

# NATIONAL Assessment Centre Services

Date In: 11/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/SM/19000409/13	SAS e-filing		
Veh No: SJX73944	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/02/19 2220	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: (Twincar)	Tel:	Fax:
TP Particulars:	Veh No: SLW84775	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

NA1901268	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) RT : 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):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	11/02/2019 17:30
Date Of Accident	06/02/2019 22:20
Exact Location Of Accident	WOODLANDS CROSSING TWDS SINGAPORE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX7394Y
Insured/Policyholder	
Name Of Registered Owner	TAY JU BONG
NRIC No	S0092721Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90712995
Alternative Phone No	OTHERS-90712995
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
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	MT111442
Cover Note Number	
Driver	
Name of Driver	LIM YING CHIN
Work Permit No	S8037683I
Date Of Birth	27/11/1980
Occupation	INDOOR
Date Of Driving Pass	29/01/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82004390
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 169 HOUGANG AVE 1 #06-1421
Postcode	530169
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NIECE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKOWN GENDER: : FEMALE

#### 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	SLW8477S
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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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.

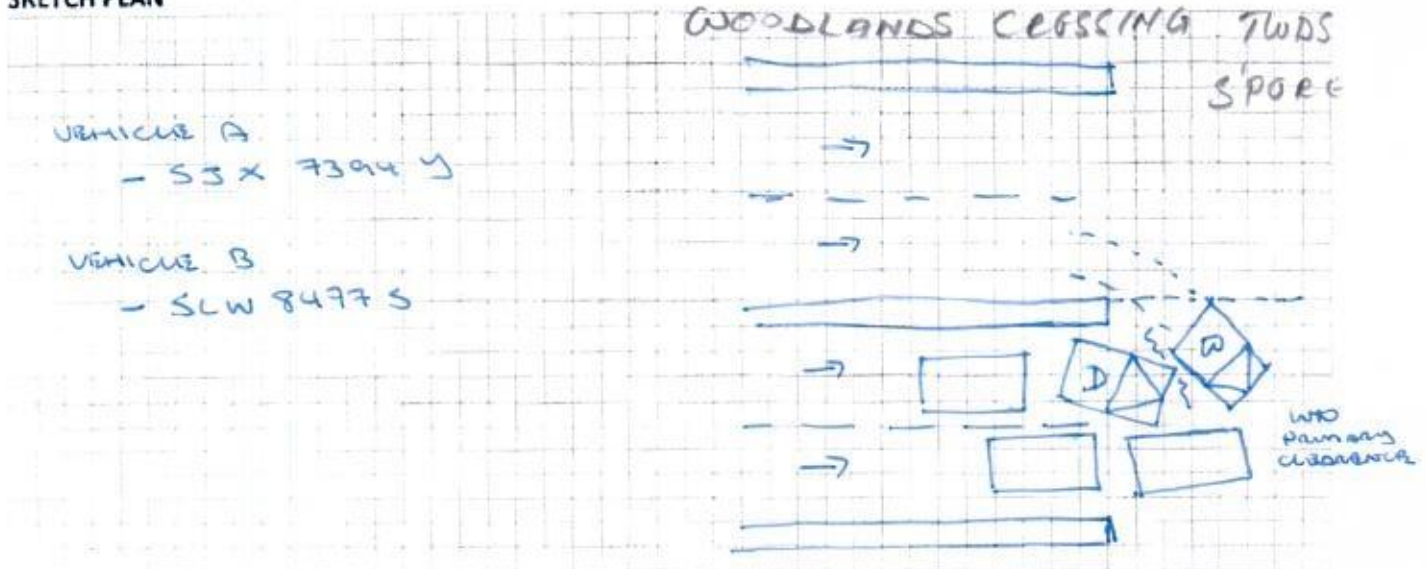
TAJ Lu BONG  
Policyholder's Signature  
Date & Time:

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

11/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG WOODLAND CROSSING TOWARD SINGAPORE CUSTOM.
DUE TO THE JAM I WAS TRAVELLING SLOW SLIDING INTO MY LANE. AND ENGAGING SLOWLY TO THE PRIMARY CLEARANCE AREA. WHEN MY VEHICLE CAME TO A STOP WHEN I'M GOING WAY TO A VEHICLE ON MY RIGHT, SUDDENLY A VEHICLE CAME IN FROM THE LEFT, WHICH HE ENTER FROM ANOTHER ZONE. WHILE HE ATTEMPT TO CUT INTO MY LANE, THE REAR RIGHT OF HIS VEHICLE HIT ONTO THE LEFT FRONT PORTION OF MY VEHICLE.
ALIGHTED AND MANAGE TO CHANGE OF PARTICULAR AND SOME PICTURE OF THE DAMAGE. BUT HE INSISTED THAT I WAS THE ONE THAT HIT ON HIS VEHICLE. BUT WHEN HE CUTTED IN FROM THE OTHER ZONE AND CUT INTO MY LANE.
VEHICLE A - SSX 7394 Y
VEHICLE B - SLW 8477 S

