

NATIONAL Assessment Centre Services.

[wef 1 Jan 2005]

MAN 9032746

Date In: 11/03/2019 17:18	Job description	Date & Time Completed	Done by
Ref No: NGA/TMZ/9004374/Y	SAS e-filing		
Veh No: STW 1647M	E-mail (Ajudia 3hrs, AIC 2hrs)		
D.O.A: 09/03/2019 18:48	I-Motor Claim Form		
QID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: STW 8486K	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: ()

Repairing:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Assigned	Completed	Done by

NA1901856

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	Reclaiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpr Allowance	\$1
	• NS: Repair Coordination	\$10
	• NT: Post Repair Inspection	\$25
	• NS: DV / Collect Excess Coordination	\$5
	• TP (NI): TP (Non INC) against INC	\$20
	9) NI: Idao Mobile	\$30
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

QC Checked by (Engr-In-Charge):

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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	11/03/2019 17:18
Date Of Accident	09/03/2019 18:45
Exact Location Of Accident	ANG MO KIO AVENUE 5 TURNING INTO CTE FILTER LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1647M
Insured/Policyholder	
Name Of Registered Owner	LEE WEE NI (LI WEINI)
NRIC No	S8437424E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91176133
Alternative Phone No	OTHERS-91176133

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	19-MT001581-R01
Cover Note Number	

Driver

Name of Driver	LEE WEE NI (LI WEINI)
NRIC No	S8437424E
Date Of Birth	29/11/1984
Occupation	INDOOR
Date Of Driving Pass	03/05/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91176133
Fax Number	
Contact Number	OTHERS-91176133
Email Address	NOEMAIL

Address	BLK 509 ANG MO KIO AVENUE 8 #03-2732
Postcode	560509
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?	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)	3
Passenger 1	NAME: : LEE CHIN SENG GENDER: : MALE
Passenger 2	NAME: : TOH WAN QIU, ESTHER 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

PLEASE REFER TO SKETCH PLAN

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	SGU8486K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE CHIN SENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJW1647M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.

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

CTE



(A) SJW 1647M

(B) SGU 8486K

ANG MO KIO AVE 5


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29 MAR 2019 @ 1845 HRS I WAS AT ANG MO KIO AVE 5
TURNING INTO CTE. I WAS STATIONARY CHECKING FOR VEHICLES
WHEN SUDDENLY VEHICLE B COLLIDED INTO MY VEHICLE

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:

 11/03/2019
Reporting Centre Personnel's Signature
Name: Rashid Wathani
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 09 MAR 2019		TIME: 1845 HRS.		(hh:mm) 24 hrs Format	
LOCATION ANL MO KIO AVE S TURNING INTO CTE FILTER LANE.					
VEHICLE NUMBER SJW 1647M.					
INSURED NAME LEE WEE NI (LI WEINI)					
NRIC / FIN 58437424E.		CONTACT: 9117 6133			
MAKE HONDA		MODEL JAZZ 1.3L AT.			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes, If No, Pls Select : (/) Third Party () Reporting Only					
INSURANCE COMPANY TOKIO MARINE					
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER: 19-M7001581-R01					
NAME DRIVER :					
(/) SAME AS INSURED					
NRIC / FIN		CONTACT:			
DATE OF BIRTH: 29 NOV 1984					
DRIVING PASS DATE: 03 MAR 2010					
OCCUPATION: (/) INDOOR () OUTDOOR					
GENDER: (/) MALE () FEMALE					
EMAIL ADDRESS: () NO EMAIL					
ADDRESS OF DRIVER: BLK 509 ANL MO KIO AVE S #03-2732 S(560509).					
Number Of Passenger Include Driver: 01 DRIVER + 02 PASSENGER.					
(LEE CHIN SENG, IC: 51391739F)					
(TOH WAN QIU, ESTHER IC: 58517909H)					
Was driver an employee of the Insured's Company? () YES () NO					
If No, Relationship Of The Driver With The Insured					
() Owner () Spouse () Friend () Relative () Children () Sibling () Others					
Does The Driver Own Any Other Vehicle? : () YES () NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: (/) Clear () Raining () Drizzling () Others					
Road Surface : (/) Dry () Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES () NO					
Was Anybody Injured In The Accident? (/) YES () NO					
If YES, Injured details :					
MR LEE CHIN SENG, IC: 51391739F)					
Convey By Ambulance: () YES (/) NO					
Was There Any Video Capture By Car Camera? () YES (/) NO					
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report					
Police Report Number (if any) N.A.					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl' driver)	
Veh B SGN 8486K		(msk)		() / Not Sure ()	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	

REPUBLIC OF SINGAPORE
IMMIGRATION AND CUSTOMS S8437424E



LEE WEE NI
(LI WEINI)

李威尼

CHINESE

Date of Birth

28-11-1984

Country of Birth

SINGAPORE

Sex

M

S8437424E

5528502



UIC No. S8437424E

Date of Issue

02-11-2018

Address

APT BLK 508 ANG MO KIO AVENUE 8
#03-2732
SINGAPORE 690508

must

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a man with glasses.

License Number: **S8437424E**

Name: **LEE WEE NI (LI WEINI)**

Birth Date: **29 Nov 1984**

Issue Date: **03 May 2010**

Barcode: 001353264A

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

PASS DATE

Class 3 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 03 May 2010

NP 428A



PRISONER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S1391739F



LEE CHIN SENG

李振生

CHINESE

14-02-1959 M

SINGAPORE

2149218



2149218



NSIC No S1391739F

04 25-04-2000

APT. BLK 509 ANG MO KIO AVENUE 8 #03-2732
SINGAPORE 560509

NSIC No S1391739F

Date 29-09-2003

No 1791613





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.: 19-MT001581-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJW1647M **Chassis No.:** JHMGE68509S221757
2. **Name of Policyholder** LEE WEE NI (LI WEINI)
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 09/03/2019
4. **Date of Expiry of Insurance** 08/03/2020
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: 2296DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7424E
Vehicle Details	
Vehicle No.:	SJW1647M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Mar 2019
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.3L AT
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	L13Z11021759
Chassis No.:	JHMGE68509S221757
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$18,638.00
Original Registration Date:	06 Mar 2010
First Registration Date:	06 Mar 2010
Transfer Count:	1
Actual ARF Paid:	\$18,638.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Mar 2020
PARF Rebate Amount:	\$9,319.00
Intended COE Rebate Details	
COE Expiry Date:	05 Mar 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$20,340.00
COE Rebate Amount:	\$1,997.00
Total Rebate Amount:	\$11,316.00

The information contained herein is correct as at 11 Mar 2019

OK