

NATIONAL Assessment Centre Services

Date In: 21/12/2018 10:28	Job description	Date & Time Completed	Done by
Ref No. NA/TMI18023248/K4	SAS e-filing		
Veh No: SFY 4864U	E-mail (within 8hrs, At 2 hrs)		
D.O.A: 17/12/2018 09:10	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FX7636Y	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

NA1808573	Invoice Preparation Checklist		Am't (\$) In 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp. 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: 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	21/12/2018 10:28
Date Of Accident	17/12/2018 09:10
Exact Location Of Accident	BLK 609 CHUA CHU KANG ST 62 / GOING OUT OF GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY4864U
Insured/Policyholder	
Name Of Registered Owner	MR GO WOEI KAY
NRIC No	S8014436I
Email Address	WKGO80@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96912931
Alternative Phone No	OTHERS-96912931

Vehicle Particulars

Manufacturer	HONDA
Model	STEPWAGON A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MU009049-R01
Cover Note Number	

Driver

Name of Driver	MR GO WOEI KAY
NRIC No	S8014436I
Date Of Birth	10/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2010
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912931
Fax Number	
Contact Number	OTHERS-96912931
Email Address	WKGO80@GMAIL.COM

Address	BLK 880 YISHUN STREET 81 #10-253
Postcode	760880
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 (including own vehicle) involved in the accident	1
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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FX7636Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	DANIAL SYAFIQ BIN SALIMI
NRIC/Passport Number	S9532275A
Contact Number	84996664
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

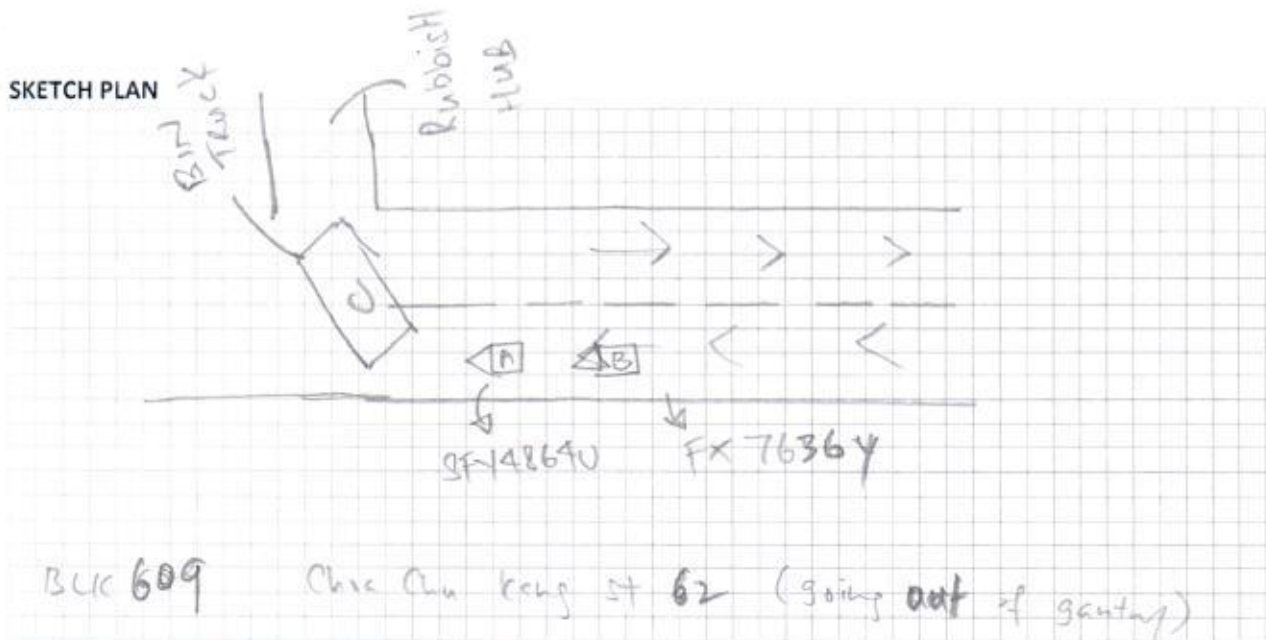
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REVERING

VEHICLE A WHICH I WAS DRIVING WAS ~~REVERING~~ DUE TO THE BIN TRUCK WHO TRYING TO TURN TOWARDS ME DIDNT NOT HAVING SUFFICIENT TURNING POINT. I HAVE CHECKED BOTH MY SIDES MIRROR & REVER SLOWLY AFTER A SHORT WHILE I FELT A BUMP FROM MY CAR BACK & NOTICE I HAD BUMPED ON A MOTORCYCLIST WHICH IS VEHICLE B.

Vehicle A damaged part : Rear Bumper

Vehicle B damaged part : Front Fender

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.:

28/12/2018

Reported on 17/12/2018
@1510hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: (17/12/2018) (DD/MM/YYYY), TIME: (09.10 Am) (HH:MM)

LOCATION: BLK 609 Chua Chu Kang St 62 (going out of gantry).

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SFY 4864U

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STY 4864 U
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9691 2931
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY) WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FX 76364 MODEL: _____

b) DRIVER'S NAME: DENIAL SYAFIQ BIN SALIM

c) NRIC/FIN/PASSPORT: S9532275A CONTACT: 84998664

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(1)

8. $\frac{1}{2}$ No. of passenger
(including driver)
() 9.

No. of passenger
(including driver)

Waiting for
video
by Email.
call Amber: on 28/02
yes and put
new
old

24000
Email = wkgo80@gmail.com
fax = wkgo80@gmail.com ✓

VIDEO =
Waiting for Certificate? ✓

998664

26/12/18

Call Driver
for Video
+ send
by Email

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S80144361



Name

GO WOEI KAY
(WU WEIKAI)

吴伟恺

Race

CHINESE

Date of birth

10-05-1980

Sex

M

Country of birth

SINGAPORE



S80144361

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S80144361

Name

GO WOEI KAY
(WU WEIKAI)

Birth Date: 10 May 1980

Issue Date: 08 May 2008



001600844B

4224132



NRIC No. S80144361



Date of issue

08-05-2008

APT BLK 880 YISHUN STREET 81 #10-253
SINGAPORE 760880

NRIC No: S80144361

Date: 27/02/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

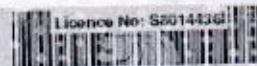
Class 2B Motorcycles \leq 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

13 Jul 2008
16 Apr 2002
22 Jul 2010

S / No. 9000118204

S80144361

NP 428A



Licence No: S80144361

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-MU009049-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SFY4864U **Chassis No.:** RG11016000
2. **Name of Policyholder** MR GO WOEI KAY
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 17/09/2018
4. **Date of Expiry of Insurance** 16/09/2019
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: 2653DDA

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value
Financial Interest: TAI THONG LEE TRADING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature