

# NATIONAL Assessment Centre Services

Mobile 8062247

Date In: 14/05/2018 11:41	Job description	Date & Time Completed	Done by
Ref No: N/A/TM/80087211	QAS e-tiling		
Veh No: SL 7993G	B-small (with 2nd, 3rd, 4th)		
P.O.A: 13/05/2018 04:45	1-Motor Claim Form		
OD: TP / Reasoning Only	1-Motor W/O (with 100 3rd, 4th, 5th)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wesp / INC Assgn Wesp / OWI	Tell	Fax
TP Particulars	Yell No: SL 7090L	INC ( ) / Non-INC ( )
Owner / Driver	Tell	
Policy No	Period	Cover Type
Confirmed by	Date	Time
Insured/Driver Liability ( )	% (Note: BIL Status (WO): NI 0.20%, PI 21.79%, PI 30.100%)	
Year of Registration ( )	Warranty: YES ( ) / NO ( )	
Excess (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks

( ) Work in progress: Customer's information strictly Confidential & strictly NO refer of (repair)

( ) Total Loss Case: to e-mail Insurer URGENTLY

Drive-in ( ) / Towed-in ( ) / Invoice YES ( ) / NO ( ) / Towing Co ( )

Remarks: INC 601 line 6788 001

1) Apply for Transition Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury

Other Tally

N/A/803030

Driver/Owner	Invoice Preparation Checklist	Bill	Used Bill
Vehicle No	1) ARI Accident Reporting (200)		
Assigned Position	2) DA Damage Assessment (300)	INC (40)	
	3) TP Towing Fee	24/50	
	4) PT Follow Through Survey	210	
	5) PT Follow Through Survey (Return)	210	
	6) TR Repair Van	250	
	7) NI (4) DA + SMRT Survey	1100	
	8) NTUC Additional Survey		
	9) NI		
	10) NI Courtesy Car / Tpl Allowance	11	
	11) NI Repair Coordination Van	210	
	12) NI Post Repair Inspection	210	
	13) NI OY / Cellar / Survey Coordination	210	
	14) NI (4) TP INK INC / Repair INC	210	
	15) NI (4) Repair	210	
	Invoice dated		
	Invoice date		

## 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	14/05/2018 11:41
Date Of Accident	13/05/2018 04:45
Exact Location Of Accident	ALONG CAUSEWAY TOWARDS SINGAPORE (SG SIDE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7993G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WANG SUI SIONG
NRIC No	S7039165A
Email Address	WSSAYSL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96442795
Alternative Phone No	OTHERS-96442795

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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-MW010399-R02
Cover Note Number	

### Driver

Name of Driver	WANG SUI SIONG
NRIC No	S7039165A
Date Of Birth	03/11/1970
Occupation	INDOOR
Date Of Driving Pass	17/04/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96442795
Fax Number	
Contact Number	OTHERS-96442795
E-Mail Address	WSSAYSL@GMAIL.COM



Address	BLK 115 BUKIT PURMEI ROAD #05-240
Postcode	090115
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?	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

PLEASE REFER TO SKETCH PLAN

#### 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	SLP4090L
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH SWEE HENG
NRIC/Passport Number	S7313392J
Contact Number	86683311
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :

Passenger 2

NAME: :

GENDER: :

## 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.

 18.5.18

Policyholder's Signature

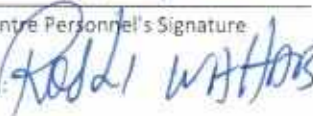
Date & Time:

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

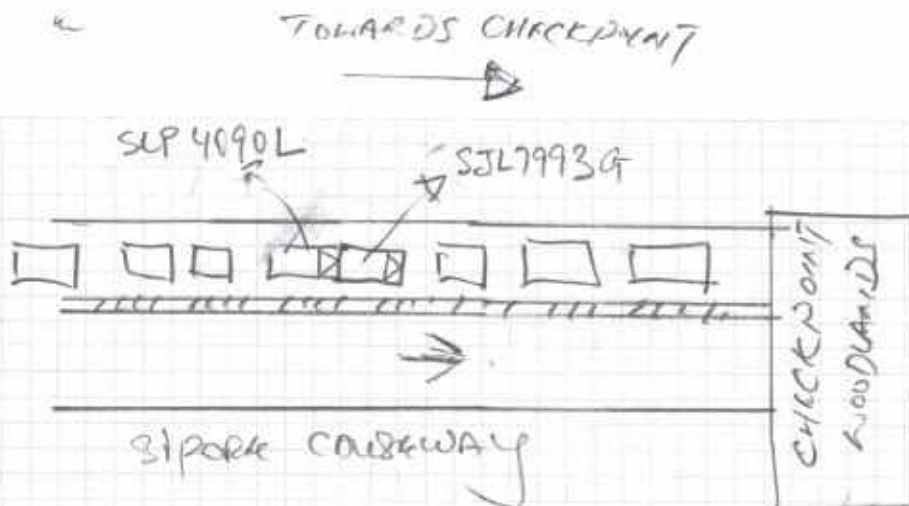
 14/05/2018  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

 Kaddi W H H O B

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13<sup>th</sup> MAY 2018, around 0430hrs my car was moving towards WOODLANDS CHECKPOINT. There was a traffic jam at that time. Out of sudden, the HONDA ran into my back. my car was stationary at that time. I got down and questioned the driver ~~and~~. He admitted he fell asleep.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]* 14.5.18

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.:

*[Signature]* 14/05/2018  
*[Signature]* ROSE WATSON



# ACCIDENT STATEMENT

ACCIDENT DATE: 13/05/2018 (DD/MM/YYYY), TIME: 04:43 (HH:MM)

LOCATION: Causeway towards SG (SG SIDE)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STL7993G  
 b) INSURANCE COMPANY: TOKIO MARINE  
 c) POLICY NUMBER: 17-MNO10399-R02  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA VIOS  
 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) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: LANG Sui Siang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 70391654 CONTACT: 9662795  
 c) ADDRESS: BLK 115, Bukit Purmei RD #05-2K0  
5090115

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LANG Sui Siang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 70391654 CONTACT: 9662795  
 c) ADDRESS: BLK 115, Bukit Purmei RD #05-2K0  
5090115

\* d) DATE OF BIRTH: 03/11/1970 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 17-4-1997 17-K-1997

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 4090L MODEL: HONDA VIZAL  
 b) DRIVER'S NAME: TOH SURE HENG  
 c) NRIC/FIN/PASSPORT: S7313392J CONTACT: 86683311

## 9. THIRD PARTY VEHICLE

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

Email = assays1@gmail.com

Page =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7039165A

Name: WANG SUI SIONG

Birth Date: 03 Nov 1970

Issue Date: 27 Feb 2004

0011410400



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7039165A

Name: WANG SUI SIONG

王綏雄

Race: CHINESE

Date of Birth: 03-11-1970

Sex: M

Country of Birth: SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

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

ISS DATE: 17 Apr 1997

NP 428A

License No: S7039165A

0618460

Barcode

NRIC No: S7039165A

Board Group: B

Date of issue: 17-11-1992

APT BLK 115 BUKIT PURMEI ROAD #05-240

SINGAPORE 090115

NRIC No: S7039165A

Date: 02-04-2004

No: 1919370





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

A member of the  
Tokio Marine Group



TOKIO MARINE  
INSURANCE GROUP

FORM MX1

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)

DIR  
#576-64

Policy No.: 17-MW010399-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJL7993G Chassis No.: MR053HY9305092348
2. Name of Policyholder MR WANG SUI SIONG
3. Effective date of the Commencement of Insurance for the purposes of the Act 12/12/2017
4. Date of Expiry of Insurance 11/12/2018
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: 2388DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

LQ SERVICES PTE LTD

180B BENCOOLEN STREET

#08-04 THE BENCOOLEN

SINGAPORE 189648

TEL: 6-333-4116 FAX: 6-333-4103

Co. Reg. No: 201227819H

6444-2555