

Assessment Centre Services

[wef 1 Jan'05]

MNA118025896

23/2/18-17:08	Job description	Date & Time Completed	Done by
NA/TM2 8003419/24	SAS e-filing		
SJW5065R	E-mail (within 3hrs, AIC 2hrs)		
O.A : 21/2/18-15:00	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YN93724	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

NA1801113	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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) 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat. 1:			
Pat. 2 / 3:			

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	22/02/2018 17:08
Date Of Accident	21/02/2018 15:00
Exact Location Of Accident	JUNC TUAS AVE 1 & TUAS WEST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5065R
Insured/Policyholder	
Name Of Registered Owner	TEE SOON SIANG JASON
NRIC No	S8180434F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93202722
Alternative Phone No	OFFICE-93202722
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC SPORTS AT ABS D/AB
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	MU002638
Cover Note Number	

Driver

Name of Driver	TAPIA ROBERTO JR DOINOG
Passport No/FIN	G6394164L
Date Of Birth	14/12/1978
Occupation	INDOOR
Date Of Driving Pass	03/03/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86888253
Fax Number	
Contact Number	OFFICE-86888253
EEmail Address	NOEMAIL

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAPIA ROBERTO JR DOINOG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW5065R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Address	BLK 506B SERANGOON NORTH AVENUE 4 #06-426
Postcode	552506
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 - CHANGE/CROSS LANE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180221/2139.

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	YN9372Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

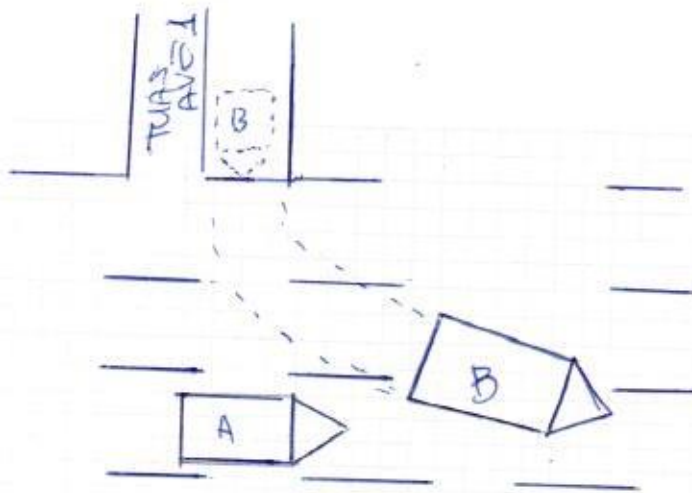
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



(A) SIW 3065R
(B) YN 9372Y
→

(TUAS WEST RD)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

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.:

VEHICLE NO:

SJW5065R

MAKE & MODEL : MITSUBISHI LANCER EX

DATE OF ACCIDENT	21 / 02 / 2018		
TIME OF ACCIDENT	3:00 AM/PM		
LOCATION OF ACCIDENT	T445 West Rd		
Exact Purpose use during accident	Private use		
NAME OF OWNER	TEE SOON SIANG, JAPN		
TELP NO	93202722		
NRIC	S818434F		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only		
INSURANCE CO.	TOKIO MARINE		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	MU00238		
NAME OF DRIVER	As above / If No: <u>TAPIA ROBERTO JR DOINOG</u>		
NRIC	G6394164L		Any passengers: <u>NO</u>
DATE OF BIRTH	14 / 12 / 1978		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	3 / 3 / 2017		
GENDER	<u>Male</u> / Female		
CONTACT NO.	8688253		Office: Home:
ADDRESS	47 ELK 5063 Perayon North Ave 4 #06-426(S) 552506.		
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:		
RELATIONSHIP	Employee / If No: <u>Friend</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other :		
ROAD SURFACE	<u>Dry</u> / Wet / Other :		
ANY INJURIES	No / If yes : Who? <u>Driver</u>		
CONTACT NO.	8688253		
POLICE REPORT	No / If yes : Where? <u>Nahyang N.P.C.</u>		
VEHICLE B NO.	<u>YN 9372 Y</u>		Any Passenger :
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger :		
VEHICLE D NO.	Any Passenger :		
VEHICLE E NO.	Any Passenger :		
VEHICLE F NO.	Any Passenger :		
ANY WITNESS			
WITNESS CONTACT NO.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		
PARTICULAR WORKSHOP	A-Tec Automotive P/L		
TELP NO	8 Kaki Bukit Ave 4		
CONTACT PERSON	#05-27 Premier		
FAX NO.	(S) 415875		
	Telp : 6384 5206		
	Fax: 6384 5205		



