

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA118024112**

Date In: <b>19/2/18 - 20:23</b>	Job description	Date & Time Completed	Done by
Ref No: <b>N4 TM 218031 6724</b>	SAS e-filing		
Veh No: <b>SHD990M</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>14/2/18 - 22:00</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	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: <b>WUP968</b>	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

<b>NA180/005</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) In Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TP: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
	QD*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged	
<b>Auditors' Comments:</b>	Invoice dated	Fee Charged	
<b>Ref 1:</b>			
<b>Ref 2 / 3:</b>			



## 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	19/02/2018 20:23
Date Of Accident	14/02/2018 22:00
Exact Location Of Accident	SECOND LINK EXPRESSWAY (TOLL RD)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD990M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG CHEE KAI MATTHEW
NRIC No	S1709990F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96800773
Alternative Phone No	OFFICE-96800773

### Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU004305
Cover Note Number	

### Driver

Name of Driver	WONG CHEE KAI, MATTHEW
NRIC No	S1709990F
Date Of Birth	27/08/1965
Occupation	INDOOR
Date Of Driving Pass	30/03/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96800773
Fax Number	
Contact Number	OFFICE-96800773
Email Address	NOEMAIL

Address	32 TANAH MERAH KECHIL ROAD #12-20
Postcode	465559
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WUP9678 (PRIVATE CAR)
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFIK ISKANDAR PUTERI
Police Station Address	ROAD: TRAFIK ISKANDAR PUTERI , POSTCODE: 00000 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - TRAFIKIPUTERI/001684/18.

#### 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	WUP9678
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

5




## 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:

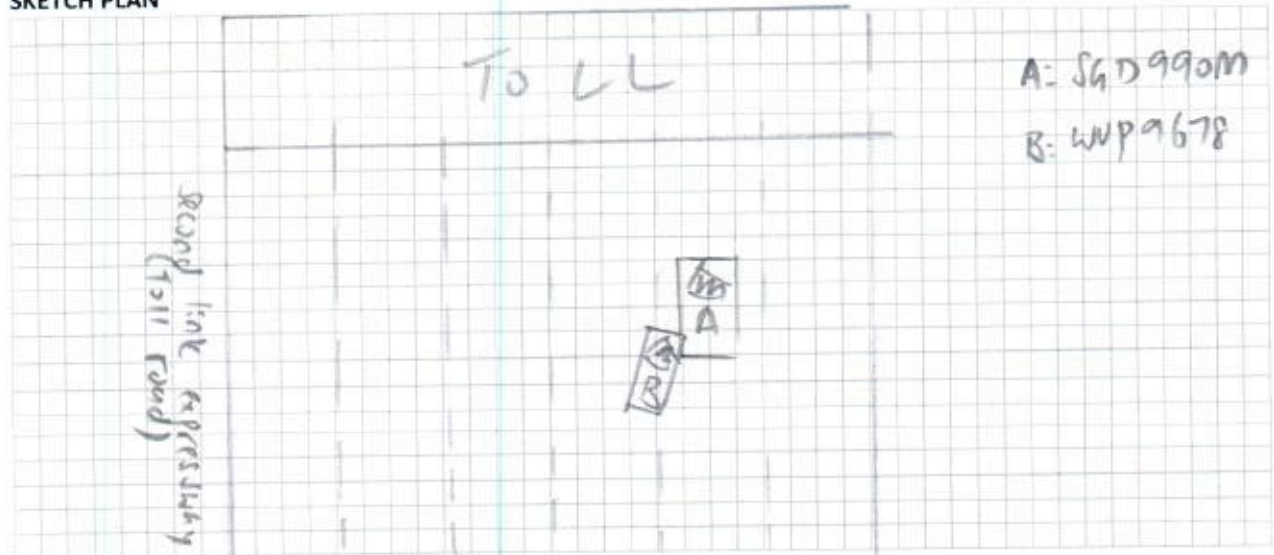
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On stated date and time, my vehicle was slowing down as I was approaching the toll gantry

Suddenly a vehicle from behind hit my vehicle left side. That vehicle seemed to be travelling very fast. It could be trying to squeeze in front of my vehicle to reach the toll gantry.

## 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.:



# ACCIDENT STATEMENT

2nd link (1st & 2nd) & presway (751 road)

ACCIDENT DATE: 14/03/2018 (DD/MM/YYYY), TIME: 22:00 (HH:MM)

LOCATION: Km 19 Link kedua Malaysia

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 990M  
 b) INSURANCE COMPANY: TOKIO MARINE  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Bmw 316  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: private travel  
 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: WONG CHEE KAI MATTHEW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1709990F CONTACT: 96800773  
 c) ADDRESS: 32 Tanah Merah Kechn Rd  
#12-20, S(465559)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 27/08/1965 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 23

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: 1 skandar Puteri, Johor

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WUP 9678 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
 (including driver)  
(4)

\*No of passenger  
 (including driver)  
(5)

\*No of passenger  
 (including driver)  
( )

Email = dartagnan990m@rocketmail.com  
 fax = \_\_\_\_\_



# POLIS DIRAJA MALAYSIA

## REPOt POLIS

Balai : TRAFIK ISKANDAR PUTERI  
Daerah : ISKANDAR PUTERI  
Kontinjen : JOHOR  
No Repot : TRAFIK IPUTERI/001684/18  
Tarikh : 14/02/2018  
Waktu : 2246 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R97727

### Butir-butir Penerima Repot

Nama : AHMAD FIKRI BIN SAMSUDIN

No Personel : R196927

Pangkat : KONST/P

### Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

### Butir-butir Pengadu

Nama : WONG CHEE KAI, MATTHEW

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : E5213105E

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 27/08/1965

Umur : 52 tahun 5 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : GURU

Alamat Tempat Tinggal : NO 32 TANAH MERAH KECHIL ROAD, #12-20 SINGAPORE, 465559

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6596800773

Emel : ---

### Pengadu Menyatakan:-

PADA 14/02/2018 JAM LEBIH KURANG 2210 MALAM, SAYA MEMANDU MOTOKAR NOMBOR SGD990M DARI SINGAPORE MAHU MENUJU KE MELAKA. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 19 LEBUHRAYA LINK KEDUA, SEMASA SAYA BERGERAK TERUS MAHU MEMASUKI TOL LIMA KEDAI TIBA-TIBA SEBUAH MOTOKAR NOMBOR WUP9678 DARI ARAH BELAKANG TELAH MELANGGAR MIKAR SAYA DI BAHAGIAN BELAKANG SEBELAH KIRI. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR DI BAHAGIAN BELAKANG SEBELAH KIRI, BUMPER, MUDGUARD KIRI, PINTU KIRI DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R196927 | 14/02/2018 10:58:33 PM



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1709990F



Name  
WONG CHEE KAI, MATTHEW

黄志佳

Race  
CHINESE

Date of Birth  
27-08-1965

Sex  
M

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1709990F

Name  
WONG CHEE KAI, MATTHEW

Birth Date 27 Aug 1965

Issue Date 14 Jun 2003




000599192G



2841523



NRIC No. S1709990F



Blood Group O+ Date of Issue 21-06-1996

32 TANAH MERAH KECIL ROAD #12-20  
SINGAPORE 465559


NRIC No. S1709990F Date 14-03-2002 No. 41571428

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

PASS DATE 30 Mar 1994

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

Licence No. S1709990F



NP 429A

# 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: tmls@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.: MU004305 (Private Car)

- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SGD990M               | Chassis No.: WBA3A120X0J719812 |
| 2. Name of Policyholder   | WONG CHEE KAI MATTHEW |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 26/04/2017 (00:00:00) |                                |
| 4. Date of Expiry of Insurance  | 25/04/2018            |                                |
| 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 No: 1636DDA

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:	BMW FINANCIAL SERVICES SINGAPORE PTE LTD		

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature