

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/18/01367

Date In: 6/8/18-14:34	Job description	Date & Time Completed	Done by
Ref No: 18/18014296/24	SAS e-filing		
Veh No: SCH30537	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/8/18-11:00	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: JLM39375

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%. P: 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

NA1804921

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

## Invoice Preparation Checklist

Amt (\$)  
In Bill

Amt (\$)  
Add Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

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:-

QD\*

\*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	06/08/2018 14:34
Date Of Accident	06/08/2018 11:00
Exact Location Of Accident	ECP (AYE) BEFORE STILL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3053T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORMULA J
Co Reg No	53351101A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94506989
Alternative Phone No	OFFICE-94506989

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	17-MH001824-R01
Cover Note Number	

### Driver

Name of Driver	CHEN SIANG WAN
NRIC No	S1756314I
Date Of Birth	29/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1987
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94506989
Fax Number	
Contact Number	OFFICE-94506989
Email Address	NOEMAIL

Address	BLK 701 PASIR RIS DRIVE 10 #10-115
Postcode	510701
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	6
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

REFER TO 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	SLM3937S
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) 2  
Passenger 1  
NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR989K  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGH1237C  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHA1862Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SHB858L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI

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	CHEN SIANG WAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLH3053T
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) SLH 3053T
- (B) SLM 3937S
- (C) SLR 989K
- (D) SHH 1237C
- (E) SHA 1862Y
- (F) SHB 858L



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/08/18 at @ 1100hrs, I was travelling in my vehicle (SLH 3053T) along ECP towards AYE before Still road exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, I felt a few impacts from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle ahead. I got down from my vehicle and found it was a chain collision involving 6 cars.

## 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:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SLH 3053T	<b>Model / Make</b>	Honda Airwave
<b>Date of Accident</b>	06 / 08 / 18		
<b>Time of Accident</b>	1100 HRS		
<b>Location of Accident</b>	ECP towards AYE before Still Road exit.		
<b>Exact purpose use during accident</b>	Chauffeur		
<b>Name of Owner</b>	Formula J		
<b>Telephone No.</b>	H/P: 9450 6989	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	53351101A		
<b>Address</b>	BLK 701, Passer Res Drive 10 #10-115 (S) 510701.		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	Tokio Marine		
<b>Type of Coverage</b>	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft
<b>Policy No.</b>	17-MH/001824-RO1		
<b>Name of Driver</b>	As Above If No, Chen Siang Wan		
<b>NRIC</b>	S 1756314 / 1	<b>Any Passengers :</b>	(02) 1M 1F
<b>Date of birth</b>	29/09/1966		
<b>Occupation</b>	<u>Outdoor</u> / Indoor		
<b>Driving License Pass Date</b>	10/03/1987		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P: 9450 6989	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 701, Passer Res Drive 10 #10-115 (S) 510701.		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.	<u>Owner</u>	
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, <u>If Yes, Who?</u>		
<b>Name And Contact No.</b>	Chen Siang Wan	H/P: 9450 6989	
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u> If Yes, Where?		
<b>Vehicle B No.</b>	SLM 3937S	<b>Any Passengers :</b>	01 (F)
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>	SLR 989 K	<b>Any Passengers :</b>	
<b>Vehicle D No.</b>	SGH 1237 C	<b>Any Passengers :</b>	
<b>Vehicle E no.</b>	SHA 1862 Y	<b>Any Passengers :</b>	
<b>Vehicle F No.</b>	SHB 858 L	<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A.	<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front and Rear Portion		
<b>Camera Recorder</b>	Yes <u>No</u>		
<b>Email Address</b>	Jimtrooperchen@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /			
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes / <u>No</u>			
<b>PARTICULAR WORKSHOP</b>	N-51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixin		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S17563141**

Name: **CHEN SIANG WAN**

Birth Date: **29 Sep 1966**

Issue Date: **07 Apr 2017**

002673249H



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S17563141**

Name: **CHEN SIANG WAN**

**陈昌焕**

Race: **CHINESE**

Date of Birth: **29-09-1966** Sex: **M**

Country of Birth: **SINGAPORE**




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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	10 Mar 1987
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	09 May 1998

NP 428A



0543869

Barcode

MIC No: **S17563141**

Blood Group: **O+** Date of issue: **12-10-1992**

**APT BLK 701 PASIR RIS DRIVE 10 #10-115**  
**SINGAPORE 610701**

MIC No: **S17563141** Date: **05-01-2003** No: **4416248**



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg No. M2-000023-4)

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 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-MH001824-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLH3053T Chassis No.: GJ11304497
2. Name of Policyholder FORMULA J
3. Effective date of the Commencement of Insurance for the purposes of the Act 07/12/2017
4. Date of Expiry of Insurance 11/11/2018
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: 0774DDA

Insurance Plan: Third Party Cover Only  
Policy Excess: Excess-Third Party (Sect II) SGD 2,500

Tokio Marine Insurance Singapore Ltd.

KCB INVESTMENTS PTE LTD

Co Reg No. 198103345Z

200 Jalan Sultan

#02-36 Textile Centre

Singapore 189018

Tel: 6391 3811 Fax: 6391 3810

Authorised Signature

User Name: Intermediaries from TMO

Printed: 07/11/2017