

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA1181617 54**

Date In: <b>12/10/18 - 09:15</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1181617 54</b>	SAS e-filing		
Veh No: <b>UMD97454</b>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <b>12/10/18 18:30</b>	i-Motor Claim Form		
OD <b>(TP)</b> 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: **60F7137** 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 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

Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) 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:-			
OD*			
*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 (Non INC) against INC \$20			
9) N12: Idac Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

**NA1181617 54**

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	17/12/2018 09:15
Date Of Accident	14/12/2018 18:30
Exact Location Of Accident	PIE (CHANGI) AFTER LORNIE RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9745A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HWA LOONG MELVYN
NRIC No	S8709697A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91892399
Alternative Phone No	OFFICE-91892399

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5 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	MT106434
Cover Note Number	

### Driver

Name of Driver	TAN HWA LOONG MELVYN
NRIC No	S8709697A
Date Of Birth	12/03/1987
Occupation	INDOOR
Date Of Driving Pass	16/07/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91892399
Fax Number	
Contact Number	OFFICE-91892399
EMail Address	NOEMAIL

Address	BLK 669D JURONG WEST STREET 64 #10-50
Postcode	644669
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	2
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)	2
Passenger 1	NAME: : GENG WEE GENDER: : MALE

#### 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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2103T
Vehicle Make/Model/Colour	NISSAN NV350
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)	

## 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:

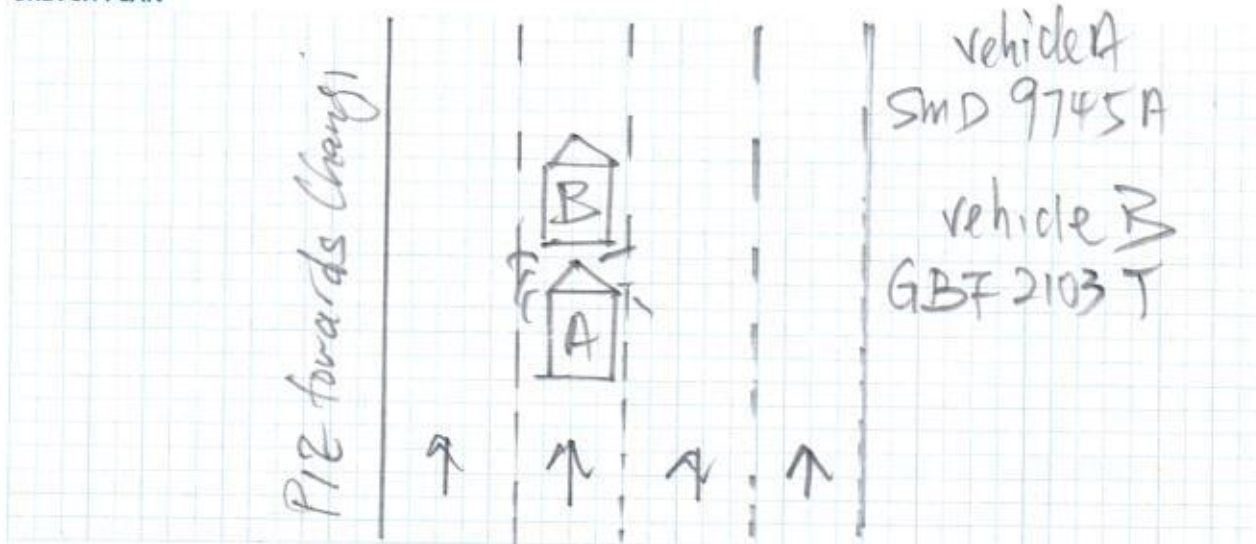


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dated 14/12/2018 at around 1830 hours  
 when I was driving along PIE towards Changi  
 just after Lorimer Road. Vehicle B (GBF 2103 T)  
 suddenly reversed and hit onto my vehicle A  
 (SMD 9745 A). My front portion was badly damaged.  
 No one was injured at the point of accident.  
 The traffic was heavy. All scene photos was taken  
 down. I have video footage proven.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

## 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 ACCIDENT STATEMENT

## IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of 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 15/12/2018  
 ☆ Date Of Accident 14/12/2018 18:30 hours  
 ☆ Exact Location Of Accident PIE towards Changi after Lorimer Rd Exit  
 ☆ Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SMD 9745A  
 Insured/Policyholder Tan Hwa Loong  
 Name Of Registered Owner / Company S8709697A  
 RIC No / Work Permit No / ROC No ecv @ elitecarventures.com  
 Email Address (LOCAL) 9189 2399  
 Mobile Phone No Others-  
 Alternative Phone No

