

NATIONAL Assessment Centre Services (with 1/1/2000)

NA/1802334

Date In: 21/07/2018 17:34	Job description	Date & Time Completed	Done by
Ref No: NBA/TM18003336/Y	SAS e-Mailing		
Vali No: SK 2857 G	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 20/07/2018 18:40	E-Motor Claim Form		
OD TP / Reporting Only	E-Motor 39/0 (within 100 hrs, TP 1hr)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tell	Fax
TP Particulars: Yeli No: SJN 2049E	INC () / Non-INC ()	
Owner / Drivers:	Tell	
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 reporter.

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

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

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

Injury: _____

Date/Time	Actions

NA/1801179	Invoice Preparation/Chrgs/Dis	by	DATE	AMOUNT	PAID
Humanities/Conciliatory:	1) AR: Accident Reporting (330)				
river/Owner:	2) DA: Damage Assessment (3100)	INC (330)			
control No:	3) TP: Towing Fee	\$10/\$15			
amaged Portion:	4) FT: Follow-Through Survey	\$120			
	5) XT: Follow-Through Survey (Resurvey)	\$120			
	Forchalmis against INC Only (wef 10 Jan 2018)				
	6) TR: Re-inspection	\$15			
	7) NTUC Additional Services	\$160			
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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	21/02/2018 17:34
Date Of Accident	20/02/2018 18:40
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2857G
Insured/Policyholder	
Name Of Registered Owner	KOH YEE TIONG
NRIC No	S1464667A
Email Address	YEETIONG.KOH@EMERSON.COM
Mobile Phone No	(LOCAL) +65-96259361
Alternative Phone No	OTHERS-96259361

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU000561-R00
Cover Note Number	

Driver

Name of Driver	KOH YEE TIONG
NRIC No	S1464667A
Date Of Birth	27/05/1961
Occupation	INDOOR
Date Of Driving Pass	17/11/1992
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96259361
Fax Number	
Contact Number	OTHERS-96259361
Email Address	YEETIONG.KOH@EMERSON.COM

Address	BLK 11 ROSEWOOD DRIVE #13-22
Postcode	737939
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	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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN2049E
Vehicle Make/Model/Colour	HONDA CITY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA SHEE CHWONG
NRIC/Passport Number	S1513590E
Contact Number	81611779
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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:

21/2/2018 1730

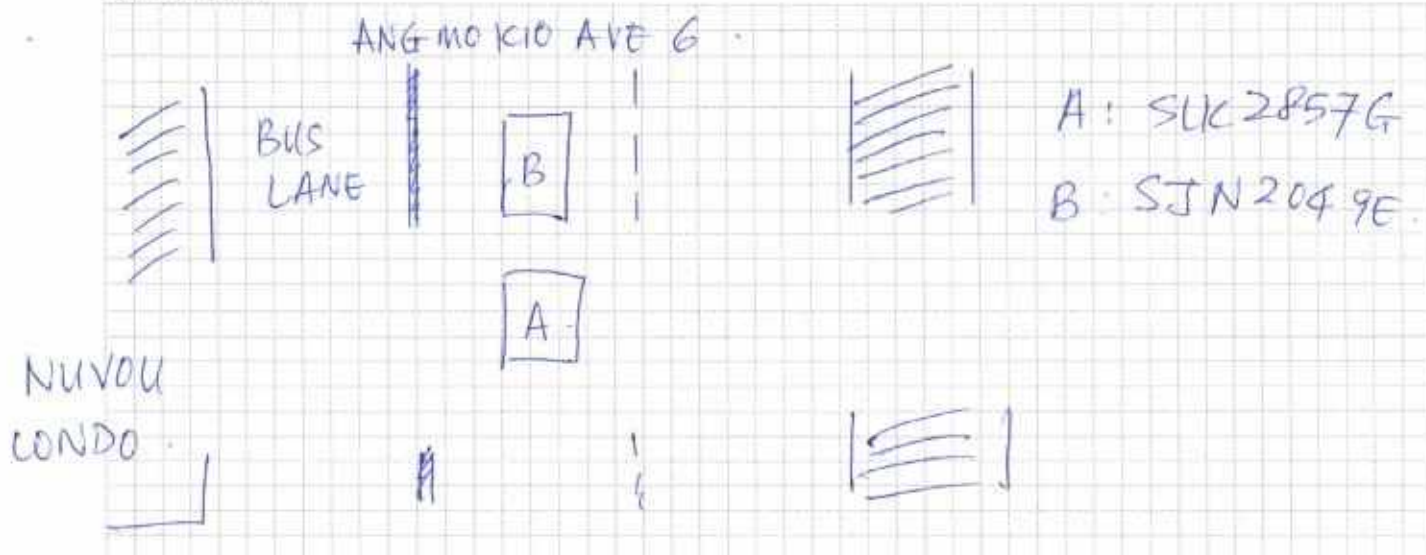
Driver's Signature
(If driver is not the policyholder)
Date & Time:

21/2/2018 1730

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

21/02/2018
Resli Wathob

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This is not the usual route I take to go home. I was driving along Ang Mo Kio Ave 6 and after crossing the traffic light junction next to Nuvou Condo, I kept my speed at 40 km/h. However, the middle lane did not move and I tried to filter left. The right lane was empty. However, I saw another vehicle & a big truck coming on the right lane. However, the distance was too short and hence I jammed on the brakes.

It was too late however hence I ran into the back of car B. (Mr. Chia said he rented car from Mr. Andrew Ong.) After coming out of the vehicle & before exchanging the details of each, I asked if my wife, the other driver & his passenger were alright. Everyone was alright. Hence we exchanged details.

I had a call with Mr. Chia, I asked if he is alright again to which he said he is alright, no injury.

I would like to mention that during the whole time before the incident, I was not on the phone, not looking or holding the mobile phone.

DECLARATION

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

Policyholder's Signature
Date & Time:

20/2/2018 1740

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

21/2/2018 1740

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

20/2/2018
Koshi

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 02 / 2018 (DD/MM/YYYY), TIME: 19:40 (HH:MM)

LOCATION: ANG MO KIO AVE 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK2857G
 b) INSURANCE COMPANY: TOKIO MARINE
 c) POLICY NUMBER: 17-MY006561-R00
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CIVIC
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
 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: KOH YEE TIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S146667A CONTACT: 96259361
 c) ADDRESS: 11, ROSEWOOD DRIVE, #13-22
737939

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(2)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

Female passenger (wife)

- d) DATE OF BIRTH: 27/05/1961 (DD/MM/YYYY)
 e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS: 17/11/1992
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CAR OWNER
 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

No of passenger
(including driver)

- a) VEHICLE NUMBER: SJN2049E MODEL: HONDA CITY
 b) DRIVER'S NAME: CHIA SHEE CHWONG
 c) NRIC/FIN/PASSPORT: S1513590E CONTACT: 81611779

male passenger

No of passenger
(including driver)
(2)

9. THIRD PARTY VEHICLE

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

email: yeetiong.koh@Emerson.com

fax: _____

VIDEO Yes

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1464667A

Name

KOH YEE TIONG

許 貽 忠

Race

CHINESE

Date of Birth

27-05-1961

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1464667A

Name

KOH YEE TIONG

Birth Date: 27 May 1961

Issue Date: 08 Nov 2003



1500387



NRIC No. S1464667A



Blood Group

O+

Date of Issue

09-12-1993

BLK 11 ROSEWOOD DRIVE #13-22
SINGAPORE 737939

NRIC No. S1464667A

Date: 16-01-2007

No. 5598419

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

17 Nov 1992

Licence No: S1464667A



NP 428A

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-MU000561-R00 (Private Motor Car 24 Months)

- | | | |
|---|------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLK2857G | Chassis No.: MRHFC5650GT000837 |
| 2. Name of Policyholder | MR KOH YEE TIONG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 11/01/2017 | |
| 4. Date of Expiry of Insurance | 10/01/2019 | |
| 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 93 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: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
Financial Interest:	OCBC BANK LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature