

NATIONAL Assessment Centre Services

Date In: 06/02/2018 16:58	Job description	Date & Time Completed	Done by
Ref No: NA/TMI18002382/K4	SAS e-filing		
Veh No: SJU 6387R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/02/2018 21:35	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: SKZ6939K	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

NA1800817	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	OP:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile \$0		
Cat 2 / 3:	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 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	06/02/2018 16:58
Date Of Accident	05/02/2018 21:35
Exact Location Of Accident	JUNC OF BISHAN ROAD AND BISHAN STREET 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6387R
Insured/Policyholder	
Name Of Registered Owner	LI CHAO JASON
NRIC No	S8319034E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91090772
Alternative Phone No	OTHERS-91090772

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
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	MUO12571
Cover Note Number	

Driver

Name of Driver	LI CHAO JASON
NRIC No	S8319034E
Date Of Birth	15/06/1983
Occupation	INDOOR
Date Of Driving Pass	27/01/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090772
Fax Number	
Contact Number	OTHERS-91090772
Email Address	NOEMAIL

Address	BLK 411 ANG MO KIO AVE 10 #07-871
Postcode	560411
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE
Passenger 4	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180206/2031

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	SKZ6939K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM JIXUAN
NRIC/Passport Number	S8819679A
Contact Number	98453430
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LI CHAO JASON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJU6387R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

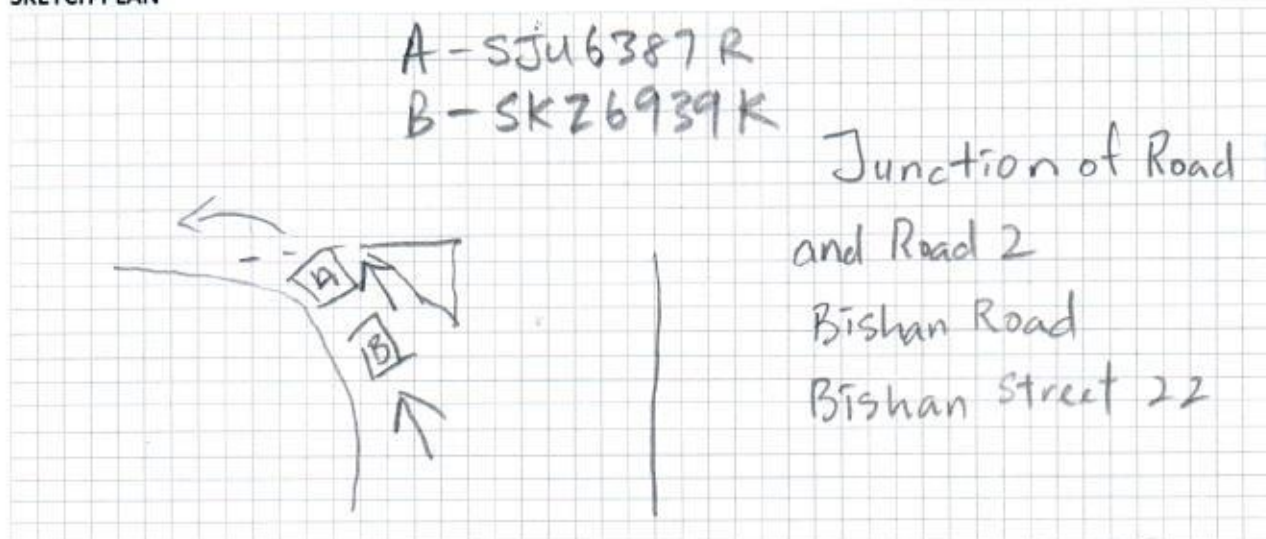
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to the Police Report -
T/20180206/2031

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.:



SINGAPORE POLICE FORCE



T/20180206/2031

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180206/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 08:02	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: LI CHAO, JASON			Address: APT BLK 411 ANG MO KIO AVENUE 10 #07-871 SINGAPORE 560411		
ID Type / ID No.: NRIC NO / S8319034E			Contact No.: Home/Office: Mobile: 91090772		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 15/06/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2018 21:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BISHAN ROAD BISHAN STREET 22				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU6387R	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Purple	Seriously Damaged	4
SKZ6939K	MPV	MAZDA		Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20180206/2031

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Report No. T/20180206/2031

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU6387R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU012571	02/12/2017	01/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LI CHAO, JASON		ID No.	S8319034E
Related Vehicle	SJU6387R (Car)		Contact No.	91090772
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2018		Date Discharge	05/02/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	SIM JIXUAN		ID No.	S8819679A
Related Vehicle	SKZ6939K (MPV)		Contact No.	98453430
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 05/02/2018 at about 2135hrs, I was driving my purple colour Hyundai Avante bearing license plate number SJU6387R at the junction Bishan Road and Bishan St 22. There were 4 passengers in my vehicle. I wanted to turn left and as such, I was at the filter lane. I then stopped at the filter lane as there was traffic on the main road. Suddenly, I felt an impact from the rear. I discovered that one grey colour Mazda bearing license plate number SKZ6939K had hit onto the rear portion of my vehicle. As a result, my vehicle's rear bumper and boot door were damaged. No one was injured at that point of time. However, after I went back, I felt pain on the back of my neck and shoulder area. As such, I went to Mount Alvernia Hospital and was issued 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20180206/2031

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20180206/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt MUHAMMAD AZRI BIN ABDUL RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/02/2018 08:02

Classification Of Case:

SN 085



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8319034E



Name
LI CHAO, JASON

李 朝

Race
CHINESE

Date of birth
15-06-1983

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8319034E

Name
LI CHAO, JASON

Birth Date: 15 Jun 1983

Issue Date: 27 Jan 2006



5561826



NRIC No. S8319034E



Date of issue
27-01-2016

APT BLK 411 ANG MO KIO AVENUE 10 #07-871
SINGAPORE 560411


NRIC No: S8319034E Date: 18/10/2016

SINGAPORE 5561826


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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 27 Jan 2006



Licence No: S8319034E



NP 428A

Tokio Marine Insurance Singapore Ltd

(Company Reg No. 102300014M) (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



TOKIO MARINE
INSURANCE GROUP

A MEMBER OF THE
TOKIO MARINE 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.: MU012571 (Private Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJU6387R | Chassis No.: KMHDU41BMAU932541 |
| 2. Name of Policyholder | LI CHAO JASON | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 02/12/2017 (00:00:00) | |
| 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 canceled 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 No: 2197DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	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:	UNITED OVERSEAS BANK LIMITED		

TOKIO MARINE INSURANCE SINGAPORE LTD.

NITA PTE LTD

For Extensions, renewals & all other insurance related matters, please contact us
(T) 6221 1221 (F) 6272 1090
customerservice@nita.com.sg

Authorised Signature