**SINGAPORE
POLICE FORCE**



T/20180221/2139

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180221/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 17:32		Vide Report No.: J/20180221/0120		Station Diary No.: 142	
Informant's Particulars					
Name of Informant: TAPIA ROBERTO JR DOINOG			Address: APT BLK 506B SERANGOON NORTH AVENUE 4 #06-426 SINGAPORE 552506		
ID Type / ID No.: FIN NO / G6394164L			Contact No.: Home/Office: Mobile: 86888253		
Nationality: FILIPINO			Email:		
Sex: Male	Age: 39	Date of Birth: 14/12/1978	Type of Informant: Driver		
Race: Filipino			Language:		Institution / School Name:
Occupation: TECHNICAL SALES COORDINATOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2018 15:00	Type of Location: Straight Road
Location: TUAS WEST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SJW5065R	Car				Slightly Damaged	0
YN9372Y	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180221/2139

2 of 3

Report No. T/20180221/2139

Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

On the 21/02/2018 at about 1500hrs along Tuas West Drive, I was driving SJW5065R on lane 1. The lorry, YN9372Y, was coming into lane 1 from lane 2. The lorry was moving very fast and I could not stop in time and hit onto the rear of the lorry. Both of our vehicle then swerve to the other side of the road. There is no camera installed in my vehicle. The front left headlight and screen was damaged.

TP IO in charge- Imran, contact number: 65476365



**SINGAPORE
POLICE FORCE**



T/20180221/2139

3 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180221/2139

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:

J /

Sgt 2 MOK XIU QING, ESTHER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp
NP168

SN 127

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

21/02/2018 17:32

Classification Of Case:

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SIN CHEW WOODPAQ PTE LTD

Sector: **MANUFACTURING**

Name
TAPIA ROBERTO JR DOINOG

Occupation
TECHNICAL SALES CO-ORDINATOR




S Pass No.
0 25348052

Date of Application
24-06-2016

Date of Issue
18-07-2016

Date of Expiry
06-06-2019

L7027498



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G 6394154**

Name: **TAPIA ROBERTO JR DOINOG**

Birth Date: **14 Dec 1978**

Issue Date: **03 Mar 2017**

Valid Till: **02/03/2022**

002662601J



VISIT PASS
Immigration Regulations

Name
TAPIA ROBERTO JR DOINOG



Date of Birth	Sex	Nationality
14-12-1978	M	FILIPINO
FIN	Date of Issue	Date of Expiry
G6394164L	18-07-2016	06-06-2019

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles =< 200 cc	EFFECTIVE	03 Nov 2017
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver		03 Mar 2017

NP 428A



Tokio Marine Insurance Singapore Ltd

Company Reg No: 15211814M (IC-18 Reg No: M-00600134)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

Tel: (65) 6221 6111 / (65) 6221 4355 / (65) 6224 0895 E: tmise@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.: MU002638 (Private Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJW5065R | Chassis No.: JMYSRCY2AAU000637 |
| 2. Name of Policyholder | TEE SOON SIANG JASON | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/03/2017 (00:00:00) | |
| 4. Date of Expiry of Insurance | 29/03/2018 | |
| 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 whatever 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: 2372DDA	
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:	NIL	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature