

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 25/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/5m518017430/13	SAS e-filing		
Veh No: SGU7856H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/09/18 0715	i-Motor Claim Form		
OD (1P) 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: (**VISION AUTOWORK** Tel: Fax:)

TP Particulars:	Veh No: SLM2331X	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

NA1806067

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	OD*		
	*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		

Auditors' Comments :-

Cat. 1:

Cat. 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	25/09/2018 15:52
Date Of Accident	25/09/2018 07:15
Exact Location Of Accident	WHAMPOA SOUTH ENTERING BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7856H
Insured/Policyholder	
Name Of Registered Owner	MR AW BOON WEE
NRIC No	S7527422Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88204008
Alternative Phone No	OTHERS-88204008

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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-MU006156-R01
Cover Note Number	

Driver

Name of Driver	LIU YA-CHING
NRIC No	S7471929E
Date Of Birth	27/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88204818
Fax Number	
Contact Number	
Email Address	CHLOE1LIU@YAHOO.COM

Address	1 SOPHIA ROAD #21-01
Postcode	228149
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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)	2
Passenger 1	NAME: : AW YU FENG GENDER: : MALE

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

PLS REFER TO THE ATTACHED 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	SLM2331X
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)	

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:

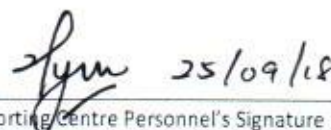
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

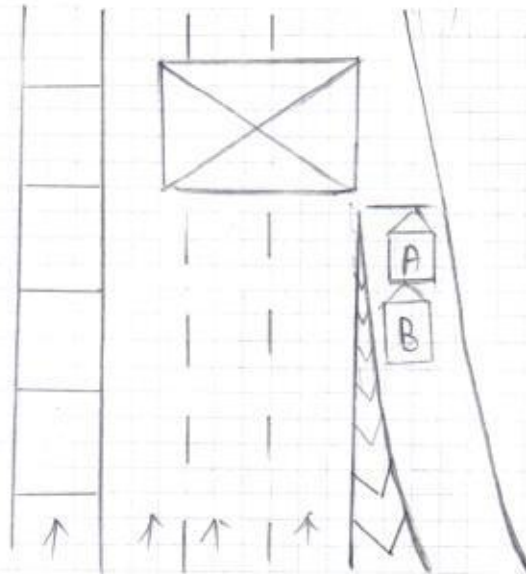


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A = SGU 7856 H

B = SLM 2331 X

Whampoa South
Entering

Bendemeer Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

AW

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:


[Signature] 25/09/18

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

On 25.09.18 at about 07:15 hours along Whampoa South Entering Bendemeer Road. I was stationary along the above mentioned location waiting the oncoming traffic to clear. Suddenly I heard a loud bang from behind, when I alighted I realised it was vehicle (B) collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SGU 7856H

Vehicle (B): SLM 2331X

AW 

SINGAPORE ACCIDENT STATEMENT

Accident Date: 25/09/2018		Time: 07:15		(hh:mm) 24 hr format
Location Whampoa South Entering Bendemeer Road				
Vehicle Number SGU7856H				
Insured Name AW Boon Wee				
NRIC/FIN 575274222		Contact Number 8820 4008		
Make Honda		Model Civic		
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 () Comprehensive (<input checked="" type="checkbox"/>) Third Party Fire & Theft () TP Only				
Policy Number 18 - MU006156 - R01				
Name of Driver Liu Ya-ching		() Same as Insured		
NRIC/FIN 57471929E		Contact Number 8820 4818		
Date of Birth 27/09/1974				
Driving Pass Date 04/09/1997				
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address chlbe1liu@yahoo.com		() NO EMAIL		
Address of Driver 1 Sophia Road #21-01 Singapore 228149				
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
() Owner (<input checked="" type="checkbox"/>) 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? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) 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 52M2331X				
Veh C				
Veh D				
Veh E				
Veh F				

Passenger = AW Yu Feng (M).

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7471929E



Name

LIU YA-CHING



劉亞靜

Race

CHINESE

Date of Birth

27-09-1974

Sex

F

Country of Birth

TAIWAN



SGN. 7856 H
driver

3030554



NRIC No. S7471929E



Blood Group Date of issue
O+ 17-06-1998

Address

1 SOPHIA ROAD
#21-01
SINGAPORE 228149

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7471929E**
Name: **LIU YA-CHING**

Birth Date: **27 Sep 1974**
Issue Date: **31 Dec 2002**

1000083610J




Sau 7856 H
driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Sep 1997

NP 428A

Licence No: S7471929E



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 tm-s@tokiomarine.com.sg W www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIOMARINE
INSURANCE GROUP
FORM MA1

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-MU006156-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SGU7856H Chassis No.: JHMFID46207S200620
2. Name of Policyholder: MR AW BOON WEE
3. Effective date of the Commencement of Insurance for the purposes of the Act: 25/05/2018
4. Date of Expiry of Insurance: 24/05/2019
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 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: 24281DDA

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value

Tokio Marine Insurance Singapore Ltd.

Authorised Signature