

# NATION 11 Assessment Centre Services

Date In: <b>12/04/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/IMI18006784/13</b>	SAS e-filing		
Veh No: <b>5J46401H</b>	E-mail (within 8hrs, Aft 2hrs)		
Doc No: <b>12/04/18 1435</b>	i-Motor Claim Form		
OD: <b>13</b> Reporting Only	i-Motor W/O (Within: O/D 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: ( <b>N-51</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>5J464008</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%; 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	Amt (\$) 1st Bill	Amt (\$) 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fax Charge	
	Invoice dated	Fax Charge	

## 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	12/04/2018 16:48
Date Of Accident	12/04/2018 14:25
Exact Location Of Accident	SIMS AVE TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6401H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR WONG WAI HO
NRIC No	S7570454B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97666261
Alternative Phone No	OTHERS-97666261

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	17-MW002038-R02
Cover Note Number	

### Driver

Name of Driver	MR WONG WAI HO
NRIC No	S7570454B
Date Of Birth	24/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97666261
Fax Number	
Contact Number	OTHERS-97666261
EMail Address	NOEMAIL



Address	BLK 54 GEYLANG BAHRU #23-3597
Postcode	330054
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 - MAJOR/MINOR RD
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

I WAS DRIVING ALONG SIMS AVE TWDS PAYA LEBAR RD ON THE EXTREME RIGHT LANE, SOMEWHERE BEFORE SIMS AVE-ALJUNIED RD X-JUNC. VEH B FRONT RIGHT PORTION COLLIDED TO MY VEH CAUSING MY VEH FRONT LEFT PORTION DAMAGED. I ALIGHTED AND WE EXCHANGE PARTICULARS. I REALISED VEH B CAME FROM MINOR RD AND BYPASSING DOUBLE WHITE LINE AND COLLIDED TO MY VEH.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6400D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98539768
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	


## SKETCH PLAN


### IMPORTANT NOTICE

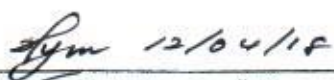
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

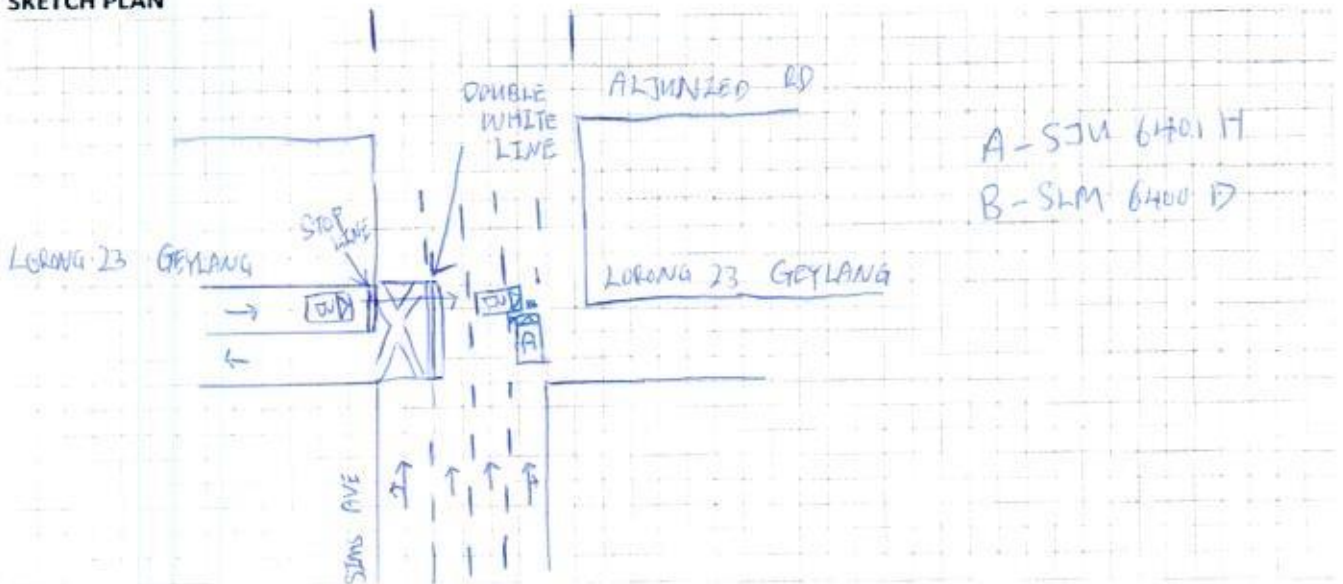
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SIMS AVE TOWARDS PAYA LEBAR RD, before SIMS AVE-ALJUNZED RD X-JUNCTION.

#### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SIMS AVE TOWARDS PAYA LEBAR RD, on the extreme right lane. Somewhere before SIMS AVE-ALJUNZED RD X-JUNCTION, VEH (B) FRONT right portion collided to my vehicle causing my vehicle FRONT LEFT PORTION damage. Therefore, I alighted and we exchange particulars. I REALISED VEH(B) came from minor road and bypassing double white line and collided to my vehicle.

#### 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>	SJU 6401 H	<b>Model / Make</b>	HONDA STREAM
<b>Date of Accident</b>	12/4/18		
<b>Time of Accident</b>	0225 PM	<b>HRS</b>	
<b>Location of Accident</b>	SEMS AVE TOWARDS PATA LEBAR RD before SEMS AVE-ALJUNZED RD X-JUNCTION.		
<b>Exact purpose use during accident</b>	Personal Use		
<b>Name of Owner</b>	WONG WAZ HO		
<b>Telephone No.</b>	H/P : 9766 6261	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7570454B		
<b>Address</b>	APT BLK 54 GEYLANG BAHRU #23-3597		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	TOKIO MARINE		
<b>Type of Coverage</b>	<b>Comprehensive</b>	<b>Third Party</b>	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>	17-MW002038-R02		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	Any Passengers : NZL		
<b>Date of birth</b>	24/07/1975		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	17/11/1997		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state OWNER	
<b>Weather condition</b>	Clear	Raining Other	
<b>Road Surface</b>	Dry	Wet Other	
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SLM 6400 D	<b>Any Passengers :</b>	1 (Child, MALE)
<b>Name of Driver</b>	SHAHNAZ H LATIFF	<b>Contact No. :</b>	9853 9768
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	<b>Witness Contact :</b>		
<b>Accident Portion</b>	FRONT PORTION and FRONT LEFT PORTION.		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	wai.ho_wong@hotmail.com		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	NSI AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales @ nsi.com.sg		



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7570454B**



Name

**WONG WAI HO**



**黃 偉 浩**

Race

**CHINESE**

Date of Birth

**24-07-1975**

Sex

**M**

Country of Birth

**HONG KONG**



3096867



NRIC No: **S7570454B**



Blood Group

**A+**

Date of issue

**31-08-1999**

**APT BLK 54 GEYLANG BAHRU #23-3597  
SINGAPORE 330054**

NRIC No: **S7570454B**

Date: **20/07/2010**

No: **6594787**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: S7570454B

WONG WAI HO

Birth Date: 24 Jul 1975  
Issue Date: 27 Oct 2003

000955734J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

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

17 Nov 1997

NP 428A

Licence No: S7570454P





## 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-MW002038-R02 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJU6401H **Chassis No.:** JHMRN68809C200524
2. **Name of Policyholder** MR WONG WAI HO
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 18/06/2017
4. **Date of Expiry of Insurance** 17/06/2018
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: E2316DDA

**Insurance Plan:** Comprehensive Approved Workshop Plan  
**Limit for total loss or theft:** Prevailing Market Value  
**Policy Excess:** Own Damage Claims SGD 800  
 Windscreen Excess SGD 100  
**Financial Interest:** OCBC BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature