

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 8/13/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/MT/18018587/13	SAS e-filing		
Veh No: 5JM6815P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/10/18 1000	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: Vch No: **FBC9707X** 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)

Remarks	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

NA1806533

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		In Bill	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:-			
Q1*			
*N5: Courtesy Car / Tpt Allowance \$3			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$3			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idac Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

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 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. 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 13/10/2018 14:18
 Date Of Accident 13/10/2018 10:00
 Exact Location Of Accident SIMS AVE TURNING RIGHT INTO LOR 11 GEYLANG
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM6815P
Insured/Policyholder
 Name Of Registered Owner MR NG SIN ANN
 NRIC No S1772363D
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96189683
 Alternative Phone No OTHERS-96189683

Vehicle Particulars

Manufacturer TOYOTA
 Model CAMRY
 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 REPORTING ONLY
 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-MW011338-R02
 Cover Note Number

Driver

Name of Driver MR NG SIN ANN
 NRIC No S1772363D
 Date Of Birth 12/11/1966
 Occupation OUTDOOR
 Date Of Driving Pass 06/01/1996
 Driving Experience 22 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96189683
 Fax Number
 Contact Number OTHERS-96189683
 EMail Address NOEMAIL

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBC9707X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

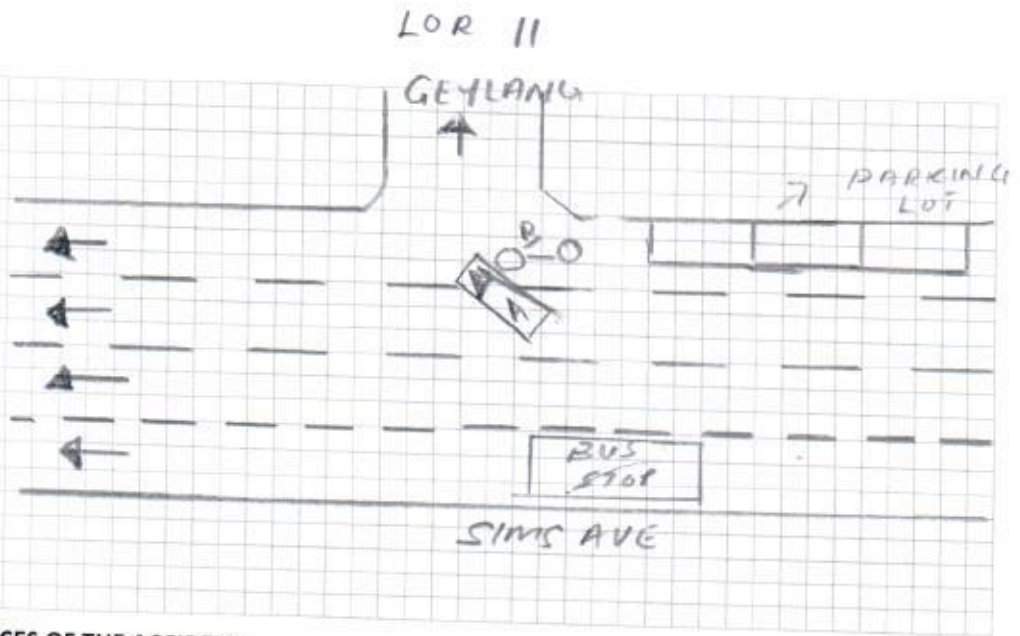
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A - SIM 6815P

B - FBC 9707X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20181013/2054

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.:



SINGAPORE POLICE FORCE



T/20181013/2054

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20181013/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 11:34	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars			
Name of Informant: NG SIN ANN		Address: APT BLK 39A BENDEMEER ROAD #20-806 SINGAPORE 331039	
ID Type / ID No.: NRIC NO / S1772363D		Contact No.: Home/Office: Mobile: 96189683	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 13/11/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE SIMS AVE TOWARDS SIMS AVE EAST L/P 27/6 Lamp Post Number: 27				
Weather: Clear		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

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9707X	Motorcycle				Slightly Damaged	0
SJM6815P	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20181013/2054

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20181013/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM6815P	TOKIO MARINE INSURANCE SINGAPORE LTD.	MW011338	13/01/2016	12/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG SIN ANN	ID No.	S1772363D
Related Vehicle	SJM6815P (Car)	Contact No.	96189683
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above 13/10/2018 at about 1000hrs, I was driving along sims avenue towards sims avenue east bearing the registration plate number SJM6815P. I was turning into lorong 11 geylang when suddenly a motorcycle on the right hit onto the front right side of my car. The motorcycle registration plate number is FBC9707X. We both came down of our vehicle to make a check and I observed that he was bleeding on his left foot. I then called for police assistance. The motorcyclist left before I could take his particulars and before I could take his particulars. I am lodging this for record purposes.



**SINGAPORE
POLICE FORCE**



T/20181013/2054

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20181013/2054

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:
G /
Sgt 2 ONG WEI XING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/10/2018 11:34

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1772363D




NAME
NG SIN ANN
李 振 安
Date of birth
13-11-1966
Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number S1772363D
Name
NG SIN ANN

Birth Date 13 Nov 1966
Issue Date 11 Jun 2005





Licence No. S1772363D



Date of issue
22-12-2009

APT BLK 39A HENDOMEEN ROAD #20-406
SINGAPORE 331039

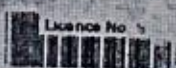
Valid until 22-12-2010

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	VEHICLE TYPE	DATE
1	Motor cars < 3000 kg with exclusive of the driver; and motor vehicles < 2500 kg	06 Jan
1a	Motor cars and motor vehicles > 2500 kg	09 Dec 1999
1b	Motor vehicles > 7250 kg not constructed to carry any load	17 Apr

NP 428A

Licence No. S1772363D



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.: 18-MW011338-R02 (Private Motor Car)

- | | | |
|--|---------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJM6815P | Chassis No.: MR053BK4107038179 |
| 2. Name of Policyholder | MR NG SIN ANN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 13/01/2018 | |
| 4. Date of Expiry of Insurance | 12/01/2019 | |

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 to do so according to the licensing or other laws or regulations relating to the Motor Vehicles in the State or jurisdiction in which the Vehicle is being driven and that the Person driving is not under the influence of any intoxicating liquor or any drug or substance to such an extent as to render him incapable of driving the Motor Vehicle safely and lawfully.

6. Limitations as to use*

The Motor Vehicle is not to be used for any purpose other than the business of the Policyholder.

The policy does not cover use for hire or reward, racing, speed testing, stunts, or any other use involving a departure from the normal use of the Motor Vehicle.

*Limitations imposed by Section 2 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 70 of the Road Transport Act, 1987 (Malaysia), are not to be regarded as being waived.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions 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. 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2388DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 800
	Windscreen Excess SGD 100
Financial Interest:	HONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

LQ SERVICES PTE LTD

180B BENCOOLEN STREET
 #08-04 THE BENCOOLEN
 SINGAPORE 189648
 TEL: 6-333-4115 FAX: 6-333-4108
 Co. Reg. No: 201227819H

[Signature]

Authorised Signature



6444-2555

User Name: Intermediaries from TMO

Printed 01/01/2018