

NATIONAL Assessment Centre Services

[wef 1 Jan 09]

MNA 118058143

Date In: 4/5/18 11:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NNA/TMI18008170/14	E-mail (within 5hrs, AIC 2hrs)		
Veh No: 53Y 36Y	i-Motor Claim Form		
D.O.A: 31/5/18 17:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: 56J 7624T	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
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 (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	30.00	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice date:	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Date 1:			
Date 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 04/05/2018 11:19
 Date Of Accident 03/05/2018 17:30
 Exact Location Of Accident ALONG SLE TWDS BKE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY36Y
Insured/Policyholder
 Name Of Registered Owner MR KOH KIM LEE
 NRIC No S8142127G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-83231314
 Alternative Phone No OFFICE-83231314

Vehicle Particulars

Manufacturer HONDA
 Model CIVIC 1.5 TURBO VTIS SR
 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-MU010128-R00
 Cover Note Number -

Driver

Name of Driver MR KOH KIM LEE
 NRIC No S8142127G
 Date Of Birth 26/12/1981
 Occupation INDOOR
 Date Of Driving Pass 10/09/2003
 Driving Experience 14 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-83231314
 Fax Number
 Contact Number OFFICE-83231314
 Email Address NOEMAIL

Address BLK 267C PUNGGOL FIELD #16-125
 Postcode 823267
 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 RAINING
 Road Surface WET

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? 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? 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 ATTACHED STATEMENT.

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 SGJ7624T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MR KOH KIM LEE

Approximate Age	BODY
Injuries Sustain	SJY36Y
Injured person in which vehicle?	YES
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

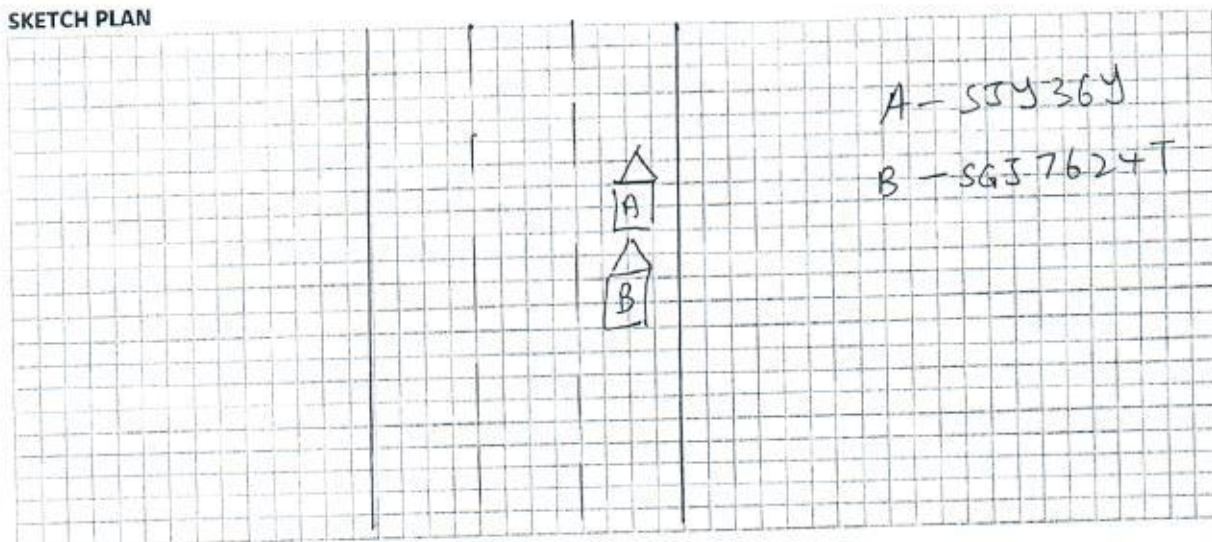


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 3/5/2018 at 5:30pm I was driving my vehicle A
 along SLE towards BKE. There was a motorcycle in
 front of me and suddenly skipped and fall, I stop my
 immediately
 car & suddenly vehicle B hit on my rear portion.

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.:

Date of Accident : 3/5/2018 Accident Time: 5.30pm (24-HR-Format)
Accident Place : Along SLE towards BKE
Vehicle. No. (Car Plate No.) : SJY 362 Make/Model: Honda
Insurance Company : TOKIO Policy No: _____
Owner or Company Name /IC No. : Koh Kim Lee / 8142127G
Owner or Company Contact No. : _____ Owner's Hp 83231314 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 26/12/1981 DRIVER'S License Pass Date 10/9/2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 267C Punggol Field #16-125
DRIVER'S Contact No. / Alt No. : 1) _____ 2) 5823267
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>SG 57624T (China)</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8142127G**
 Name: **KOH KIM LEE (GU JINLI)**
 Birth Date: **26 Dec 1981**
 Issue Date: **06 Feb 2003**

000173240A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8142127G



Name: **KOH KIM LEE**
 車 動 歷
 Race: **CHINESE**
 Date of birth: **26-12-1981** Sex: **M**
 Country of birth: **SINGAPORE**

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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	06 Feb 2003
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	10 Sep 2003

S8142127G
 S / No. 9000002100
 Licence No: S8142127G
 NP 429A

4470370



NRIC No. **S8142127G**



Date of issue: **01-10-2009**
 PT BLK 267C PUNGGOL FIELD #10-125
 SINGAPORE 823267
 Date: **18/05/2012** No: **7093027**
S8142127G

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-MU010128-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle SJY36Y Chassis No.: MRHFC1660HT000351
2. Name of Policyholder MR KOH KIM LEE
3. Effective date of the Commencement of Insurance for the purposes of the Act 28/09/2017
4. Date of Expiry of Insurance 27/09/2019
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 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 transferrable. 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 or 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:	Provisional Market Value
Policy Excess:	Own Damage Claims SOD 600 Windscreen Excess SOD 100
Financial Interest:	OCBC BANK LIMITED