

NATIONAL Assessment Centre Services. [ver 1 Jan'09] **MA 119025907**

Date In: 25/12/19 14:41	Job description	Date & Time Completed	Done by
Ref No: MA/TMZ 19003455/h4	SAS e-filing		
Veh No: SJT 5138E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/12/19 14:30	I-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SLP 2717B	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 repolter.

() 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

NA 1901467 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Tel: 1: 2 / 3:	Invoice/Registration Charge		Amount (\$)	PAID (\$)
	1) AR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) PT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wof 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD* *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 (N-n 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	25/02/2019 14:41
Date Of Accident	22/02/2019 14:30
Exact Location Of Accident	AMK AVE 6 JUNC OF AMK ST 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5138E
Insured/Policyholder	
Name Of Registered Owner	MR SIAH ENG HOCK
NRIC No	S7127987A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94511849
Alternative Phone No	OFFICE-94511849

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC 2.0
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	18-MY006416-R05
Cover Note Number	-

Driver

Name of Driver	MR SIAH ENG HOCK
NRIC No	S7127987A
Date Of Birth	10/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94511849
Fax Number	
Contact Number	OFFICE-94511849
Email Address	NOEMAIL

Address	BLK 653 SENJA LINK #16-26
Postcode	670653
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 - CROSS JUNCTION
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?	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)	6
Passenger 1	NAME: : SIAH KOON LOON GENDER: : MALE
Passenger 2	NAME: : HO BAN HUANG GENDER: : FEMALE
Passenger 3	NAME: : JOANNA SIAH HWEE WOON GENDER: : FEMALE
Passenger 4	NAME: : JONATHAN SIAH CHEE WOON GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SLP2717B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAY CHEW WEE LING
NRIC/Passport Number	S7615889D
Contact Number	85937638
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name	MR SIAH ENG HOCK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT5138E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SIAH KOON LOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT5138E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	HO BAN HUANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT5138E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	JOANNA SIAH HWEE WOON
Approximate Age	
Injuries Sustain	BODY

Injured person in which vehicle?	SJT5138E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	JONATHAN SIAH CHEE WOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT5138E
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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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 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.
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

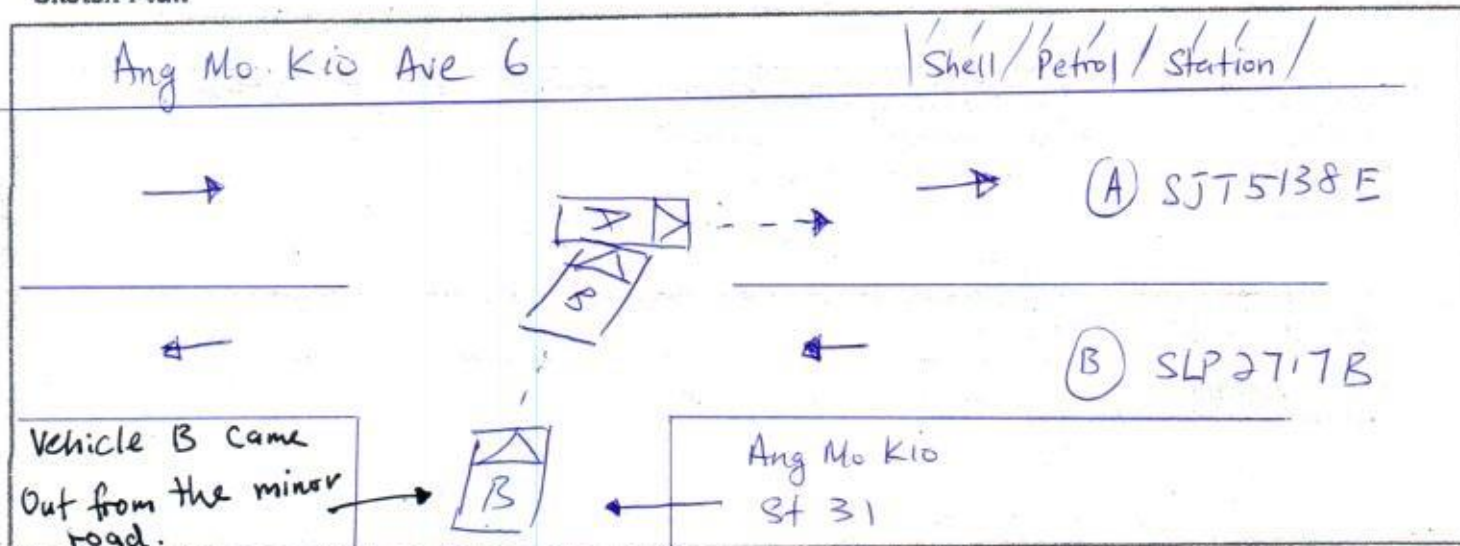
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

