

# NATIONAL Assessment Centre Services. [ver 1 Jan'05]

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 29/10/18          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC 18019664/13 | SAS e-filing                             |                       |         |
| Veh No: SL 7520A           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| DOA: 27/10/18 1320         | 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: ( VISION AUTOWORK Tel: Fax: )

|                                 |   |                       |
|---------------------------------|---|-----------------------|
| TP Particulars:                 | Veh No: SL 38402  | 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 repaler.

( ) 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |          |
|---------------------------------|---|-------------|----------|----------|
| Claimant's Particulars:         | Invoice Preparation Checklist                   | Net (\$)    | Gst (\$) | Net (\$) |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |          |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |          |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |             |          |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |          |          |
| Auditors' Comments:             | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |          |          |
| Ref 1:                          | For claiming against INC Only (ver 10 Jan 2005) |             |          |          |
| Ref 2/3:                        | 6) TR: Re-inspection \$75                       |             |          |          |
|                                 | 7) N1: Idao DA + SMRT Survey \$160              |             |          |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |          |
|                                 | QD:   |             |          |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$3           |             |          |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |          |
|                                 | *N7: Post Repair Inspection \$23                |             |          |          |
|                                 | *N8: DV / Collect Excess Coordination \$3       |             |          |          |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |          |          |
|                                 | 9) N12: Idao Mobile \$0                         |             |          |          |
|                                 | 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             | 29/10/2018 17:48               |
| Date Of Accident           | 27/10/2018 13:20               |
| Exact Location Of Accident | CTE TWDS AYE B4 AMK AVE 1 EXIT |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLA9220A                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | AUTOMOBIL LEASING PTE LTD |
| Co Reg No                   | 200701438D                |
| Email Address               | NOEMAIL                   |
| Mobile Phone No             |                           |
| Alternative Phone No        | OFFICE-97583688           |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | SSANGYONG   |
| Model  | TIVOLI      |
| 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-MV002709-R02                      |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | QIU SHULING          |
| NRIC No              | S8840002Z            |
| Date Of Birth        | 11/10/1988           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 16/01/2017           |
| Driving Experience   | 1 YEAR AND 9 MONTHS  |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-97583688 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | SAM_EP@LIVE.COM      |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 333A YISHUN ST 31<br>#06-197 |
| Postcode  | 761333                           |
| Was driver an employee of the Insured's Company     | NO                               |
| If No, Relationship of the Driver with the Insured  | OTHER - AUTHORISED DRIVER        |
| Vehicle Registration Number of Driver's Own Vehicle | -                                |
|   | -                                |
|   | -                                |
| Insurance Company of Driver's Own Vehicle           | -                                |
|   | -                                |
|   | -                                |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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)   | 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

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         | SLJ3440Z    |
| 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) |             |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SH9019X |
|-----------------------------|---------|

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKV212J

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:

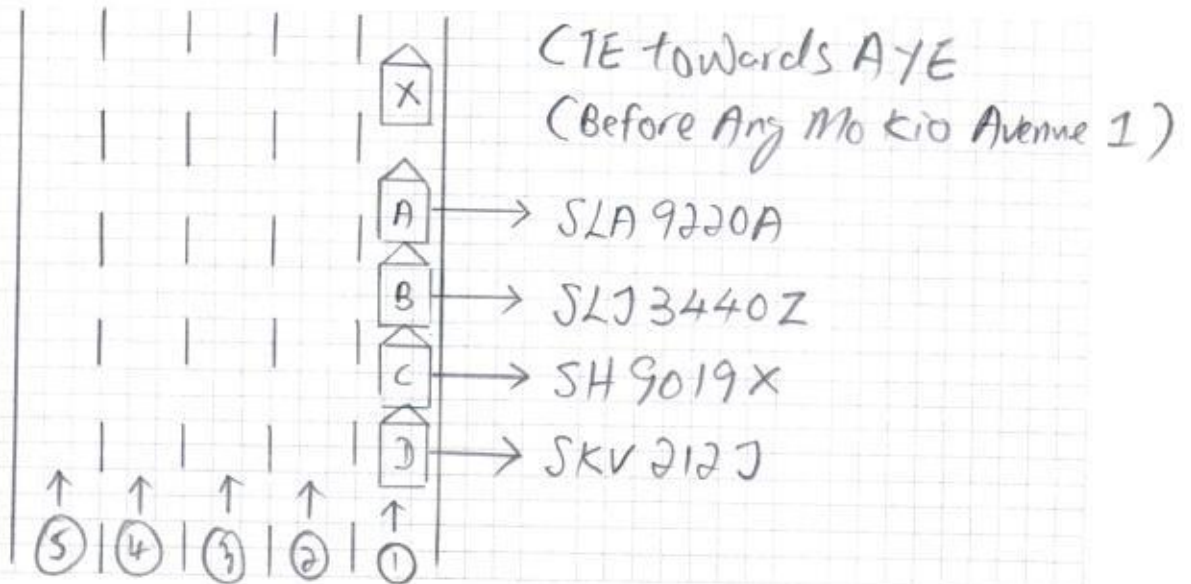
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

