

NATIONAL Assessment Centre Services

Date In: 04/05/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/5MJ/18008197/13	E-mail (within 8hrs, AOC 2hrs):		
Veh No: SLA7594J	i-Motor Claim Form		
D.O.A: 04/05/18 0810	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (1P) 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: (HUP 500N)	Tel:	Fax:
TP Particulars:	Veh No: YN55150	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

NA1802804	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: 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 \$30		
	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	04/05/2018 14:57
Date Of Accident	04/05/2018 08:10
Exact Location Of Accident	WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7594J
Insured/Policyholder	
Name Of Registered Owner	TAY HOAN SHY
NRIC No	S8029712B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81818875
Alternative Phone No	OTHERS-81818875

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MU009016
Cover Note Number	

Driver

Name of Driver	TAY HOAN SHY
NRIC No	S8029712B
Date Of Birth	07/10/1980
Occupation	INDOOR
Date Of Driving Pass	26/02/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81818875
Fax Number	
Contact Number	OTHERS-81818875
Email Address	NOEMAIL

Address	138 PUNGGOL WALK #02-31
Postcode	828700
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	
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)	2
Passenger 1	NAME: : DING RUO XIN 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

PLS REFER TO THE ATTACHED 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	YN5515D
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	
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)**

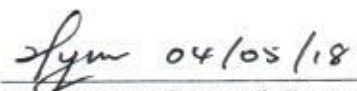
I understand, acknowledge, agree and consent that:

- (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.



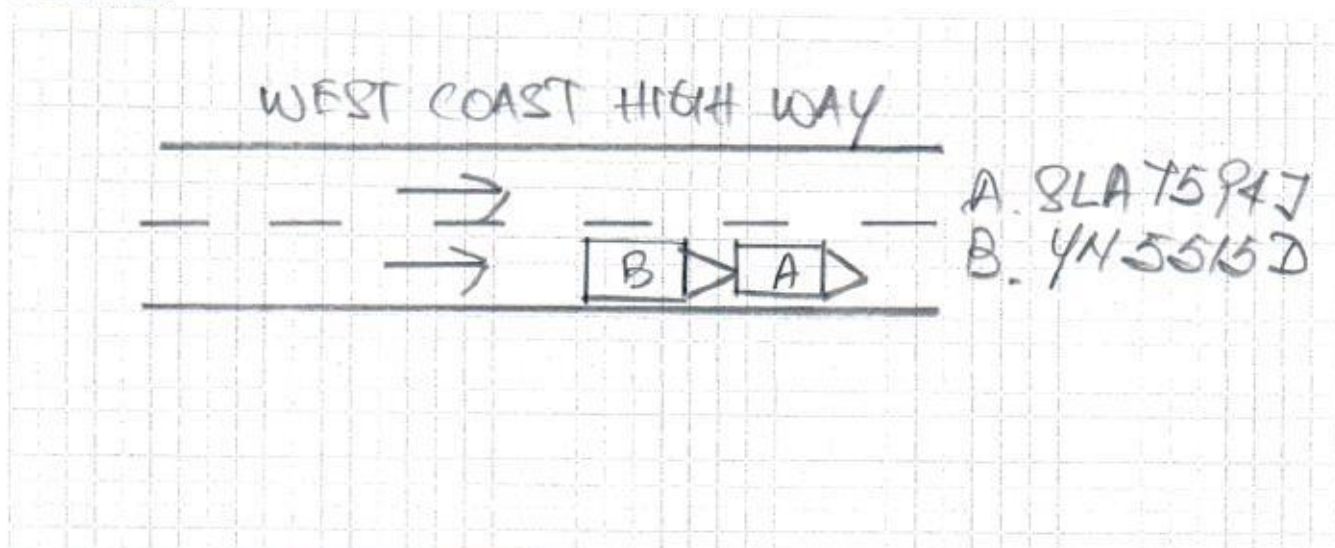
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

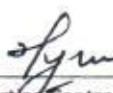
I WAS TRAVELLING ALONG WEST COAST HIGHWAY TOWARDS
 PASIR PANJANG ROAD 175M AN IMPACT FROM MY
 VEH REAR PORTION.

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:

 04/05/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 8LA75927

MAKE/MODEL: HONDA STREAM

DATE OF ACCIDENT 04/05/2018
DAY/MONTH/YEAR

TIME 08 HR 10 MIN AM PM

LOCATION OF ACCIDENT WEST COAST HIGHWAY

EXACT PURPOSE USE DURING ACCIDENT WORKING

CAR OWNER

NAME OF CAR OWNER TAY HOAN SHY.

CONTACT NO 81818875

NRIC S802972B

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY TOKIO MARINE.

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO mu009016

ACCIDENT DRIVER

☐ AS ABOVE

☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER As Above.

NRIC 07-10-1980

NO OF PASSENGER/S 1 FEMALE XIN
DING RUI

DATE OF BIRTH 07-10-1980

OCCUPATION 26 FEB 2007.

☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 26 FEB 2007.

GENDER 81818875

☐ MALE ☒ FEMALE

CONTACT NO 81818875

ADDRESS

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO YN5515D

NO OF PASSENGER/S unknown

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8029712B



Name

TAY HOAN SHY

Race

CHINESE

Date of birth

07-10-1980

Country of birth

SINGAPORE

Sex

F

S8029712B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S8029712B

Name

TAY HOAN SHY

Birth Date 07 Oct 1980

Issue Date 16 Jun 2007



4639368

NRIC No. S8029712B



Date of issue
15-10-2010

138 PUNGGOL WALK #02-31
SINGAPORE 828700

NRIC No: S8029712B

Date: 13/01/2017

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 26 Feb 2004



NP 428A

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: MZ-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

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

ORIGINAL

POLICY SCHEDULE

INSURED / ADDRESS

TAY HOAN SHY
138 PUNGGOL WALK
#02-31
Singapore 828700

POLICY NO : MU009016
POLICY TYPE : PRIVATE CAR
POLICY PERIOD : 13/08/2017 TO 12/08/2018
DATE OF ISSUE : 08/08/2017
ACCEPT DATE : 08/08/2017
PREMIUM DUE : SGD 639.13
(inclusive of GST)

ACCOUNT : 2716DD8

RISK NUMBER	: 0001 Private Car
BUSINESS/PROFESSION OF INSURED	: Executive/Managerial
REGISTRATION NUMBER	: SLA7594J
MAKE	: HONDA STREAM 1.8X BI-FUEL
CUBIC CAPACITY	: 1799
YEAR OF MANUFACTURE	: 2008
YEAR OF REGISTRATION	: 2008
ENGINE NUMBER	: R18A1769483
CHASSIS NUMBER	: RN61062321
VEHICLE USAGE	: Private Use
TYPE OF COVER	: Comprehensive Approved Workshop Plan
SUM INSURED	: Prevailing Market Value
FINANCIAL INTEREST	: CENTURY TOKYO LEASING (SINGAPORE) PTE LTD

EXCESS APPLICABLE

Own Damage Claims	: SGD 800.00	(Original Excess : SGD 800.00)
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	

PREMIUM

	AMOUNT (SGD)
Basic Premium (Annual)	1,397.24
Less NCD (50.00%)	-698.62
Less Safe Driver Discount	-34.93
	663.69
Gross Premium (For the period insured)	-66.37
Discount	
	639.13

TOTAL PREMIUM PAYABLE (INCLUSIVE OF GST)

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PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE - AS SHOWN IN CERTIFICATE OF INSURANCE

NAMED DRIVERS

NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
The Policyholder	S8029712B	36.8	M	13.0