## Vehicle Particulars

☆ Manufacturer Honda  
 ☆ Model Honda Jazz  
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use / Hirer Use  
 ☆ Are you claiming under your own Insurance policy for repair to your vehicle?  
 If No, Please state action to be taken Yes / No / Third Party

☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government

Insurance Company Tokio Marine  
 Name of Insurance Company Comprehensive  
 ☆ Type Of Coverage Yes / No  
 ☆ Policy Number MT106434  
 Cover Note Number

## Driver

☆ Name of Driver Tan Hwa Loong Melvyn  
 ☆ NRIC No S8709697A  
 ☆ Date Of Birth 12031987  
 ☆ Occupation Indoor / Outdoor  
 ☆ Date Of Driving Pass 16072007  
 Driving Experience male  
 ☆ Gender (Local) 9189 2399  
 ☆ Mobile Number Others-  
 Fax Number melvynth1@gmail.com  
 Contact Number  
 Email Address

workshop: ED car

- ☆ Address  
 ☆ Postcode  
 ☆ Was driver an employee of the Insured's Company  
 ☆ If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle  
 Insurance Company of Driver's Own Vehicle

Blk 669D Jurong West St 64 #10-50  
 644669  
 Yes / No  
 Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer

### General Information of the Accident

- ☆ Type Of Accident  
 ☆ Weather Conditions  
 ☆ Road Surface

Collision : Rear to Head (Car Reverse)  
 Raining / Clear / Other :  
 Wet / Dry / Other :

### Other Information

- ☆ Was any foreign vehicle involved in this accident?  
 ☆ Foreign Vehicle Registration Number  
 ☆ Was any body injured in the Accident?  
 Was any other material or property damaged?  
 Have been approached by unknown person(s)  
 soliciting/offering accident claims assistance.

Yes / No

Yes / No

Yes / No

Yes / No

Name:

- ☆ Number of Passengers (Including Driver)

### Details of Police Action

- ☆ Was the accident reported to the police?  
 If Yes, Please state which Police Station

Yes / No

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ROAD:

POSTCODE:

COUNTRY:

TEL NO:

FAX NO:

Yes / No

### Attachment(s)

- Are accident photos available for attachment?  
 ☆ Was there any video captured by Car Camera?  
 Was there any audio recorded?

Yes / No

Yes / No

Yes / No

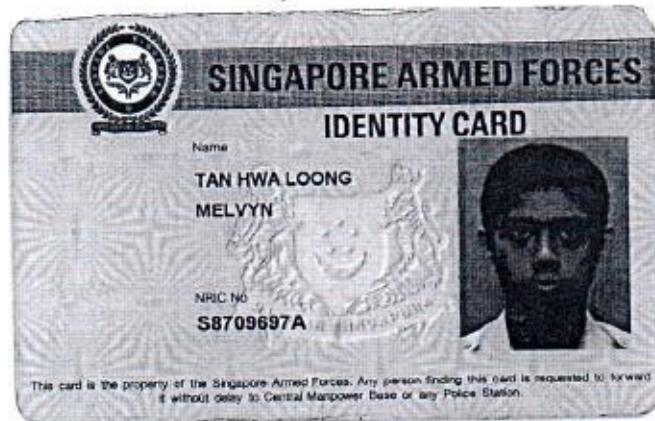
### DETAILS OF OTHER VEHICLE PROPERTY 1

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

GBF 2103 T  
 Nissan NV 350

### Details of Witness

- Name  
 Phone Number



QEMALTOGGPU105451880118 00000060267577

NRIC No/Colour  
S8709697A PINK

Race  
CHINESE

Date Of Birth  
12/03/1987

Service Status  
REGULAR


Address  
Blk 659D JURONG WEST STREET 64  
#10-50 SINGAPORE 644669

Blood Group  
O (+)

Country Of Birth  
SINGAPORE

Military Rank Status  
OFFICER

Sex  
M




ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	PASS DATE
Class 1B Motorcycles <= 200 CC	30 Aug 2005
Class 1A Motorcycles between 201 CC and 400 CC	14 Nov 2006
Class 2 Motorcycles > 400 CC	05 Feb 2008
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	16 Jul 2007

S8709697A S / No. 9000066793

NP 428A Licence No: S8709697A



# 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

## 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.: MT106434 (Private Car)

1. Index Mark and Registration Number of Vehicle

Chassis No.: JHMGK5850JX208893

2. Name of Policyholder

TAN HWA LOONG MELVYN

3. Effective date of the Commencement of Insurance for the purposes of the Act

27/08/2018 (17:20:22)

4. Date of Expiry of Insurance

26/08/2019

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: E2316DDA

Insurance Plan: Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

Policy Excess: Own Damage Claims SGD 600.00 (Original Excess : SGD 600.00)

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: OCBC BANK LIMITED

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature