

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/17M/18010086/13	SAS e-filing		
Veh No: 5K66388A	E-mail (within 8hrs, AIC 2hrs)		
DOA 03/06/18 1140	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: 5LN3520	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

NA/1803462	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		
	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	04/06/2018 16:44
Date Of Accident	03/06/2018 11:40
Exact Location Of Accident	WATERWAY POINT SHOPPING MALL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6388A
Insured/Policyholder	
Name Of Registered Owner	MR TAM WANG KEI
NRIC No	S2603210E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96164828
Alternative Phone No	OTHERS-96164828

Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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-MU006441-R00
Cover Note Number	

Driver

Name of Driver	TAM SU YI
NRIC No	S9209562B
Date Of Birth	22/03/1992
Occupation	INDOOR
Date Of Driving Pass	27/05/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91898878
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 2 JALAN BUKIT MERAH
	#01-5142
Postcode	150002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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	SLN3512D
Vehicle Make/Model/Colour	MAZDA 2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH WEE KEONG
NRIC/Passport Number	S8017176E
Contact Number	97398039
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.
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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.:

4/06/18

sfy 04/06/18

SKETCH PLAN

A- SKG 6388A

B- SLN35100



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

11am: I have parked my car in the parking lot and
went into the shopping mall. ~~when~~

3pm: when I left the shopping mall to retrieve my car, I
found a note on the windscreen where the 3rd party
mentioned that he accidentally scratched the back of
my car when he wanted to park into the empty lot
behind me.

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:

4/06/18

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

04/06/18

ACCIDENT STATEMENT

ACCIDENT DATE: 03/06/2018 (DD/MM/YYYY), TIME: 11:40 (HH:MM)

LOCATION: waterway point shopping mall carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG6388A
b) INSURANCE COMPANY: Tokio marine
c) POLICY NUMBER: 17-mu006441-200
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Bmw X3 Sdrive 20i HD NAV
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parking
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: Tan Wang Kei (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2607210E CONTACT: 96164828
c) ADDRESS: 274 Long Chuan

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Su Yi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9209562B CONTACT: 91898878
c) ADDRESS: 274 Long Chuan

*d) DATE OF BIRTH: (22/03/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 7

f) YEARS OF DRIVING EXPERIENCE: 7

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN35120 MODEL: mazda2
b) DRIVER'S NAME: Koh Wee Keong
c) NRIC/FIN/PASSPORT: S8017176E CONTACT: 97398039

9. THIRD PARTY VEHICLE

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

04/06/18

waiting for

DL

email = suyi.tan@famcahsharksfin.com

fax = 62260283

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9209562B



Name

TAM SU YI

譚淑儀

Race

CHINESE

Date of birth

22-03-1992

Sex

F

Country of birth

SINGAPORE

S9209562B

4285441



NRIC No. S9209562B



Date of issue

11-09-2008

Address

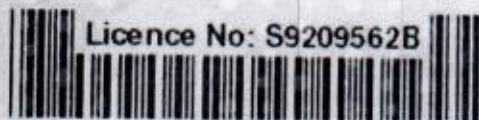
APT BLK 2 JALAN BUKIT MERAH
#01-5142
SINGAPORE 150002

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 27 May 2011

NP 428A



Licence No: S9209562B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9209562B

Name:

TAM SU YI

Birth Date: 22 Mar 1992

Issue Date: 27 May 2011



001967812K

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg. No. M2-0000021-1)
 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
 (65) 6221 6111 / (65) 6221 4355 / (65) 6224 0895 | tmin@tokiomarins.com.sg | www.tokiomarine.com

Value Added Tax
 Input Tax Credit



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)

Policy No.: 17-MU006441-R00 (Private Motor Car)

Chassis No.: WBAWY920700X01149

1. Index Mark and Registration Number of Vehicle

SLG6388A

SKG6388A

2. Name of Policyholder

MR TAM WANG KEI

3. Effective date of the Commencement of Insurance for the purposes of the Act

13/06/2017

4. Date of Expiry of Insurance

12/06/2018

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 5 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).

Account: 2714DDA

ADDITIONAL INFORMATION

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,500
	Windscreen Excess	SGD 100
Financial Interest:	DBS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

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

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP

RENEWAL NOTICE - MOTOR INSURANCE

Your Policy insuring with Tokio Marine Insurance Singapore Ltd. is expiring on the date shown. To renew, please review, update the information and return a duly signed copy of this notice together with your remittance before the expiry of this Policy, if applicable.

Insured : TAM WANG KEI Address : BLK 2 JALAN BUKIT MERAH #01-5142 SINGAPORE 150002	Date of Issue : 14/05/2018 Policy Type : PRIVATE MOTOR CAR Policy No. : 18-MU006441-R00 Account No. : 2714DDA Expiry Date : 12/06/2018 Renewal Period : 13/06/2018 to 12/06/2019												
Registration No. : SKG6388A Make/Model/Body : BMW X3 SDRIVE 20I HID NAV/Turbo/Coupe Cover : Comprehensive Approved Workshop Plan Sum Insured : PREVAILING MARKET VALUE Add'l Benefits : Loss of Use-Per Day S\$40 (5); NCD Protector Financial Interest/Hire Purchase/Leasing Co. DBS BANK LTD	Excess Section 1: Named Drivers - SGD1,500 Section 1: Unnamed Drivers (Additional Excess) - SGD500 Additional Excess for Young or Inexperienced Drivers - SGD3,500/- Windscreen Excess - SGD\$100 Windscreen Excess - SGD100 Named Driver(s) TAM WANG KEI												
Changes to Policy Please note the following changes will apply to your Policy on renewal:	Renewal Premium <table> <tr> <td>Basic Premium</td> <td>SGD2,385.46</td> <td>NCD/FD</td> <td>50% - SGD1,192.73</td> </tr> <tr> <td>Add'l Benefit/s</td> <td>SGD169.27</td> <td>SDD</td> <td>SGD59.63</td> </tr> <tr> <td>GST</td> <td>SGD91.17</td> <td></td> <td></td> </tr> </table> Total Premium Payable: SGD1,393.54	Basic Premium	SGD2,385.46	NCD/FD	50% - SGD1,192.73	Add'l Benefit/s	SGD169.27	SDD	SGD59.63	GST	SGD91.17		
Basic Premium	SGD2,385.46	NCD/FD	50% - SGD1,192.73										
Add'l Benefit/s	SGD169.27	SDD	SGD59.63										
GST	SGD91.17												
Renewal Instructions (please tick) <input type="checkbox"/> Please renew my Policy for one year according to this Renewal Notice, if any changes is required to be made, please indicate below here and send to us or email to tms@tokiomarine.com.sg <input type="checkbox"/> Changes: _____													
Payment Mode Premium Payable: SGD1,393.54 Insured TAM WANG KEI Policy No 18-MU006441-R00 <input type="checkbox"/> By VISA/MASTER Credit Card a) You can made direct online payment to us at the following website address and received the renewal document immediately: https://tmonline.tokiomarine.com.sg/aic/login/loginRenewal.jsp OR b) By Post to us with following information: Card Holder Name _____ Credit Card No _____ Expiry Date _____ / _____ <input type="checkbox"/> By Cheque made payable to "Tokio Marine Insurance Singapore Ltd."													
IMPORTANT NOTE In an accident or claimable event occurs on or before the expiry of this Policy, we reserve our right to revise the renewal terms and your No Claim Discount entitlement.													

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