710

Date: <u>01/02/2018</u> <u>10:38</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/MI18002083/1</u>	SAS e-filing		
Veh No: <u>SJK 7096 B</u>	E-mail (within 2hrs, 1st 2hrs)		
D.O.A: <u>28/01/2018</u> <u>11:00</u>	1-Motor Claim Form		
OD / TP <u>Reporting Only</u>	1-Motor W/O (within 20 days, 1st 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars	Veh No: <u>SLU 1477 Z</u>	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: B/L 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 repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks	INC/Boiler: 5788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____

On/Off Line: ()

<p><u>MA1800756</u></p> <p>Insured's Particulars</p> <p>Driver/Owner:</p> <p>Policy No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Begr-In-Charge):</p> <p>Comments:</p> <p>L 2/2</p>	Invoice Preparation Checklist:		Amount	Amount
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TP: Towing Fee		\$50/142	
	4) FT: Follow-Through Survey		\$120	
	5) PT: Follow-Through Survey (Recovery)		\$70	
	Per diem applied INC Only (not 10/10/2018)			
	6) TR: Re-inspection		\$75	
	7) NI: New DA + SMRT Survey		\$160	
	8) NTUC Additional Services:			
Q11:				
1) NI: Courtesy Car / Tpl Allowance			\$1	
2) NI: Repair Coordination			\$10	
3) NI: Post Repair Inspection			\$15	
4) NI: BY / Cellar Unass. Coordination			\$3	
5) NI: TP (K'n INC) against INC			\$70	
6) NI: Tolls, Mileage			\$0	
Invoice dated		Not Charged		
Invoice paid		Not 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 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	01/02/2018 10:38
Date Of Accident	28/01/2018 11:00
Exact Location Of Accident	INFRONT OF MALAYSIA CHECKPOINT TOWARDS MALAYSIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK7096B
Insured/Policyholder	
Name Of Registered Owner	CHIA KING YANG
NRIC No	S2512294A
Email Address	KY.CHIA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96179049
Alternative Phone No	OTHERS-96179049
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA-2.5 CVT ABS D/AB HID 2WD 4DR (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU011255
Cover Note Number	

Driver

Name of Driver	CHIA KING YANG
NRIC No	S2512294A
Date Of Birth	01/09/1949
Occupation	INDOOR
Date Of Driving Pass	23/04/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96179049
Fax Number	
Contact Number	OTHERS-96179049
Email Address	KY.CHIA@YAHOO.COM

Address	5 PANDAN VALLEY #04-704
Postcode	597629
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : LEE KIM TOW GENDER: : FEMALE
Passenger 2	NAME: : LEE KIM GENDER: : FEMALE
Passenger 3	NAME: : ONG KAH SENG GENDER: : MALE

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	SLU1477Z
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG WAI LOONG
NRIC/Passport Number	S7969801F
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



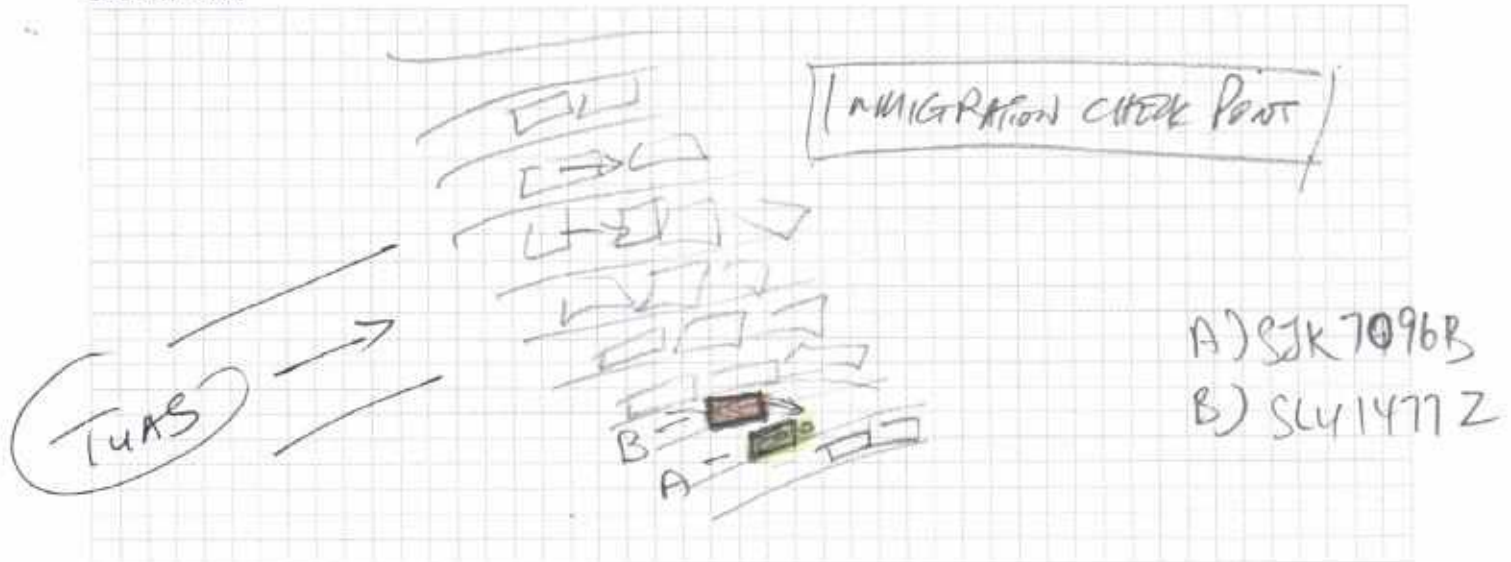
Policyholder's Signature
Date & Time:

31/1/2018

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

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

SKETCH PLAN



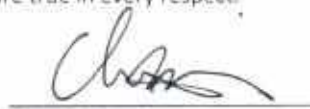
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/1/2018 around 11.00 am, I was driving towards the Malaysian checkpoint from Tugis direction. There were many vehicles entering at that time. My car was on the 2nd most right lane. The vehicles on my left were all trying to squeeze into my lane. The vehicle # SLU 1477Z was driving very close to my car and I heard his side mirror banged into my side mirror. He opened his window and shouted at me for not giving to be extreme right lane. We just pulled back the left side mirror & continue driving to the Immigration checkpoint. After clear the checkpoint, vehicle # SLU 1477Z was chasing us on the highway. I didn't know why he did it. He after some time, he used his vehicle to block my car at the toll station. He then said in Chinese "你係咪没交过?"! He then pointed his car left right door showing there was a scratch mark across on the passenger side door. I asked him I didn't aware of this as there was no real touching of the cars except the side mirrors. He asked me to pay him but I refused and asked him to file for an insurance claim. I gave him my IC, and we exchanged over IC's and after that we drove away.

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: Rosli Wajid
NRIC/FIN No.:

31/1/2018

Insured

ACCIDENT STATEMENT

ACCIDENT DATE: 28/01/2018 (DD/MM/YYYY) TIME: 11.00 (HH:MM) ^{Am}

LOCATION: In front of Malaysia checkpoint towards Malaysia

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSK 7096 B
b) INSURANCE COMPANY: TELKOM MARINE
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: NISSAN TEANA
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) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) (REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CHIA KING YAN G (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2512294A CONTACT: 96179049
c) ADDRESS: 5 RANDAN VALLEY # 04-709
5597629

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER: As Above (MALE / FEMALE)

- a) NAME: _____
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 01/09/1949 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23-4-1979

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU 1477 Z MODEL: ALTIS (TOYOTA)
b) DRIVER'S NAME: CHONG WAI LOON G
c) NRIC/FIN/PASSPORT: 57969801 F CONTACT: _____

9. THIRD PARTY VEHICLE

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

LEE Kim TOW (F)

LEE Kim (F)

ONG KAH SENG (M)

No of passenger
(including driver)
(4)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = ky.chia@yahoo.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2512294A



Name
CHIA KING YANG



谢琼琰
Race
CHINESE
Date of Birth
01-09-1949
Country of Birth
MALAYSIA
Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2512294A
Name
CHIA KING YANG



Birth Date 01 Sep 1949
Issue Date 18 Oct 2003

100933129J

8140883



NRIC No. S2512294A



Nationality
MALAYSIAN
Blood Group Date of issue
O+ 08-12-1994

Address
5 PANDAN VALLEY
#04-704
SINGAPORE 2159

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

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

PASS DATE
23 Apr 1979

NP 425A

Licence No. S2512294A

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: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

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.: MU011255 (Private Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJK7096B | Chassis No.: JN1B8UJ32Z0000691 |
| 2. Name of Policyholder | CHIA KING YANG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/10/2017 (00:00:00) | |
| 4. Date of Expiry of Insurance | 29/10/2018 | |
| 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 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 same 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 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 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 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 No: 2668DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 1,000.00	(Original Excess : SGD 1,000.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	NIL		
Additional Terms:	Waiver of policy excess is not applicable.		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature