

NATIONAL Assessment Centre Services

[Date: 10/03/18]

Date In 02/03/18	Job description	Date & Time Completed	Done by
Ref No NA/SM/18004040/13	SAS e-filing		
Veh No SJM5623H	E-mail (within 8hrs, ALC 2hrs)		
D.O.A 01/03/18 1055	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **SGF890M**

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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1801355

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: 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:-
- 9) N12: Idac Mobile 30

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 02/03/2018 11:00
 Date Of Accident 01/03/2018 10:55
 Exact Location Of Accident UNIVERSITY ROAD & JLN BAHASA
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM5623H
Insured/Policyholder
 Name Of Registered Owner LEONG SOOK WAI,YVONNE
 NRIC No S7134048A
 Email Address YV_LEO@YAHOO.COM.SG
 Mobile Phone No (LOCAL) +65-90125756
 Alternative Phone No OTHERS-90125756

Vehicle Particulars

Manufacturer LEXUS
 Model LEXUS IS250
 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 18-MU000257-R01
 Cover Note Number

Driver

Name of Driver PANG THENG WEI
 NRIC No S7411865H
 Date Of Birth 20/04/1974
 Occupation OUTDOOR
 Date Of Driving Pass 18/10/1994
 Driving Experience 23 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-84990353
 Fax Number
 Contact Number
 Email Address YV_LEO@YAHOO.COM.SG

Address	BLK 285 TAMPINES ST 22 #05-235
Postcode	520285
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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)	1

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

ON 1ST MARCH AT ABT 10:55HRS. WHILE I WAS TRAVELLING ALONG UNIVERSITY ROAD AND TURNING INTO JLN BAHASA AND THERE A VEH(B) BEARING REG NO SGF890H WAS STOP AT THE STOP LINE AT JLN BAHASA. AS UPON I TURNING INTO JLN BAHASA AND THIS VEH B HIT ONTO MY VEH BEARING REG NO SJM5623J.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF890H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98710347
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

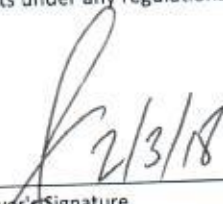
IMPORTANT NOTICE

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:

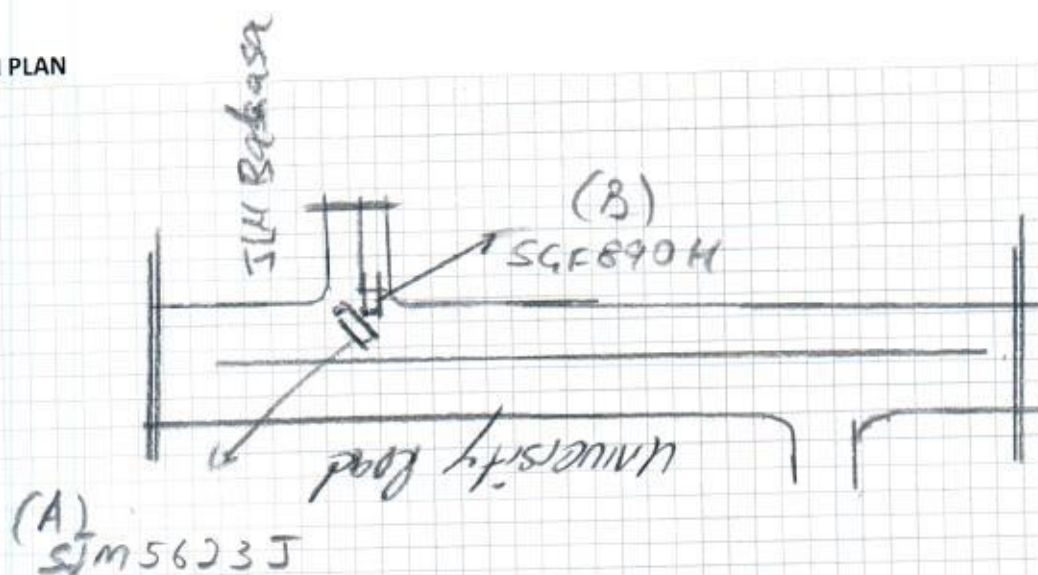
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 02/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st March at about 1056 Hrs, while I was travelling along University Rd and turning into Jalan Bahasa and there a BMW SGF 890H was stop on the stop line at Jalan Bahasa as upon I turning into the Jalan Bahasa and this BMW bent onto my car STM 5623J.

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

ACCIDENT DATE: (1/3/2018) (DD/MM/YYYY), TIME: (10:57) (HH:MM)

LOCATION: University Rd / Jln Bahasan

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STW 5823 J
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: LEXUS IS250
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Yvonne Leong Sook Wai (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7134048A CONTACT: 90125456
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Peng Theng Wei (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7411865H CONTACT: 8499-0353
c) ADDRESS: _____

*d) DATE OF BIRTH: (20/04/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18 Oct 1994

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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

- a) VEHICLE NUMBER: SHE 890 H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9871-0347

9. THIRD PARTY VEHICLE

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

VIDEO:

02/03/18

waiting for
CI & photo

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: **S7411865H**

Name: **PANG THENG WEI**

Birth Date: **20 Apr 1974**

Valid Date: **22 Jul 2003**

000676289G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7411865H**

Name: **PANG THENG WEI**

Race: **CHINESE**

Date of birth: **20-04-1974**

Country of birth: **SINGAPORE**

Sex: **M**

2803
26/5/13




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	04 Jul 1990
Class 2A	Motorcycles between 201 cc and 400 cc	14 Nov 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Oct 1994
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	06 Nov 1998
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	14 Jan 1999

Licence No: **S7411865H**

NP 426A

3591475

Barcode

NRIC No: **S7411865H**

Date of Issue: **20-07-2004**

APT BLK 285 TAMPINES STREET 22 #05-235
SINGAPORE 520285

NRIC No: **S7411865H** Date: **02/02/2017**



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



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine Group

POLICY ENDORSEMENT

INSURED / ADDRESS

LEONG SOOK WAI, YVONNE

BLK 352 UBI AVENUE 1

#09-977

SINGAPORE 400352

POLICY NO : 18-MU000257-R01

POLICY TYPE : PRIVATE MOTOR CAR

POLICY PERIOD : 09/01/2018 TO 08/01/2019

EFFECTIVE DATE : 09/01/2018

DATE OF ISSUE : 14/12/2017

PREMIUM DUE : SGD 26.75
(inclusive of GST)

ACCOUNT : 0300DDA

The following endorsements, memorandum or clauses are added and form part of this Policy:

ENDORSEMENT NO. 01

=====

VEHICLE REGISTRATION NO. SJM5623H

It is hereby noted and agreed that with effect from 09/01/2018, the insured Leong Sook Wai, Yvonne is not driving and the named driver Pang Theng Wei is included into this policy.

In view of above, an additional premium is charged to the Insured.

Subject otherwise to the terms, exceptions and conditions of this policy.

Signed for and on behalf of the Company

Authorized Signatory