

NATIONAL Assessment Centre Services

Ref: 1 JAN 05 **NA18147429**

Date In: 14/1/18-14:05	Job description	Date & Time Completed	Done by
Ref No: NA17M218022598724	SAS e-filing		
Veh No: U5D9U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/1/18-10:30	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:	Veh No: h3c42794	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

NA1807457	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac 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	14/11/2018 14:05
Date Of Accident	14/11/2018 10:30
Exact Location Of Accident	JLN BOON LAY TWDS JURONG PIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT529U
Insured/Policyholder	
Name Of Registered Owner	CHEW HUI BENG ALVIN (ZHOU WEIMING ALVIN)
NRIC No	S73449211
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98434292
Alternative Phone No	OFFICE-98434292

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 DX CVT
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	MU010682
Cover Note Number	

Driver

Name of Driver	NORELL YONG (WENG QIANYA)
NRIC No	S7926550J
Date Of Birth	08/09/1979
Occupation	INDOOR
Date Of Driving Pass	08/01/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94512788
Fax Number	
Contact Number	OFFICE-94512788
EMail Address	NOEMAIL

Address	57 EDGEDALE PLAINS #13-19
Postcode	828681
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	WET

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?	YES
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC4279Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NORELL YONG (WENG QIANYA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLT529U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

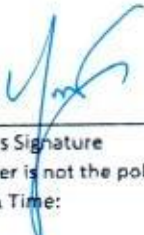
IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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

JLN BOON LAY TOWARD JURONG PIER RD

VEHICLE A - SLT 529 U

VEHICLE B - GBC 4279 Y

4 →

3 →

2 →

1 →



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG JLN BOON LAY TOWARD JURONG PIER RD,
I WAS ON THE 2ND LANE.

WHILE DRIVING SLOWLY AHEAD SUDDENLY I FELT A GREAT
IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE
WITH CAR PLATE NUMBER (GBC 4279 Y) HAD COLLIDED
TO THE REAR OF MY VEHICLE.

THIS WHOLE ACCIDENT SCENE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SLT 529 U

VEHICLE B - GBC 4279 Y

DECLARATION

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

Chew

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Vehicle No.	SLT 529 U	Model / Make	Honda Civic
Date of Accident	16/11/2018		
Time of Accident	1030	HRS	
Location of Accident	JUN BOON LAY TO VORPS JURNAN PIKE RD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	CHOW KUI BINK ALVIN		
Telephone No.	H/P : 9843 4292	Home :	Office :
NRIC	S7344921 L		
Address	57 EDGEMORE PLAINS #13-19 S(128681)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	TOKIO MARINE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MU 010682		
Name of Driver	As Above If No, NOREL YONH		
NRIC	S7926550 J	Any Passengers :	NL
Date of birth	08 SEP 1979		
Occupation	Outdoor / Indoor		
Driving License Pass Date	08 JAN 2001		
Gender	Male / Female		
Contact No.	H/P : 9451 2758	Home :	Office :
Address	57 EDGEMORE PLAINS #13-19 S(128681)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		Spouse
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		SLIGHTLY WET (AFTER RAIN)
Any Injuries	No, If Yes, Who?		
Name And Contact No.	NOREL YONH, 9451 2758		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	GBC 4279 J	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		FRONT / REAR
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / No	
PARTICULAR WORKSHOP	TWINLARK AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IGN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S73449211



Name
CHEW HUI BENG, ALVIN
(ZHOU WEIMING, ALVIN)
周 暉 明

Race
CHINESE

Date of birth
07-12-1973

Sex
M

Country/Place of birth
SINGAPORE

S73449211



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S73449211

Name
CHEW HUI BENG, ALVIN
(ZHOU WEIMING, ALVIN)

Birth Date: 07 Dec 1973

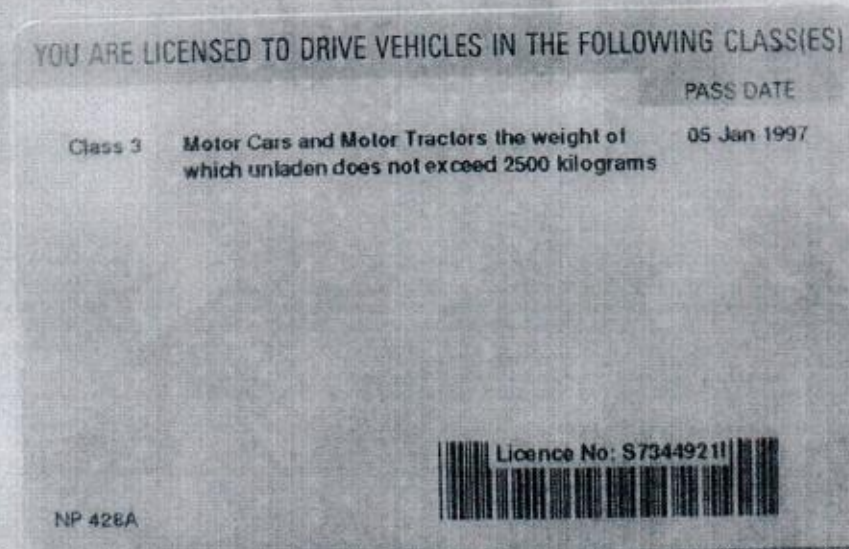
Issue Date: 07 Jan 2003



000091989E

14/11/2018

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REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7926550J



Name

NORELL YONG
(WENG QIANYA)

翁千雅

Race

CHINESE

Date of birth

08-09-1979

Sex

F

Country of birth

SINGAPORE

S7926550J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7926550J

Name

NORELL YONG
(WENG QIANYA)

Birth Date: 08 Sep 1979

Issue Date: 18 Aug 2006



001436643J



3916289

NRIC No. S7926550J



Date of issue

10-08-2006

57 EDGE DALE PLAINS #13-19
SINGAPORE 828681

NRIC No: S7926550J

Date: 31/03/2017

GO-AHEAD LBD Visitors/Contractors Particulars

NAME:	NORELL YONG
IC/FIN No.:	S7926550J
TEL. No.:	97512783
COMPANY:	ENTREPRENEUR MARKETING PL
VEHICLE No.:	SGN 5411H
PURPOSE OF VISIT:	MEETING - CHAIRMAN



Licence No: S7926550J

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7926550J**
Name: **NORELL YONG
(WENG QIANYA)**

Birth Date: **08 Sep 1979**
Issue Date: **10 Aug 2006**

001436643J



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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 08 Jan 2007

NP 428A

Licence No: S7926550J



6/1/11

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.: SLT529U
 Vehicle Type: P11 - Passenger Station Wagon/Jeep/Land Rover
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -

Vehicle Make: HONDA
 Chassis No.: JHMUR1810CX203075
 Motor No.: -

Propellant: Petrol
 Engine Capacity: 1496 cc
 Maximum Power Output: 96.0 kW (128 bhp)

Unladen Weight: 1385 kg
 Primary Colour: Black
 First Registration Date: 16 Oct 2017

Manufacturing Year: 2017
 PARF Eligibility: Yes
 No. of Transfers: 0

Actual ARF Paid: \$14,416.00
 Owner Particulars
 Owner Name: CHEW HUI BENG, ALVIN (ZHOU WEIMING ALVIN)

Owner ID Type: Singapore NRIC
 Owner ID: S73449211
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 57
 Registered Street Name: EDGEHILL PLAINS
 Registered Unit No.: # 13 - 19
 Registered Building Name: -

Registered Postal Code: 828681
 COE No. / Expiry Date: 20171001002999Z / 15 Oct 2027

COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)
 QP Paid: \$42,902.00

Transaction Details
 Business Transaction Ref No.: 20171016113006934034
 Business Transaction Date: 16 Oct 2017
 Business Transaction Time: 11:30:06
 Message

Vehicle Scheme: Normal

Vehicle Attachment 3: -
 Vehicle Model: HRV 1.5 DX CVT
 Engine No.: L1584530076

Trailer Chassis No.: -
 Passenger Capacity: 4
 Power Rating: -

Maximum Laden Weight: 1760 kg
 Secondary Colour: -
 Original Registration Date: 16 Oct 2017

Open Market Value: \$19,416.00
 Minimum PARF Benefit: \$7,208.00
 Additional Registration Fee Rate: First \$19,416.00 (100%)

1A Number: 1127961472

16/10/2017

11:30:13 AM

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.: MJ010882 (Private Car (2 Years))
 Index Mark and Registration Number of Vehicle: -
 Chassis No.: JHMUR1810CX203075

Name of Policyholder: CHEW HUI BENG ALVIN (ZHOU WEIMING ALVIN)
 Effective date of the Commencement of Insurance for the purposes of the Act: 04/10/2017 (11:50:56)

Date of Expiry of Insurance: 03/10/2019
 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 in respect of any conviction or regulation to that effect 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, 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 and/or exclusions in respect of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this policy.

We hereby certify that the Motor Vehicle is insured 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.

ADDITIONAL INFORMATION

Insurance Plan: Comprehensive

Limit for total loss or theft: Prevailing Market Value

Policy Excess: Over Damage Claims: SGD 800.00 (Original Excess: SGD 800.00)

Additional Excess for Uninsured Drivers: SGD 500.00

Additional Excess for Young or Inexperienced Drivers: SGD 3,500.00

Windscreen Excess: SGD 100.00

Financial Interest: UNITED OVERSEAS BANK LIMITED

Account No: E231600A

TOKIO MARINE INSURANCE SINGAPORE LTD.

[Signature]

Authorized Signature