

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MM119015504

Date In: 11/2/19 15:46	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ 19002144/h4.	SAS e-filing		
Veh No: GBB 9359Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/1/19 08:10.	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLJ 7441 U.	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:	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

NA1900926	Invoice Preparation Checklist	Am (\$)	Adj (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idan 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	01/02/2019 15:46
Date Of Accident	31/01/2019 08:10
Exact Location Of Accident	CTE TWDS AYE B4 AMK AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB9359Y
Insured/Policyholder	
Name Of Registered Owner	CHENG HONG GEOMANCY TRADING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97734608
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
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	MT106310
Cover Note Number	-
Driver	
Name of Driver	LOH JING JIE
NRIC No	S9239545F
Date Of Birth	21/10/1992
Occupation	INDOOR
Date Of Driving Pass	05/10/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97734608
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 429 WOODLANDS ST 41 #05-250
Postcode	730429
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO.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	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)	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	SLJ7441U
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

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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.

CHENG HONG GEOMANCY TRADING

ROC : 52967996E

6001 Beach Road, #02-37 Golden Mile Tower
Singapore 199589

Policyholder's Signature
Date & Time:

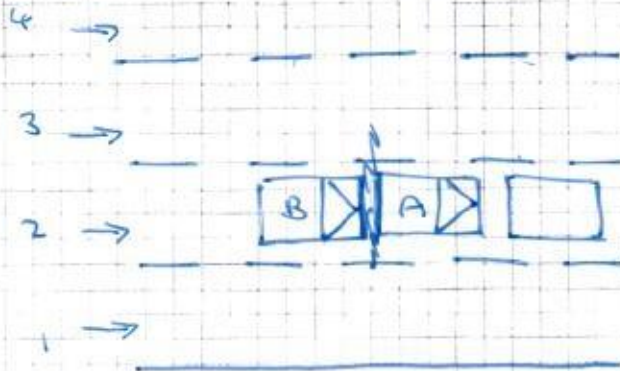
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A
- GBB 9359 Y

VEHICLE B
- SLJ 7441 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG CTE TOWARD AYE, I WAS ON THE 2ND LANE.

WHILE DRIVING STRAIGHT AHEAD, DUE TO THE HEAVY TRAFFIC TRAFFIC, THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SLJ 7441 U) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - GBB 9359 Y
VEHICLE B - SLJ 7441 U

DECLARATION

CHENG HONG GEOMANCY TRADING
We declare the foregoing particulars are true in every respect.
ROC : 52967996E

6001 Beach Road, #02-37 Golden Mile Tower
Singapore 199589

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.:

Vehicle No.	QBB 9359 Y	Model / Make	NISSAN NU200
Date of Accident	31/01/2019		
Time of Accident	0810	HRS	
Location of Accident	CT12 TOWARD AYE, BEFORE ANH MO KIO AVE 1		
Exact purpose use during accident	PRIVATE USE, GOING TO WORK		
Name of Owner	CHENG HONG GEOMANCY TRADING		
Telephone No.	H/P: 9773 4608	Home:	Office:
NRIC	529679962		
Address	6001 BEACH ROAD #02-37 GOLDEN MILE TOWER S(199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	TOKIO MARINE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MT106310		
Name of Driver	As Above If No, LOH JIAN JIE		
NRIC	S9239545 F	Any Passengers:	NIL
Date of birth	21 OCT 1992		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	05 OCT 2012		
Gender	Male / Female		
Contact No.	H/P: 9773 4608	Home:	Office:
Address	BLK 429 WOODLANDS ST 41 #05-250 S(730429)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state CO. OWNER SON		
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SLS 7441 U	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		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



S9239545F

LOH JING JIE

羅靖傑

CHINESE

21-10-1992 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9239545F

Name

LOH JING JIE

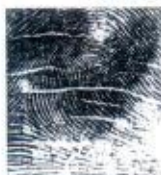
Birth Date 21 Oct 1992

Issue Date 05 Oct 2012



4123748

NRIC No S9239545F



Date of issue
26-10-2007

Address

APT BLK 429 WOODLANDS STREET 41
#05-250
SINGAPORE 730429

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 05 Oct 2012



NP 428A

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