

| | | | |
|--|--|-----------------------|---------|
| NATIONAL Assessment Centre Services [ver 1 Jan 2003] NBA/18286684 | | | |
| Date In: 05/07/2018 14:30 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/18286684 | SAS e-filing | | |
| Veh No: SK25188S | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 05/07/2018 09:45 | 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 Fax / Hand to Owner/Wksp | | |

| | | | |
|--|--------------------------|-----------------------|-----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: SJP 6028D | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|--|---|--------------|----------|----------|
| NBA1804253 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | | | Int Bill | Add Bill |
| | 1) AR: Accident Reporting (\$30); | | | |
| | 2) DA: Damage Assessment (\$100); INC (\$50) | | | |
| | 3) TF: 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: Idac DA + SMRT Survey \$160 | | | |
| 8) NTUC Additional Services:- | | | | |
| ON* | | | | |
| • 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 | 05/07/2018 14:30 |
| Date Of Accident | 05/07/2018 09:45 |
| Exact Location Of Accident | X JUNCTION OF JLN BOON LAY/JLN AHMAD IBRAHIM |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------------|
| Vehicle Registration Number | SKZ5188S |
| Insured/Policyholder | |
| Name Of Registered Owner | NG LAI SENG VEZEL |
| Co Reg No | 53318773K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82983601 |
| Alternative Phone No | OFFICE-82983601 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | VEZEL |
| 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 | 18-MV012838-R01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG LAI SENG |
| NRIC No | S1510529A |
| Date Of Birth | 19/11/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/08/1979 |
| Driving Experience | 38 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82983601 |
| Fax Number | |
| Contact Number | OTHERS-82983601 |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 229 BISHAN STREET 23 #17-45 |
| Postcode | 570229 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SOLE-PROPRIETOR |
| 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? | 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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SJP6028D |
| 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 | NG LAI SENG |
| Approximate Age | |
| Injuries Sustain | BODY PAIN |
| Injured person in which vehicle? | SKZ5188S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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:

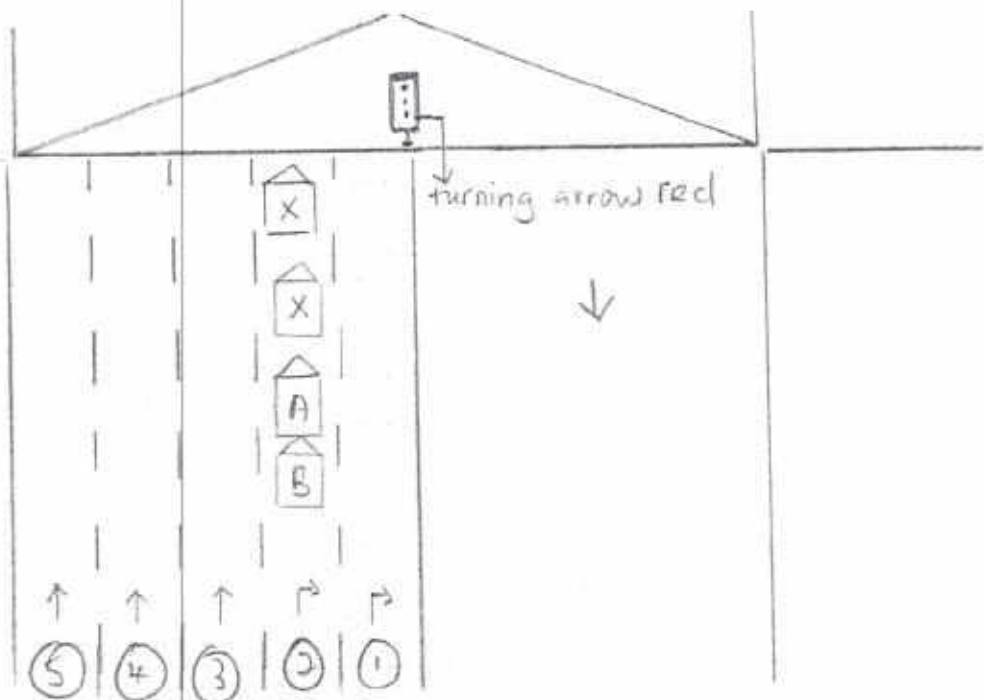
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A = SKZ 5188S

B = SJP 6028D

Cross Junction of
Jalan Boon Lay
and Jalan
Ahmad Ibrahim




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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: *Reda*
NRIC/FIN No.:

On 05.07.18 at about 09:45hours at Cross Junction of Jalan Boon Lay and Jalan Ahmad Ibrahim. I was travelling straight on lane 2 (along Jurong Pier Road towards Jalan Boon Lay), when I approached the above mentioned junction and the traffic light turning arrow was red hence I slowed down and I was about to stop.

Suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A).

Vehicle (A): SKZ 5188S

Vehicle (B): SJP 6028D


05/07/2018
Peshi untharB

SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|--|--|----------------------|--|
| Accident Date: 05/07/2018 | | Time: 09:45 | | (hh:mm) 24 hr format | |
| Location (Cross Junction of Jalan Boon Lay and Jalan Ahmad Ibrahim) | | | | | |
| Vehicle Number SKZ 5188S | | | | | |
| Insured Name Ng Lai Seng Veeel | | | | | |
| NRIC / FIN 52318773K | | Contact Number - | | | |
| Make Honda | | Model Veeel | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | | |
| Insurance Company Tokio Marine | | | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number 18 - MV012838 - R01 | | | | | |
| Name of Driver Ng Lai Seng | | () Same as Insured | | | |
| NRIC / FIN S1510529A | | Contact Number 82983601 | | | |
| Date of Birth 19/11/1961 | | | | | |
| Driving Pass Date 07/08/1979 | | | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | | |
| Email Address - No e-mail - | | (<input checked="" type="checkbox"/>) NO EMAIL | | | |
| Address of Driver Blk 229 Bishan Street 23 | | | | | |
| #17-45 Singapore 570229 | | | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If No, Relationship of the Driver with the Insured (<input checked="" type="checkbox"/>) Sole proprietor | | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | | |
| Does the Driver Own Any Other Vehicle? () Yes () No | | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | | |
| Insurance Company of Driver's Own Vehicle | | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | | | | |
| If yes, injured detail Ng Lai Seng Body Pain. | | | | | |
| Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No | | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B 57P 608D | | | | | |
| Veh C | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

Driver Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1510529A



NG LAI SENG

黄来成

CHINESE

Date of Birth

19-11-1961

Sex

1992

M

SINGAPORE

5KZ5188S

Owner & driver



1065882



NRIC No. S1510529A

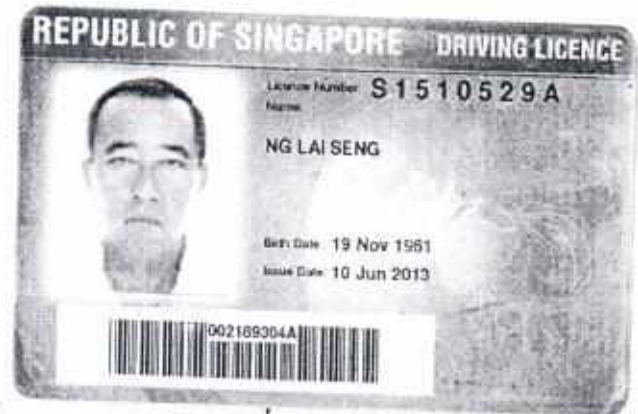
Blood Group

B+

Date of issue

29-09-1993

Address
APT BLK 229 BISHAN STREET 23
#17-43
SINGAPORE 2057



SKZ 5188S

owner & Driver

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

| | EFFECTIVE DATE |
|--|----------------|
| Class 2B Motorcycles <= 200 cc | 12 May 1983 |
| Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 07 Aug 1979 |
| Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | 03 May 1983 |
| Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg | 01 Aug 1983 |

NP 425A



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.: 18-MV012838-R01 (Private Motor Car)

- | | | |
|--|-------------------|-------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKZ51885 | Chassis No.: RU11104245 |
| 2. Name of Policyholder | NG LAI SENG VEZEL | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 22/01/2018 | |
| 4. Date of Expiry of Insurance | 21/01/2019 | |

5. Persons or Class of Persons entitled to drive*

Only restricted drivers as shown in additional information below

* 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 ge 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: 1932DDA

| | |
|--------------------------------|--------------------------------------|
| 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: | TECK WEI CREDIT PTE LTD |
| Restricted Driver: | |

Tokio Marine Insurance Singapore Ltd.



Authorised Signature

User Name: Intermediaries from TM O

Printed: 04/01/2018