## DECLARATION

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

THU JU BONG

Policyholder's Signature  
Date & Time:

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

*[Signature]* 09/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SS X 7394 Y	<b>Model / Make</b>	MERCE 3180
<b>Date of Accident</b>	06/02/2019		
<b>Time of Accident</b>	22 22	<b>HRS</b>	
<b>Location of Accident</b>	WOODLANDS CROSSING TOWARD SINGAPORE (ENTRANCE INTO PRIMARY CLEARANCE SECTION)		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	TAY SU BONG		
<b>Telephone No.</b>	H/P: 90712995	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	S0092721 Z		
<b>Address</b>	BLK 535 BEDOK NORTH ST 3 #11-904 S(460535)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	TOKIO MARINE		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	MT111442		
<b>Name of Driver</b>	As Above If (No) LIM YING CHIN 2m 2f		
<b>NRIC</b>	S80376831	<b>Any Passengers:</b> 3(ADULT) 1 (TINANT)	
<b>Date of birth</b>	27/11/1980		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	22 JAN 2002 29/01/2002		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 8200 4390	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	BLK 169 HOUSHAW RD 1 #06-1421 S(530169)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state NIECE		
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SLW 8477 S	<b>Any Passengers:</b>	
<b>Name of Driver</b>		<b>Contact No.:</b>	
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>		<b>Witness Contact:</b>	
<b>Accident Portion</b>	LEFT FRONT PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINLARK AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n5i.com.sg		



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

PASS DATE

29 Jan 2002

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S80376831

NP 429A

4705266



NRIC No. S80376831



Date of issue  
08-04-2011

Address  
APT BLK 169 HOUGANG AVENUE 1  
#06-1421  
SINGAPORE 530169

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S80376831

LIM YING CHIN

Birth Date 27 Nov 1980

Issue Date 22 Jan 2003



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S80376831

Signature

LIM YING CHIN

林 莹 甄

Race

CHINESE

Date of birth

27-11-1980

Country of birth

SINGAPORE

Sex

F





1448945



NRIC No: **S0092721Z**



Blood Group: **B+** Date of issue: **20-11-1993**

Address:  
**APT BLK 535 BEDOK NORTH STREET 3  
#11-904  
SINGAPORE 1646**

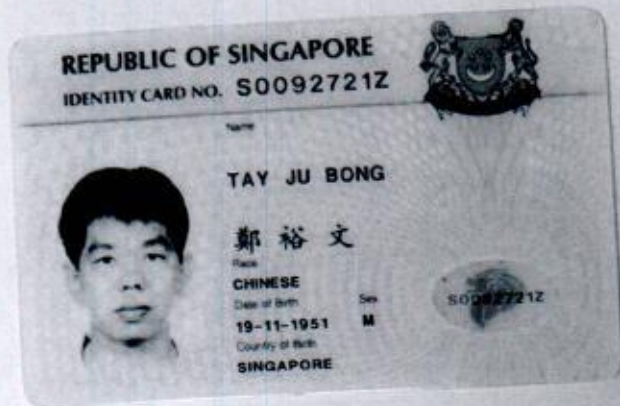
**YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		PASS DATE
Class 2B	Motorcycles not exceeding 350 cc	26 Dec 1974
Class 2A	Motorcycles between 351 cc and 400 cc	26 Dec 1974
Class 2C	Motorcycles exceeding 400 cc	26 Dec 1974
Class 3	Motor cars and Motor Trucks the weight of which when driven not exceed 3500 kilograms	06 Jul 1975

NP 435A

License No: **S0092721Z**







# 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](mailto:tmis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://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.: MT111442 (Private Car)

- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SJX7394Y              | Chassis No.: WDD2452322J564923 |
| 2. Name of Policyholder   | TAY JU BONG           |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 17/12/2018 (13:02:27) |                                |
| 4. Date of Expiry of Insurance  | 16/12/2019            |                                |
| 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: 2397DDA
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	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:	NIL		

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature