

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA18 044825

Date In: 4/4/18 - 12:19	Job description	Date & Time Completed	Done by
Ref No: NA/TM18006158/24	SAS e-filing		
Veh No: SLR8518J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/4/18-19:55	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: LTS 728D 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idao Mobile \$0		
	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	04/04/2018 12:19
Date Of Accident	03/04/2018 19:55
Exact Location Of Accident	SLIP RD SUNTEC TWDS NICOLL HWY (OPP JW MARRIOTT HT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8518J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MS KOH CHIEW GUAT SHIRLEY
NRIC No	S7044814I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97626641
Alternative Phone No	OFFICE-97626641

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT
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 HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ000088-R00
Cover Note Number	

### Driver

Name of Driver	KOH CHIEW GUAT
NRIC No	S7044814I
Date Of Birth	14/12/1970
Occupation	INDOOR
Date Of Driving Pass	13/03/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97626641
Fax Number	
Contact Number	OFFICE-97626641
Email Address	NOEMAIL

Address	BLK 211 CHOA CHU KANG CENTRAL #10-116
Postcode	680211
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?	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)	2
Passenger 1	NAME: : - 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

REFER TO STATEMENT.

#### 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	SLT5728D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH CHOON HUAT, ROSS
NRIC/Passport Number	
Contact Number	81281353
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

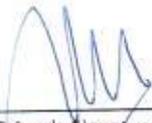
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:

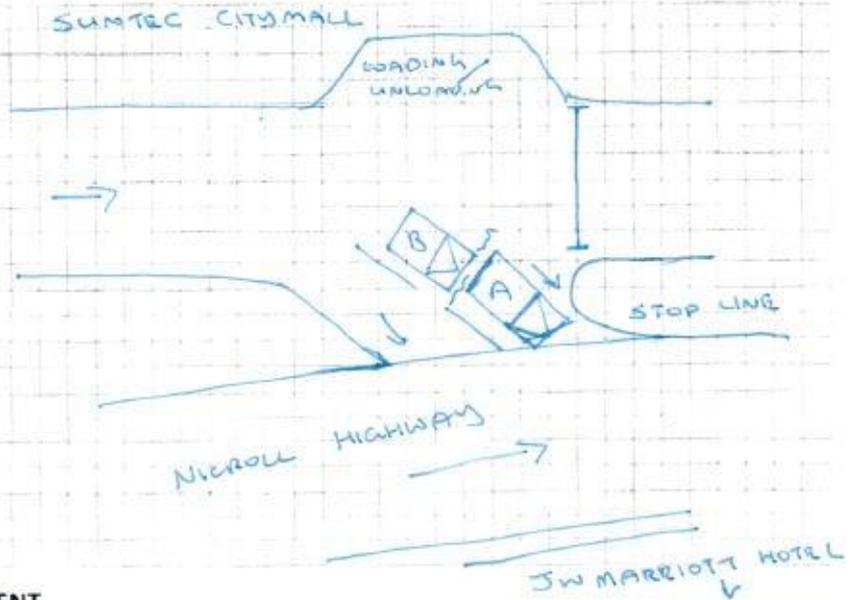
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

**SKETCH PLAN**

SLIP ROAD FROM SUNTEC CITYMALL TO NICROLL HIGHWAY  
(OPPOSITE OF JW MARRIOTT HOTEL)

VEHICLE A - SLR 8518J  
VEHICLE B - SLT 5728D



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS EXITING FROM SUNTEC CITY MALL INTO NICROLL HIGHWAY. WHILE AT THE STOP LINE, I STOPPED MY VEHICLE TO GIVEWAY TO THE ON-GOING VEHICLE ALONG NICROLL HIGHWAY.

SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE WHILE I WAS IN STATIONARY POSITION.

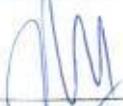
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SLT 5728D) THAT COLLIDED TO THE REAR OF MY VEHICLE. WHEN MY VEHICLE WAS STATIONARY STOPPED AT THE STOP LINE TO GIVE WAY TO THE ON-GOING VEHICLE ALONG NICROLL HIGHWAY.

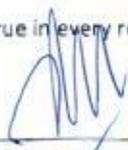
THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SLR 8518J  
VEHICLE B - SLT 5728D

**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.:

<b>Vehicle No.</b>	SLR 8518 J	<b>Model / Make</b>	NISSAN QASHQAI
Date of Accident	3 April 2018		
Time of Accident	7:55pm	HRS	
Location of Accident	Slip Road from Sinteric to Nicoll Highway (Opposite JW Marriott Hotel).		
Exact purpose use during accident	Private Use.		
<b>Name of Owner</b>	KOH CHEW GUAT		
Telephone No.	H/P : 9762 6641	Home :	Office :
NRIC	S7044814 I		
Address	Blk 211 Choa Chu Kang Central #10-116 S(630211)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	TOKIO MARINE		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	18-MJ000088 - R00		
<b>Name of Driver</b>	<u>As Above</u> If No,		
NRIC	Any Passengers : 1 Female.		
Date of birth	14 Dec 1970		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	13 March 1993		
Gender	Male	/	<u>Female</u>
Contact No.	H/P : 9762 6641	Home :	Office :
Address			
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state <u>owner</u>	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	If <u>Yes</u> , Who? <u>Pending - Body</u>	
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u>	If Yes, Where?	
<b>Vehicle B No.</b>	SLT 5728 D	Any Passengers :	
Name of Driver	SOH CHOON HUAT, ROSS	Contact No. : 8128 1353	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	<u>REAR</u>		
Camera Recorder	<u>Yes</u> / No	Front and Back	
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / <u>No</u>	
	84840051		
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ian		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales @ nsi.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S70448141**

Name: **KOH CHIEW GUAT**

Birth Date: **14 Dec 1970**

Issue Date: **27 Feb 2003**

000250141F




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S70448141**

Name: **KOH CHIEW GUAT**

**许秋玉**

Race: **CHINESE**

Date of Birth: **14-12-1970**

Sex: **F**

Country of Birth: **SINGAPORE**





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

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

PASS DATE: **13 Mar 1993**

NP 428A

Licence No: **S70448141**



2513489

**S70448141**

NRIC No. **S70448141**

Blood Group: **O+**

Date of issue: **15-10-1994**

**APT BLK 211 CHOA CHU KANG CENTRAL #10-116 SINGAPORE 680211**

NRIC No: **S70448141** Date: **14-07-2005** No: **5241214**




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



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MX1 H

A member of the  
Tokio Marine Group

**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.: 18-MJ000088-R00 (Private Motor Car)

- 1. **Index Mark and Registration Number of Vehicle** SLR8518J **Chassis No.:** SJNFEAJ11U2019468
- 2. **Name of Policyholder** MS KOH CHIEW GUAT SHIRLEY
- 3. **Effective date of the Commencement of Insurance for the purposes of the Act** 22/01/2018
- 4. **Date of Expiry of Insurance** 21/01/2019
- 5. **Persons or Class of Persons entitled to drive\***  
Any person who is driving on the Policyholder's order or with their permission.  
The hirer.  
Any other person who is driving on the hirer's order or with his/ their 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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).

<b>ADDITIONAL INFORMATION</b>		Account: 2417DDA
<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 2,000
	Excess-Third Party (Sect II)	SGD 1,500
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	STANDARD CHARTERED BANK	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

**DETAILS OF INJURED PERSON 1**

Name	KOH CHIEW GUAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLR8518J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	