

NATIONAL Assessment Centre Services

Form 18096038

Date In: 25/07/2018 12:48	Job description	Date & Time Completed	Done by
Ref No: NBA/TM18013521/Y	SAS e-filing		
Veh No: 8GX 68342	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/07/2018 06:25	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: SCR 2727T

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal. 1:

Cal. 2 / 3:

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 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: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

- *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

Invoice dated
Invoice dated

Fee Charged
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	25/07/2018 12:48
Date Of Accident	25/07/2018 06:25
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD (OFF PEI WAH AVENUE, SHELL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8834L
Insured/Policyholder	
Name Of Registered Owner	HERE I COME
Co Reg No	-
Email Address	WONGJUNYOU@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98569495
Alternative Phone No	OFFICE-98569495

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	PICKING UP CUSTOMER
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-M1000125-R00
Cover Note Number	

Driver

Name of Driver	WONG CHERNG YAW (WANG JUNYOU)
NRIC No	S7506429B
Date Of Birth	21/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98569495
Fax Number	
Contact Number	OTHERS-98569495
Email Address	WONGJUNYOU@YAHOO.COM

Address	BLK 230 LORONG 8 TOA PAYOH #22-176
Postcode	310230
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 - MAJOR/MINOR RD
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SCR2727T
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZAIDEE BIN BAKEE
NRIC/Passport Number	S1568721E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

25/7/18
12:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

25/7/18
12:30pm

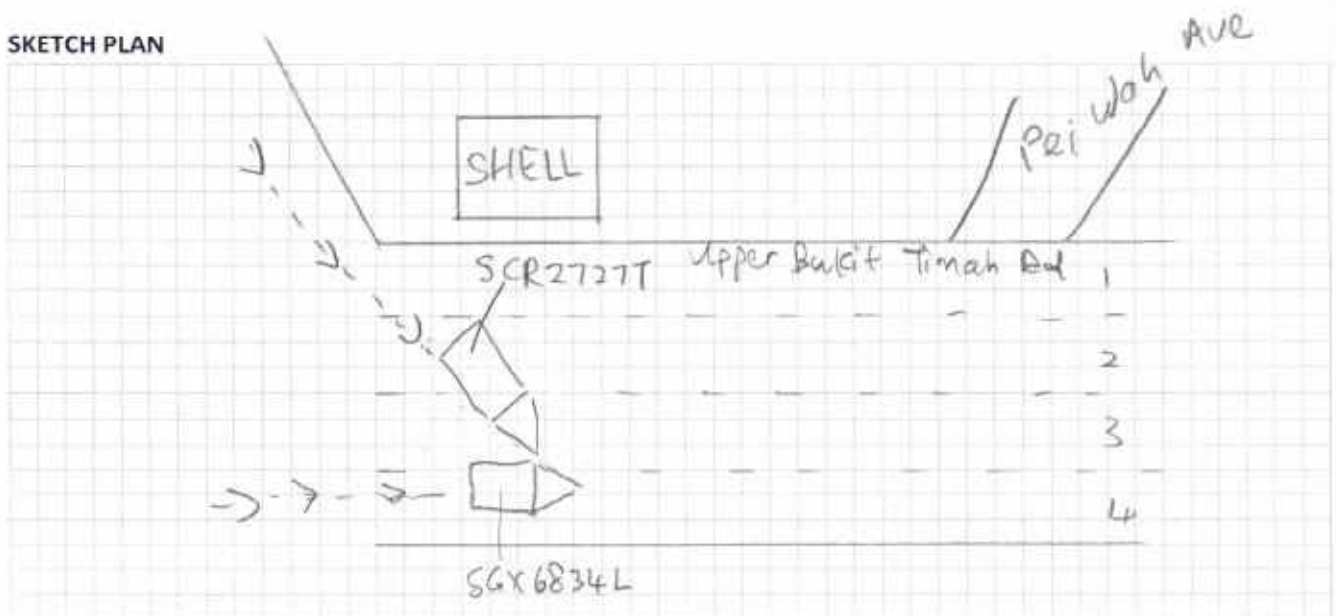
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/07/2018
Ref: 11/11/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

25/7/2018, about 6.25 am I was travelling on lane 2 on
 Upp Bukit Timah Rd. Suddenly a car (SCR2727T) turned out from
 PLE slip Rd from lane 1 to lane 3. I moved my car to lane 4
 to avoid a collision but he still knocked on me.
 His Right side front bumper damaged.
 My left side panel and bumper, Headlight damaged.

DECLARATION

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

Policyholder's Signature

Date & Time: 25/7/18

12.30pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/7/18

12.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/7/2018

POH WAT HAN

ACCIDENT STATEMENT

ACCIDENT DATE: 25/07/2018 (DD/MM/YYYY), TIME: 06:25 (HH:MM)

LOCATION: Upper Bukit Timah Rd (off Pei Wah Ave, Shell)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGX 6834 L
 b) INSURANCE COMPANY: Tokio Marine
 c) POLICY NUMBER: 17-M2000125-R00
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan Latio
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Picking up customer
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Here I Come (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 87506429B CONTACT: 98569495
 c) ADDRESS: BK 230 Lor 8 Tuo Payoh #22-176 S310230

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Cherng Yaw (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 87506429B CONTACT: 98569495
 c) ADDRESS: As Above

*d) DATE OF BIRTH: 21/02/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/10/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SCR2727 T MODEL: Toyota Estima
 b) DRIVER'S NAME: Zaidee Bin Bakke
 c) NRIC/FIN/PASSPORT: S1568721E CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = wongjunyou@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7506429B



Name

WONG CHERNG YAW
(WANG JUNYOU)

王 俊 友

Race

CHINESE

Date of birth

21-02-1975

Country of birth

SINGAPORE

Sex

M

S7506429B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7506429B

Name

WONG CHERNG YAW
(WANG JUNYOU)

Birth Date: 21 Feb 1975

Issue Date: 24 Apr 2015



SG
50

3777109



NRIC No: S7506429B



Date of issue

04-10-2005

APT BLK 230 LORONG 8 TOA PAYOH #22-176
SINGAPORE 310230

NRIC No: S7506429B

Date: 07/11/2011

No: 6904071

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 07 Oct 1995

NP 426A





TOKIO MARINE
INSURANCE GROUP

FORM MZ406

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-MI000125-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SGX6834L Chassis No.: JN1BAAC11Z0005769
2. Name of Policyholder HERE I COME
3. Effective date of the Commencement of Insurance for the purposes of the Act 17/01/2017
4. Date of Expiry of Insurance 31/08/2018
5. Persons or Class of Persons entitled to drive*
Any person who is driving on the Policyholder's order or with their permission.
The hirer.
Any other person who is driving on the hirer's order or with his/ their 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
The Policy does not cover:-
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

* 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: 1995DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 2,000
	Excess-Third Party (Sect II) SGD 1,500
	Windscreen Excess SGD 100
Financial Interest:	HONG LEONG FINANCE LTD