

NATIONAL Assessment Centre Services. [part 1 Jan 2005] MMA 119036777.

Date In: 20/13/19 10:46	Job description	Date & Time Completed	Done by
Ref No: TMI MA119036777	SAS e-filing		
Veh No: SJU 1536 K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/13/19 19:10	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SGV 2447 H. 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%; R: 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: ()

Reminders: (INC 119036777)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

MA1902050	Invoice/Repairation Checklist	Amount (\$)	Amount (\$)
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) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idan 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		
	TE (N11): TP (N-on 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	20/03/2019 10:46
Date Of Accident	19/03/2019 19:10
Exact Location Of Accident	GUILLEMARD RD TURN TO GEYLANG LOR 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1536K
Insured/Policyholder	
Name Of Registered Owner	QUALITY PTE. LTD.
Co Reg No	201624281H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001405-R00
Cover Note Number	-

Driver

Name of Driver	NG CHENG HAN
NRIC No	S1789670A
Date Of Birth	24/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1988
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98801140
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 98 ALJUNIED CRESCENT #08-417
Postcode	380098
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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

I WAS TRAVELLING ALONG GUILLEMARD RD ON THE SECOND LANE, WHILE APPROACHING JUNC WITH LOR 22 GEYLANG, MY LANE WAS A TURN LEFT AND GO STRAIGHT LANE. VEH B WAS ON THE EXTREME LEFT LANE, EXTREME LEFT LANE ONLY FOR TURN LEFT. WHILE I TURNING LEFT INTO LOR 22 GEYLANG, VEH B GOING STRAIGHT AND HIT ONTO MY VEH LEFT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV2447H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMESH S/O ELANGOVAN
NRIC/Passport Number	S8942051B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.**
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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.

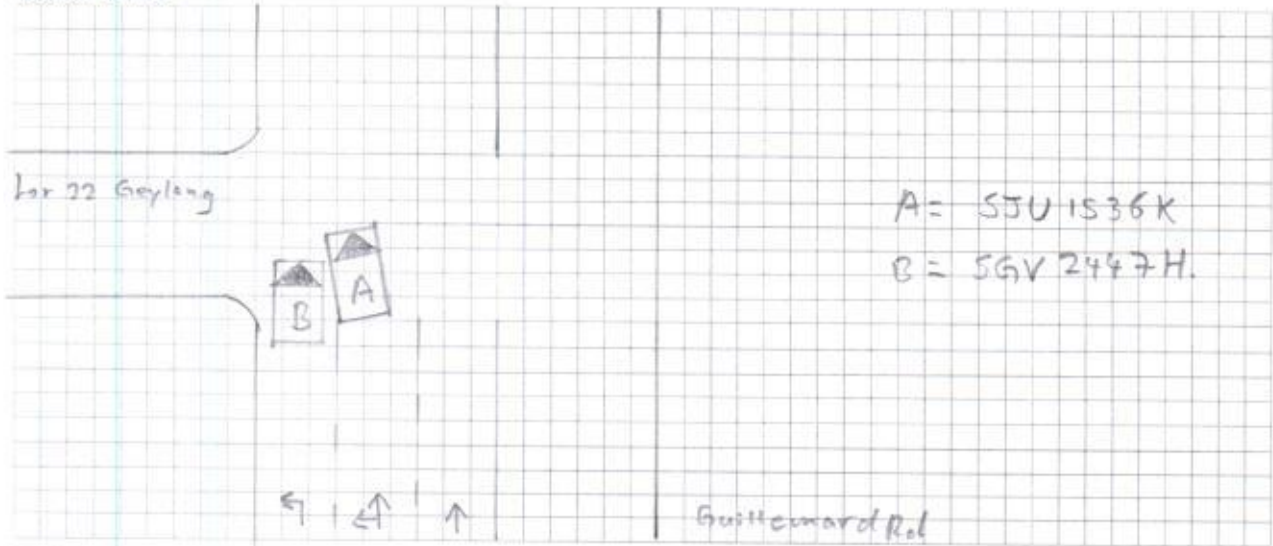


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

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:

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 119036777 Vehicle Registration No: SJU 1536K.
Name (as shown in NRIC) : Quality Pte Ltd. NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 90088701
Email Address : _____
Date of Accident : 19/3/19 Time of Accident : 19:10.
Place of Accident : Guillemard Rd Turn to Geylang Lor 22.
Insurance Company : TMZ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Insurance company to Tokio Marine instead
of NTUC.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:
Date: 21/3/19.

7.20 PM
RAMESH
90253045

This accident
was caused
by me.

Ra

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1789870A



Name
NG CHENG HAN

黄 清 汉

Race
CHINESE
Date of birth
24-10-1967
Sex
M
Country of birth
SINGAPORE



S1789870A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1789870A
Name
NG CHENG HAN

Birth Date 24 Oct 1967
Issue Date 29 Sep 2010



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1789870A
Name : NG CHENG HAN

Card Issue Date : 02/10/2017

Please visit www.lta.gov.sg to check
the status of this vocational licence



4639894

NRIC No: S1789870A



Date of issue
29-09-2010

Address
APT BLK 98 ALJUNIED CRESCENT
#08-417
SINGAPORE 380098

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	30 Jan 1988
Class 4	Heavy motor cars and motor tractors > 2500 kg	11 Nov 2015

S1789870A

S/No. 9000174115

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	02/10/2017





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-MJ001405-R00 (Private Motor Car)

- | | | |
|--|-----------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJU1536K | Chassis No.: JTDKN36U001106321 |
| 2. Name of Policyholder | QUALITY PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 03/10/2018 | |
| 4. Date of Expiry of Insurance | 02/10/2019 | |
| 5. Persons or Class of Persons entitled to drive* | | |
- Any person who is driving on the Policyholder's order or with their permission.
The hirer.
Any other person who is driving on the hirer's order or with his/ their 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
The Policy does not cover:-
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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: 2397DDA

Insurance Plan:	Third Party Cover Only
Policy Excess:	Excess-Third Party (Sect II) SGD 2,000

Tokio Marine Insurance Singapore Ltd.

Authorised Signature