* Refer To Police Report NO: T/20190223/2129

Declaration

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



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 2 / 2019 (DD/MM/YYYY), TIME: 14 : 30 (HH:MM)

LOCATION: Ang Mo Kio Ave 6 junction of Ang Mo Kio St 31

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 5138 E
b) INSURANCE COMPANY: Tokio Marine
c) POLICY NUMBER: 18 - MY 006416 - R05
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA PICNIC 2.0
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Siah Eng Huck (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S72 57127987-A CONTACT: 94511849
C) ADDRESS: Blk 653 Senja Link #16-28 S670653

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 10 / 8 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/8/1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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

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

6. WAS ANYBODY INJURED (YES / NO) Owner, Both parent, son & daughter

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

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Timah NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 2717 B MODEL: Honda
b) DRIVER'S NAME: May Chew Wee Ling
c) NRIC/FIN/PASSPORT: S7615889-D CONTACT: 85937638

9. THIRD PARTY VEHICLE Address: Blk 440A Fernvale Link #11-187, S 791440

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

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

Email =

fax =



SINGAPORE POLICE FORCE



T/20190223/2129

1 of 3

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20190223/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 18:14		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: SIAH ENG HOCK			Address: APT BLK 653 SENJA LINK #16-26 SINGAPORE 670653		
ID Type / ID No.: NRIC NO / S7127987A			Contact No.: Home/Office: Mobile: 94511849		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 10/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2019 14:30	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 6 TOWARDS ANG MO KIO HUB				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT5138E	Car				Slightly Damaged	5
SLP2717B	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190223/2129

2 of 3

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20190223/2129

CONTINUATION OF REPORT

Driver				
Name	SIAH ENG HOCK		ID No.	S7127987A
Related Vehicle	SJT5138E (Car)		Contact No.	94511849
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	22/02/2019		Date Discharge	22/02/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	MAY CHEW WEE LING		ID No.	S7615889D
Related Vehicle	SLP2717B (Car)		Contact No.	85937638
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 22.02.2019 at about 1430hrs, I was driving my car SJT5138E along Ang Mo Kio Ave 6 towards Ang Mo Kio Hub at the 1st lane from the right of four lane road together with my family. At that time, the weather was clear and the road surface was dry.

Along the journey, a car SLP2717B out of sudden came out from the right side of a minor road and collided into my right rear car portion.

I came out from my car and approached the driver, a female Chinese, to check if she suffered any injury. I then started to check on the damages of my car. My right rear portion was badly damaged. We exchange our particulars and continue our journey.

After the collusion, my family and I felt some pain on our bodies. We then decided to go for medical check-up at Mount Alvernia Hospital. I was given 5 days of MC by doctor.

I wish to state that this is the first time it happened to me with the said car and there is an in-car camera installed inside my car.



**SINGAPORE
POLICE FORCE**



T/20190223/2129

3 of 3

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20190223/2129

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Staff Sgt ROSLAN BIN ROHANY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/02/2019 18:14


Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

	SINGAPORE POLICE FORCE	SN 38
SIGNATURE		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7127987A



Name
SIAH ENG HOCK
(XIE YONGFU)
谢永福

Place
CHINESE

Date of Birth
10-08-1971

Sex
M

Country of Birth
SINGAPORE

2669033



NRIC No. S7127987A



Place of Birth
A

Date of issue
21-07-1995

APT BLK 653 SENJA LINK #16-26
SINGAPORE 670653

NRIC No. S7127987A

Date: 18/09/2015

Owner }
Driver }

94511849.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7127987A

Name:

SIAH ENG HOCK
(XIE YONGFU)

Birth Date: 10 Aug 1971

Issue Date: 17 Jun 2003



000577724



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

12 Aug 1993

17 Dec 2010

- Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg
- Class 4 Heavy motor cars and motor tractors > 2500 kg

S / No: 9000132748

S7127987A

Licence No: S7127987A



NP 428A

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-MY006416-R05 (Private Motor Car)

- | | | |
|---|------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJT5138E | Chassis No.: JTEGH23B700027062 |
| 2. Name of Policyholder | MR SIAH ENG HOCK | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 16/10/2018 | |
| 4. Date of Expiry of Insurance | 15/10/2019 | |
| 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: 2115DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreen Excess	SGD 100
Financial Interest:	HONG LEONG FINANCE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature