

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA181908

Date In: 13/9/15 16:38	Job description	Date & Time Completed	Done by
Ref No: NA/TM218016754/24	SAS e-filing		
Veh No: J1CH68427	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/9/15-15:00	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: J1B4972M

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

NA1805861

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

Claimant's Particulars:-

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

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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	13/09/2018 16:38
Date Of Accident	12/09/2018 15:00
Exact Location Of Accident	MARSILING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6842T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LYE YEEN FONG
NRIC No	S8578345I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98595510
Alternative Phone No	OFFICE-98595510

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
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	MT104162
Cover Note Number	

### Driver

Name of Driver	LYE YEEN FONG
NRIC No	S8578345I
Date Of Birth	21/06/1985
Occupation	INDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98595510
Fax Number	
Contact Number	OFFICE-98595510
Email Address	NOEMAIL

Address	BLK 108B CANBERRA WALK #08-49
Postcode	752108
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 - 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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180912/2163.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4972M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN LIK HENG
NRIC/Passport Number	S1505091H
Contact Number	97389404
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LYE YEEN FONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKN6842T

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:

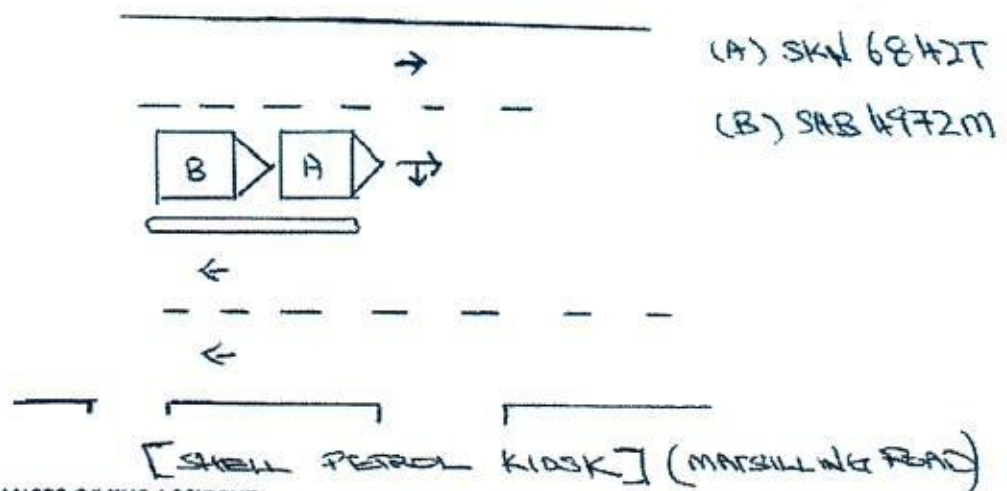
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS 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: \_\_\_\_\_



Date of Accident : 12/9/2018 Accident Time: 1500hrs (24-HR-Format)  
Accident Place : MARSILING ROAD  
Vehicle Reg. No. (Car Plate No.) : SKN 68A2T  
Vehicle Make/Model : HONDA STREAM  
Insurance Company : PAKIO MARINE Policy No. MT 104162  
Owner or Company Name / IC No. : LYE YEEN FONG / 985783451  
Owner or Company Contact No. : 98595510 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AS ABOVE  
DRIVER'S Date Of Birth : 21/6/1985 DRIVER'S License Pass Date 30 DEC 2009  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Owner  
DRIVER'S Address : BLK 108B CANBERRA WALK #08-49  
DRIVER'S Contact No. / Alt No. : 1) 98595510 2) (S) 752168  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : zenkilye@outlook.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01 driver only  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SHB 4972M</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>HYUNDAI</u>	Vehicle Make/Model: _____
Name Driver: <u>TAN LIK HAI</u>	Name Driver: _____
IC No. Driver: <u>S1505091H</u>	IC No. Driver: _____
Driver's Contact & Add: <u>97389404</u>	Driver's Contact & Add: _____

Injured Person ① Driver: Lye Yeen Fong / 985783451





# SINGAPORE POLICE FORCE



T/20180912/2163

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20180912/2163

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2018 18:59		Vide Report No.:		Station Diary No.: 100	
<b>Informant's Particulars</b>					
Name of Informant: LYE YEEN FONG			Address: APT BLK 108B CANBERRA WALK #08-49 SINGAPORE 752108		
ID Type / ID No.: NRIC NO / S8578345I			Contact No.: Home/Office: Mobile: 98595510		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 21/06/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2018 15:00	Type of Location:
Location: Along Road 1 MARSILING ROAD  Marsiling Road towards Shell Petrol Kiosk Station				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Stationary				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4972M	Comfort Delgro Taxi	HYUNDAI		Yellow	Totally Damaged	0
SKN6842T	Car	HONDA	STREAM 1.8X A	Silver	Totally Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKN6842T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT104162	27/06/2018	26/06/2019





**SINGAPORE  
POLICE FORCE**



T/20180912/2163

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3

Report No. T/20180912/2163

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Taxi Driver</b>			
Name	Tan Lik Heng	ID No.	S1505091H
Related Vehicle	SHB4972M (Comfort Delgro Taxi)	Contact No.	97389404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LYE YEEN FONG	ID No.	S85783451
Related Vehicle	SKN6842T (Car)	Contact No.	98595510
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 12/09/18 at about 1500hrs, I was inside my vehicle (Honda, Silver, SKN6842T) stationary along Marsiling Road, waiting to make a right turn into shell petrol kiosk station. I also did showed signal that I am going to make a right turn. My car has in car camera installed at the front however I am unsure if it is operating. While waiting to make a right turn, out of a sudden, I felt a huge impact coming from the rear of my vehicle. After the collision, I came down to make a check and noticed one taxi (Hyundai, Yellow, SHB4972M) had hit onto the rear of my vehicle. As a result, both vehicles suffered damages and both vehicles need to be towed. I also exchanged particulars with the taxi driver and he told me he was not injured. The taxi driver told me due to the bright sunlight shinning at his eyes, he was unable to see clearly in front and as a result, his taxi hit onto my car.

