

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MMA 118136306.

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date In: 20/10/18 15:18                                | Job description                          | Date & Time Completed | Done by |
| Ref No: NA1 TMZ 18019078164.                           | SAS e-filing                             |                       |         |
| Veh No: SKK 8S118                                      | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A: 20/10/18 10:00.                                 | I-Motor Claim Form                       |                       |         |
| OD: <input checked="" type="checkbox"/> 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:

580 78780.

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 repaiar.

( ) 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

NA1806722

Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

|   |             |       |  |
|---|-------------|-------|--|
| 1) AR: Accident Reporting (\$30);               |             | 30.00 |  |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |             |       |  |
| 3) TP: Towing Fee \$40/\$45                     |             |       |  |
| 4) FT: Follow-Through Survey \$120              |             |       |  |
| 5) PT: Follow-Through Survey (Resurvey) \$30    |             |       |  |
| For claiming against INC Only (wef 10 Jan 2005) |             |       |  |
| 6) TR: Re-inspection \$75                       |             |       |  |
| 7) N1: Idao DA + SMRT Survey \$160              |             |       |  |
| 8) NTUC Additional Services:-                   |             |       |  |
| OD*   |             |       |  |
| *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: 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 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             | 20/10/2018 15:18   |
| Date Of Accident           | 20/10/2018 10:00   |
| Exact Location Of Accident | BEDOK RESERVOIR RD |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKK8511B             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | WONG LIN KEW         |
| NRIC No                     | S2705017D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90907354 |
| Alternative Phone No        | OFFICE-90907354      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | ESTIMA      |
| 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             | MT106033                             |
| Cover Note Number         | -                                    |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | WONG LIN KEW          |
| NRIC No              | S2705017D             |
| Date Of Birth        | 30/11/1965            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 28/03/1995            |
| Driving Experience   | 23 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90907354  |
| Fax Number           |                       |
| Contact Number       | OFFICE-90907354       |
| EMail Address        | NOEMAIL               |

|   |                           |
|---|---------------------------|
| Address   | BLK 329 UBI AVE 1 #07-627 |
| Postcode  | 400329                    |
| 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   |     |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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?  | 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 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         | SBU7878D    |
| 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:

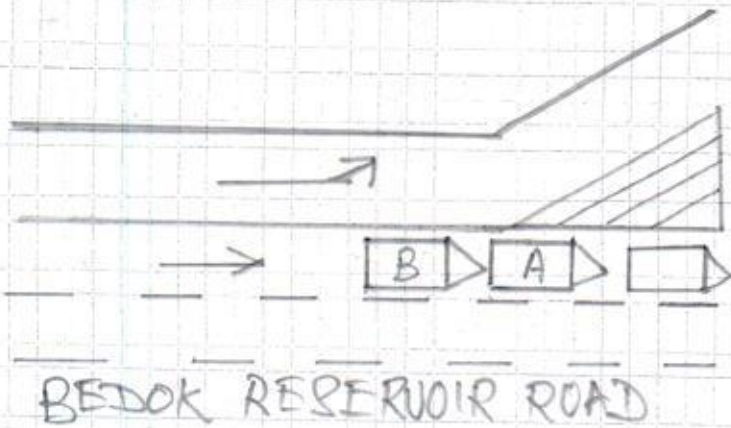
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 8KK8511B  
B. 8BU1818D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAFFIC LIGHT TURNED GREEN AND I START MOVING  
FORWARD SUDDENLY I FELT AND IMPACT FROM MY  
VSH REAR PORTION.

## 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.:





# HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: QKK251B MAKE/MODEL: TOYOTA ESTIMA

DATE OF ACCIDENT 20/10/2018 TIME 10 HR 00 MIN AM PM

LOCATION OF ACCIDENT BEDOK RESERVOIR ROAD

EXACT PURPOSE USE DURING ACCIDENT WORKING

## CAR OWNER

NAME OF CAR OWNER WONG LIN KEN

CONTACT NO 90907354

NRIC S2705017D

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY TOKIO MARINE

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO MT106033

## ACCIDENT DRIVER

NAME OF DRIVER WONG LIN KEN

NRIC S2705017D NO OF PASSENGER/S 0

DATE OF BIRTH 30-11-1965

OCCUPATION ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 28 MAR 1995

GENDER ☒ MALE ☐ FEMALE

CONTACT NO

ADDRESS BLK 329 UBI AVE 1 #07-627 (S) 400329

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT:

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER:

ROAD SURFACE ☒ DRY ☐ WET OTHER:

ANY INJURIES NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT NO/ IF YES- LOCATION:

VIDEO FOOTAGE NO/ YES

## 3RD PARTY INFO

VEHICLE B NO SBU7878D NO OF PASSENGER/S 0

NAME

CONTACT NO

VEHICLE C NO NO OF PASSENGER/S

VEHICLE D NO NO OF PASSENGER/S

VEHICLE E NO NO OF PASSENGER/S

VEHICLE F NO NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

5544351



NRIC No. S2705017D



Date of issue  
29-12-2015

Address

APT BLK 329 UBI AVENUE 1  
#07-627  
SINGAPORE 400329



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2705017D



Name

WONG LIN KEW

黄联贵

Race

CHINESE

Date of birth

30-11-1965

Country/Place of birth

MALAYSIA

Sex

M

S2705017D

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

EFFECTIVE DATE

28 Mar 1995

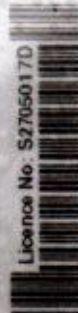
28 Mar 1995

Class 2B Motorcycles  $\leq$  200 cc

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive

of the driver; and other motor vehicles  $\leq$  2500kg

Licence No. S2705017D



NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2705017D

Name

WONG LIN KEW

Birth Date: 30 Nov 1965

Issue Date: 04 Jun 2012





# 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.: MT106033 (Private Car)

- |   |                       |                           |
|---|-----------------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SKK8511B              | Chassis No.: ACR507118989 |
| 2. Name of Policyholder   | WONG LIN KEW          |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 05/09/2018 (00:00:00) |                           |
| 4. Date of Expiry of Insurance  | 04/09/2019            |                           |
| 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 No: 2712DDA

|                                |   |              |                                  |
|--------------------------------|---|--------------|----------------------------------|
| Insurance Plan:                | Comprehensive Approved Workshop Plan                  |              |                                  |
| 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:            | TOKYO CENTURY LEASING (S) PTE LTD                     |              |                                  |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature