

NATIONAL Assessment Centre Services.

(wef 1 Jan'00)

MINA119026490

Date In: 26/02/2019 11:27	Job description	Date & Time Completed	Done by
Ref No: XBA/TMT19003551/Y	SAS e-filing		
Veh No: SME 5832C	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 25/02/2019 17:45	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: (Tel:	Fax:
TP Particulars:	Veh No: YM9602P	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:	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:	Action:

MINA11901480	Invoice Details
Client Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)
Contact No:	3) TP: 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 2003)
2/3:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (Nil) / TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	26/02/2019 11:27
Date Of Accident	25/02/2019 17:45
Exact Location Of Accident	JUNCTION OF BRADDELL RD AND UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5832C
Insured/Policyholder	
Name Of Registered Owner	LOCK SHERN XIN, PAUL (LU SHENGXIN)
NRIC No	S8701657I
Email Address	PLOCKYPLOCK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97930795
Alternative Phone No	OTHERS-97930795

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH
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-MT108220-R00
Cover Note Number	

Driver

Name of Driver	LOCK SHERN XIN, PAUL (LU SHENGXIN)
NRIC No	S8701657I
Date Of Birth	20/01/1987
Occupation	INDOOR
Date Of Driving Pass	12/10/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97930795
Fax Number	
Contact Number	OTHERS-97930795
Email Address	PLOCKYPLOCK@HOTMAIL.COM

Address	13 SUFFOLK ROAD #07-02
Postcode	307788
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	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)	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 SKETCH PLAN (TYPE OF COLLISION IS T/P REVERSE AND HIT INSURED)

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	YM9602P
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ELAYAPILLAI ARULMANI
NRIC/Passport Number	O36561238
Contact Number	91751561
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.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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: 26/2/19.
0936.

Driver's Signature

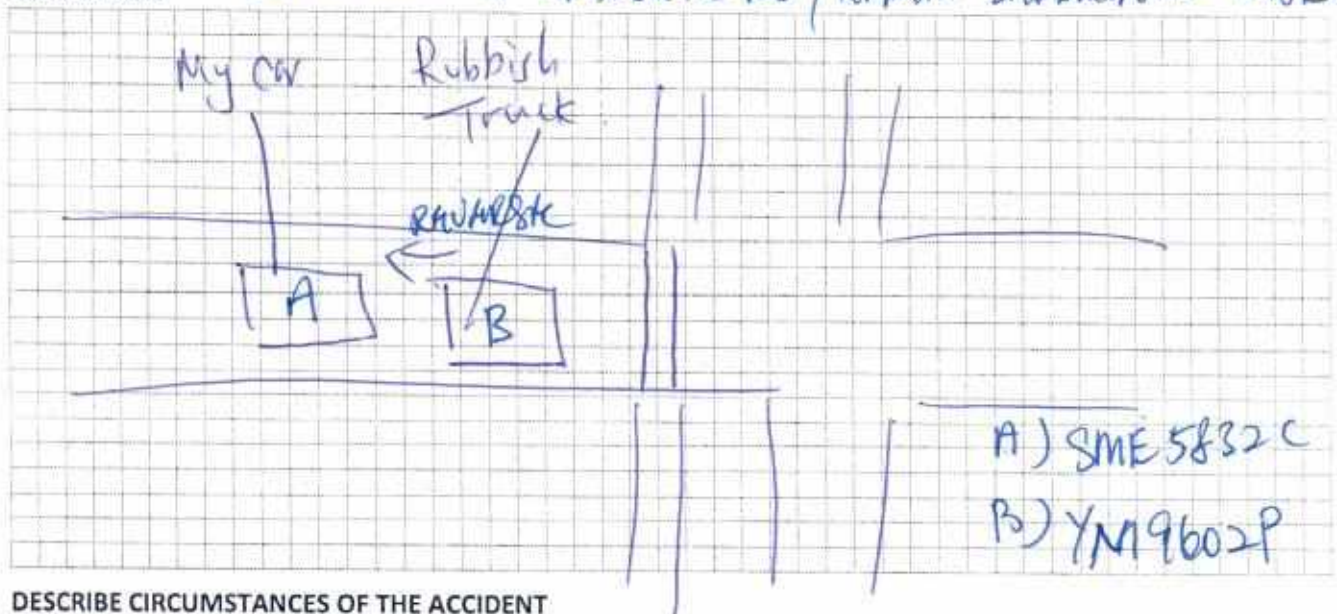
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

JUNCTION OF BRADDELL RD / UPPER SERANGGAM ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped behind a Rubbish truck from Buan Poh Refuse disposal (YM 9602P) at a traffic light at the junction of Upper Seranggam Road and BraddeLL Road. at 1745 Hrs on 25/2/19.

I had come to a complete stop as the traffic light was red. When it was time to go, instead of moving forward the truck reversed into my bonnet. I sounded my horn loudly to indicate the accident. The truck driver stopped initially but drove off without coming down.

~~I had~~ Despite repeated horns the driver did not stop the truck ~~and~~ and I had to overtake ~~to~~ him to stop his truck.

Upon getting off he apologised profusely and begged for the incident to not be reported, and claimed that the truck accidentally reversed because he let his foot off the brake. This can not be true as his reverse pile lights were on when he hit me.

I took photos of both vehicles and exchanged contacts and left the vicinity.

DECLARATION

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




Policyholder's Signature

Date & Time: 26/2/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25/02/2019 (DD/MM/YYYY). TIME: 17:45 (HH:MM)

LOCATION: Junction of bradell Road and upper Senggon Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 5832 C
 b) INSURANCE COMPANY: Tokio Marine
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA NOAH
 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: Loak SHEEN XIN PAUL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8701657 I CONTACT: 97930795
 c) ADDRESS: 13 SUFFOLK RD #02-02 S307788

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 20/11/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12/10/2007

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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: YM 9602 P MODEL: ISUZU
 b) DRIVER'S NAME: ELAYAPILLAI AFULMANI
 c) NRIC/FIN/PASSPORT: 036561238 CONTACT: 9175 1561

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = pluckyplack@hotmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8701657I



Name

LOCK SHERN XIN, PAUL
(LU SHENGXIN)

陆圣昕

Race

CHINESE

Date of birth

20-01-1987

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8701657I

Name

LOCK SHERN XIN, PAUL
(LU SHENGXIN)

Birth Date: 20 Jan 1987

Issue Date: 12 Oct 2007



NRIC No. S8701657I



Date of issue

10-10-2017

13 SUFFOLK ROAD #07-02
SINGAPORE 307706

NRIC No: S8701657I

Date: 10/04/2018

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 12 Oct 2007

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-MT108220-R00 (Private Motor Car)

- | | | |
|---|---------------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SME5832C | Chassis No.: ZWR800318795 |
| 2. Name of Policyholder | LOCK SHERN XIN PAUL | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 05/10/2018 | |
| 4. Date of Expiry of Insurance | 04/10/2019 | |
| 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: 1000DDA

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

Tokio Marine Insurance Singapore Ltd.

Authorised Signature