After the collision, I felt pain on my neck and headache. I then went to Khoo Teck Puat hospital to seek medical treatment and was given three days of medical leave.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20180912/2163

3 of 3


Report No. T/20180912/2163

**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 2 OOI JIA JUN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp MOHAMMED FADZLY BIN ABDUL AZIZ  
Contact No.: 65476355

Authentication Stamp  
NP168

Signature Of Informant:



Date/Time:  
12/09/2018 18:59

Classification Of Case:

SN 095



Signature: 

Singapore Police Force



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8578345I



Name

LYE YEEN FONG



赖云锋

Race

CHINESE

Date of birth

21-06-1985

Country/Place of birth

MALAYSIA

Sex

M





52223137



NRIC No: S85783451



Date of Issue

25-09-2013

APT BLK 108B CANBERRA WALK #08-49  
SINGAPORE 752188

Date: 20/07/2017

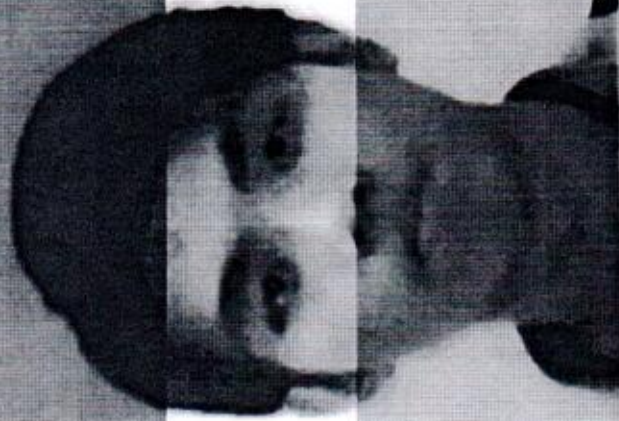
NRIC No: S85783451



REPUBLIC OF SINGAPORE DRIVING LICENCE

985783451

LYE YEEN FONG



Birth Date: 21 Jun 1985

Issue Date: 30 Dec 2009

00181 7080G



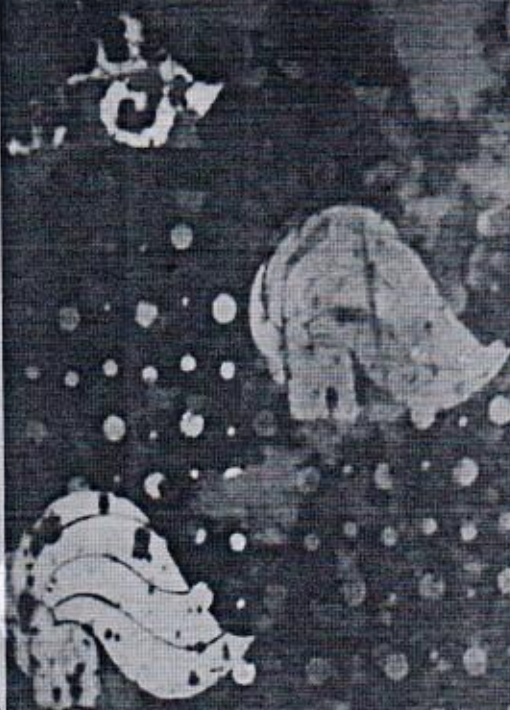


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**PASS DATE**

**30 Dec 2009**

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



**Licence No: S85783451**



**NP 128A**



**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 Group



**TOKIO MARINE  
INSURANCE GROUP**

**Certificate of Insurance**

FORM MX1

**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.: MT104162 (Private Car)

- |   |                       |                         |
|---|-----------------------|-------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SKN6842T              | Chassis No.: RN61083323 |
| 2. Name of Policyholder   | LYE YEEN FONG         |                         |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 27/06/2018 (12:31:12) |                         |
| 4. Date of Expiry of Insurance  | 26/06/2019            |                         |
| 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 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 whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost or 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**

Insurance Plan:	Comprehensive Approved Workshop Plan			Account No: 0774DDA
Limit for total loss or theft:	Prevailing Market Value			
Policy Excess:	Own Damage Claims	SGD 1,000.00	(Original Excess: SGD 1,000.00)	
	Additional Excess for Unnamed Driver(s)	SGD 500.00		
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00		
	Windscreen Excess	SGD 100.00		
Financial interest:	KENSO LEASING PTE LTD			

**TOKIO MARINE INSURANCE SINGAPORE LTD.**



**KCB INVESTMENTS PTE LTD**

Co Reg No. 198103345Z

17 Jalan Sultan

13 Textile Centre

Singapore 198018

Tel: 6391 3811 Fax: 6391 3810

Authorised Signature