

NATIONAL Assessment Centre Services		[Ref: 201/203] <b>MNABH 27328</b>	
Date In: <b>01/10/2018 17:27</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBATHMTH 1754/4</b>	SAS e-filing		
Veh No: <b>STK 8067D</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>01/10/2018 16:45</b>	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: <b>STK 7168 X</b>	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

<b>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 / 3:	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st 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 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idac 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 (N-in INC) against INC \$20 9) N12: Idac Mobile \$0				
Invoice date:		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	01/10/2018 17:27
Date Of Accident	01/10/2018 10:45
Exact Location Of Accident	AT SERANGOON AVENUE 1 PRIVATE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8067D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG MEI HSIA (HUANG MEIXIA)
NRIC No	S7827843I
Email Address	JOSEPHINE.NGMH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96873194
Alternative Phone No	OTHERS-96873194

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	17-MV009828-R01
Cover Note Number	

### Driver

Name of Driver	NG MEI HSIA (HUANG MEIXIA)
NRIC No	S7827843I
Date Of Birth	26/09/1978
Occupation	INDOOR
Date Of Driving Pass	14/06/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96873194
Fax Number	
Contact Number	OTHERS-96873194
Email Address	JOSEPHINE.NGMH@GMAIL.COM



Address	BLK 1G CANTONMENT ROAD #18-79
Postcode	085701
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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

#### 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	SJQ7168X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUI SHUIRONG FELIX
NRIC/Passport Number	
Contact Number	98336669
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:



01/10/2018  
Reshli Hartono

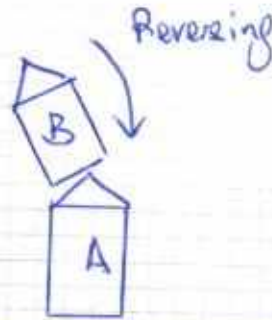
Reporting Centre Representative's Signature  
Name:  
Designation:

SKETCH PLAN

At SAKINAKHON AVENUE | PRAWAN CAR PARK.

Vehicle A SJG 806TD

Vehicle B SJG 7168X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 Oct 2018 at around 1045 am, Mr. Mui Shui Peng came into the showflat at Affinity@Sengkang asking for the owner of vehicle no. bearing SJG 806TD. He said that he has collided onto the stationary parked vehicle no. bearing SJG 806TD while he was reversing towards a empty space. We exchanged particulars to file a claim against his insurance.

DECLARATION

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

  
Date & Time:

  
Date & Time:

  
Date & Time: 01/10/2018  
Rashid Hassan



VEHICLE NO: 8JK 8067DMAKE & MODEL: Honda Jazz 1.3

DATE OF ACCIDENT	<u>01 / 10 / 2018</u>	
TIME OF ACCIDENT	<u>1045 AM / PM</u>	
LOCATION OF ACCIDENT	<u>At Serangoon Ave 1 Showflat at affinity @ Serangoon</u>	
Exact Purpose use during accident	<u>Private (Parked stationary)</u>	
NAME OF OWNER	<u>Ng Mei Hsin</u>	
TELP NO	<u>9687 3194</u>	
NRIC	<u>87827843I</u>	
CLAIM TYPE	<u>OD / THIRD PARTY / Reporting Only</u>	
PRIVATE HIRE	<u>YES / NO ?</u>	
INSURANCE CO.	<u>TOKIO MARINE</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO.	<u>17-MV 009828-R00</u>	
NAME OF DRIVER	<u>As above / If No:</u>	
NRIC	<u>-</u> Any passengers: <u>0</u>	
DATE OF BIRTH	<u>26 / 09 / 1978</u>	
OCCUPATION	<u>Outdoor / Indoor Property Agent</u>	
DATE OF DRIVING PASS	<u>14 / 06 / 2007</u>	
GENDER	<u>Male / Female</u>	
CONTAC NO.	<u>9687 3194</u> Office: <u>-</u> Home: <u>Josephine.ngmhe@gmail.com</u>	
ADDRESS	<u>31K 16 Cantonment Rd #18-79 8 085 701</u>	
DRIVER HAVE ANY OWN Vehicle	<u>NO / If yes : Reg No:</u>	
RELATIONSHIP	<u>Employee / If No: -</u>	
WEATHER CONDITION	<u>Clear / Raining / Other :</u>	
ROAD SURFACE	<u>Dry / Wet / Other :</u>	
ANY INJURIES	<u>No / If yes : Who? -</u>	
CONTAC NO.	<u>-</u>	
POLICE REPORT	<u>No / If yes : Where?</u>	
VEHICLE B NO.	<u>8JQ 7168X</u>	Any Passenger : <u>0</u>
NAME	<u>MUI SHUI ROTG Felix</u>	
CONTAC NO.	<u>9833 6669</u>	
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP		
TELP NO		
CONTACT PERSON		
FAX NO.		

3220177



NRIC No: S78278431



Blood Group: C+ Date of issue: 01-12-2000

APT BLK 15 CANTONMENT ROAD #18-79  
SINGAPORE 085701

NRIC No: S78278431 Date: 17/03/2010 No: 8397192

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S78278431



Name: NG MEI HSIA  
(HUANG MEIXIA)  
黄梅霞  
Race: CHINESE  
Date of Birth: 26-09-1978 Sex: F  
Country of Birth: SINGAPORE





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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 2000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	14 Jun 2004

NP 428A

Licence No: S78278431



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S78278431

Name: NG MEI HSIA  
(HUANG MEIXIA)

Birth Date: 26 Sep 1978  
Issue Date: 14 Jun 2004




0012381330



# 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.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MX1

## 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-MV009828-R01 (Private Motor Car)

- |   |                |                                |
|---|----------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SJK8067D       | Chassis No.: JHMGE68509S206144 |
| 2. Name of Policyholder   | MS NG MEI HSIA |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 04/11/2017     |                                |
| 4. Date of Expiry of Insurance  | 03/11/2018     |                                |
| 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: 2518DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
Financial Interest:	DBS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature