

NATIONAL Assessment Centre Services

Date In: 20/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/EM/18015098/13	SAS e-filing		
Veh No: SLV3702E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/08/18 0845	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (RICO GO)	Tel:	Fax:
TP Particulars:	Veh No: WB8894B	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: (\$)	Lodging: \$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

NA1805023	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
IC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
IL 1	6) TR: Re-inspection \$75		
IL 2/3	7) N1: Idao 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 (N7a INC) against INC \$20		
	9) N12: Idao 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	20/08/2018 15:23
Date Of Accident	19/08/2018 08:45
Exact Location Of Accident	ALONG SPRINGLEAF ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3702E
Insured/Policyholder	
Name Of Registered Owner	PROTESINGAPORE
Co Reg No	53323305D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI001930-R00
Cover Note Number	

Driver

Name of Driver	LEE ENG CHOON,JASON
NRIC No	S8234336I
Date Of Birth	11/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93360957
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 698B HOUGANG ST 61 #16-320
Postcode	532698
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180820/2025

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	WB8894B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KALIY AMOORTHY NANDA KUMAR
NRIC/Passport Number	035496521
Contact Number	85913889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE ENG CHOON,JASON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLV3702E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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**.
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

ALONG SPRINGLEAF ROAD.

VEH "A" SLV 3702E

VEH "B" WB 8894B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Pls refer to Police Report.

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.:



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2018 10:34	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: LEE ENG CHOON, JASON		Address: APT BLK 698B HOUGANG STREET 61 #16-320 SINGAPORE 532698	
ID Type / ID No.: NRIC NO / S8234336I		Contact No.: Home/Office: Mobile: 93360957	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 11/10/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 SPRINGLEAF ROAD towards Upper Thomson Road, after turning right into Springleaf Road.				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Brief Details.

On 19/08/2018 at about 0845hrs, I was driving my rental car bearing SLV3702E and travelling along the outer lane along the 2 lane road of Springleaf Road. As I was travelling on the outer lane, I saw a tipper truck bearing WB8894B either parked or attempting a U-turn on the left lane. As I was driving, the said tipper truck collided onto the left centre side of my car resulting in dents, scratches and damages to the left front passenger door, left rear passenger door, left rear panel and the left rear tyre. We did not sustain any visible injuries and thus, did not call for ambulance or police assistance. I had my dog with me inside my car and I believe that the other driver was alone. We exchanged particulars and his particulars are as follows:

Kaliy Amoorthy Nanda Kumar
035496521



**SINGAPORE
POLICE FORCE**



T/20180820/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180820/2025

CONTINUATION OF REPORT

85913889

I am not able to tell if there were any damages to the tipper truck as it could also have had existing damages. I felt pain on my left shoulder blade, left lower half back and left thigh last night, thus, I went to seek medical treatment this morning, and I was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20180820/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180820/2025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 SATHYA VANI D/O PARAMASIVAN RAJU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/08/2018 10:34

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 08 / 2018 (DD/MM/YYYY), TIME: 08 45 : 34 (HH:MM)

LOCATION: ALONG SPRING LEAF ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 3702 E
 b) INSURANCE COMPANY: TOKIO MARINE
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA CHR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: _____ (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE ENG CHOON JASON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8234336 I CONTACT: 9336 0957
 c) ADDRESS: APT BLK 698B HOUGANG ST 61 #16-320
S 532698

*d) DATE OF BIRTH: 11 / 10 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: HOUGANG N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WB8894B MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = ric060autoservices@gmail.com

fax = 6286 7060

5630157



NRIC No. S82343361



Date of Issue

15-07-2016

Address

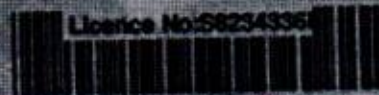
APT BLK 698B HOUGANG STREET 61
#16-320
SINGAPORE 532698

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

EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200 cc	13 Jul 2015
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	13 Jul 2015

Licence No: S82343361



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575801.

Type

Description

Issue Date

PRIVATE HIRE CAR

15/07/2016



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8234336I



Name

LEE ENG CHOON, JASON
(LI YINGCHUN)

李英璿

Race

CHINESE

Date of birth

11-10-1982

Sex

M

Country/Place of birth

SINGAPORE

S8234336I

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8234336I

Name:

LEE ENG CHOON, JASON
LI YINGCHUN

Birth Date: 11 Oct 1982

Issue Date: 13 Jul 2015



Land Transport Authority



VOCATIONAL LICENCE

Licence No: S8234336I

Name: LEE ENG CHOON, JASON

Please refer to the back of the licence for conditions of use.

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.comA member of the
Tokio Marine Group**TOKIO MARINE**
INSURANCE GROUP

FORM MX1 H

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-MI001930-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLV3702E **Chassis No.:** ZYX102090871
2. **Name of Policyholder** PROTESINGAPORE
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 28/12/2017
4. **Date of Expiry of Insurance** 27/12/2018
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.

* 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:** 1457DDA

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:	HENLY ENTERPRISES CO. PTE LTD

Tokio Marine Insurance Singapore Ltd.**Authorised Signature****User Name:** Tan Bee Bee - Motor Unde**Printed** 02/01/2018