## 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.:



On 27.10.18 at about 13:20 hours along CTE towards AYE (Before Ang Mo Kio Avenue 1). I was travelling straight on the lane 1 and it was heavy traffic, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A). It was a chain collision of total 4 vehicles involved.

Vehicle (A): SLA 9220A

Vehicle (B): SLJ 3440Z

Vehicle (C): SH 9019X

Vehicle (D): SKV 212J

A handwritten signature in blue ink is written over a circular blue stamp. The stamp contains the text "Automobile Leasing Pte. Ltd." around the perimeter and a small star symbol at the bottom.

# SINGAPORE ACCIDENT STATEMENT

|   |  |                     |          |                      |
|---|--|---------------------|----------|----------------------|
| Accident Date:  | 27/10/2018                                     | Time:               | 13:20    | (hh:mm) 24 hr format |
| Location  | CTE towards AYE (before AMK AVE 1 Exit).       |                     |          |                      |
| Vehicle Number  | SLA9220A                                       |                     |          |                      |
| Insured Name  | Automobil Leasing Pte. Ltd.                    |                     |          |                      |
| NRIC / FIN  | 200701438D                                     | Contact Number      | -        |                      |
| Make  | Ssangyong                                      | Model               | Tivoli   |                      |
| 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 ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |  |                     |          |                      |
| Policy Number   | 18-MV002709-R02                                |                     |          |                      |
| Name of Driver  | Qiu Shuling                                    | ( ) Same as Insured |          |                      |
| NRIC / FIN  | S80400022                                      | Contact Number      | 97583688 |                      |
| Date of Birth   | 11/10/1988                                     |                     |          |                      |
| Driving Pass Date   | 16/01/2017                                     |                     |          |                      |
| Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor   |  |                     |          |                      |
| Gender ( ) Male ( <input checked="" type="checkbox"/> ) Female  |  |                     |          |                      |
| Email Address   | sam-ep@live.com                                | ( ) NO EMAIL        |          |                      |
| Address of Driver   | Blk333A Dishun Street 31<br>#06-197 S (761333) |                     |          |                      |
| Was driver an employee of the Insured's Company? ( ) Yes ( ) No   |  |                     |          |                      |
| If No, Relationship of the Driver with the Insured ( <input checked="" type="checkbox"/> ) Authorised driver            |  |                     |          |                      |
| ( ) Owner ( ) 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? ( <input checked="" type="checkbox"/> ) Yes ( ) No                                 |  |                     |          |                      |
| If yes, injured detail Qiu Shuling (Neck & back pain)   |  |                     |          |                      |
| 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 <sup>rd</sup> party Name / Nric Contact  |  |                     |          |                      |
| Veh B   | SLJ 3440Z                                      |                     |          |                      |
| Veh C   | SH 9019X                                       |                     |          |                      |
| Veh D   | SKJ 212J                                       |                     |          |                      |
| Veh E   |  |                     |          |                      |
| Veh F   |  |                     |          |                      |

Driver Only.





driver

SLA9220A

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$  16 Jan 2017

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8840002Z



Name

QIU SHULING

邱淑玲

Race

CHINESE

Date of birth

11-10-1988

Sex

F

S8840002Z

Country of birth

SINGAPORE

driver

SLA9220A



3419061

NRIC No. S8840002Z



Date of issue

25-10-2003

APT BLK 333A YISHUN STREET 31 #06-197  
SINGAPORE 761333

NRIC No: S8840002Z

Date: 27/03/2014



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

FORM MX4

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-MV002709-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLA9220A Chassis No.: KPT30B1USGP068491
2. Name of Policyholder AUTOMOBIL LEASING PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 22/03/2018
4. Date of Expiry of Insurance 21/03/2019
5. Persons or Class of Persons entitled to drive\*  
Any person who is driving on the policyholder's order or with their 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: 2348DDA

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: MOTOR-WAY CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature