

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAN 9043475

Date In: 03/04/2009 17:12	Job description	Date & Time Completed	Done by
Ref No: NHA/MT19005932/4	SAS e-filing		
Veh No: SIP 9950E	E-mail (w/ job sheet, AIC sheet)		
D.O.A. 02/04/2009 11:00	I-Motor Claim Form		
OID: (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/VKSP		

Preferred Wkup / INC Assign Wkup / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: GBA 2796M	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: YBS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	
() 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: ()		

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

Injury: _____

Date/Time: _____	

MAN 902417	1) AR: Accident Reporting (330)	
Driver/Owner:	2) DA: Damage Assessment (5100) INC (530)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	• NI: Courtesy Car / TPR Allowance \$5	
	• NI: Repair Coordination 28024829 \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$5	
	TP (Nil) : TP (Non INC) 28024829 \$20	
	9) NI: Idao Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

QC Checked by (Engi-In-Charge): _____

60:30 NOV 8107-002-1C

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	03/04/2019 17:12
Date Of Accident	03/04/2019 11:00
Exact Location Of Accident	CTE TOWARDS TPE AT THE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9956E
Insured/Policyholder	
Name Of Registered Owner	KONG KIERK CHOO
NRIC No	S1191483G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96837201
Alternative Phone No	OTHERS-96837201
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
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	MS001204
Cover Note Number	

Driver

Name of Driver	YONG FUI KIEN
NRIC No	S2502971B
Date Of Birth	11/01/1960
Occupation	INDOOR
Date Of Driving Pass	11/03/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96837201
Fax Number	
Contact Number	OTHERS-96837201
Email Address	NOEMAIL

Address	BLK 524B PASIR RIS STREET 51 #13-605
Postcode	512524
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : SOH WUI LIANG GENDER: : MALE

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	GBG2796M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PA828J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YONG FUI KIEN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJP9956E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SOH WUI LIANG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJP9956E
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.
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. 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

C7E TOWARDS TPE AT THE TUNNEL

(A) SJP 9956E
(B) GBG 2796M
(C) PA 828J


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03-04-2019 at about 11:00hrs, I was driving along C7E Towards TPE at the tunnel. There was an accident at lane 2. The traffic police ask me to stop & give way. While on stationary, all of a sudden I felt an hard impact from the rear. Then I realised a vehicle GBG 2796M had collided onto my rear. All together, there are 3 vehicles involved in the accident. That's all.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 3/4/19	TIME: 11.00 AM (hh:mm) 24 hrs Format		
LOCATION CTE TON 9101 TPE 91 TL Tunnal			
VEHICLE NUMBER STP 9956E			
INSURED NAME Kong Kierk Choo			
NRIC / FIN S11914835	CONTACT: 96827201		
MAKE Toyota	MODEL CAMRY 2.0 Auto		
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			
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER :			
NAME DRIVER : Yong Fui Kien () SAME AS INSURED			
NRIC / FIN S2502971B	CONTACT: 96837201		
DATE OF BIRTH: 11-01-1960			
DRIVING PASS DATE: 11-13-1985			
OCCUPATION: (/) INDOOR () OUTDOOR			
GENDER: () MALE (/) FEMALE			
EMAIL ADDRESS: () NO EMAIL			
ADDRESS OF DRIVER: 524B Pasir Ris St 51 # 13-605 (512524)			
Number Of Passenger Include Driver: 2pax include driver			
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: ① driver			
② Soh Wui Liang - S2736346 - male			
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)			
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)	Contact
Veh B 686 2796m	(EQ/Ins)	() / Not Sure ()	
Veh C PA 828J		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	

1606274



NRIC No. S2502971B



Blood Group B+ Date of issue 19-01-1994

APT BLK 524B PASIR RIS STREET 51 #13-805
SINGAPORE 512524

NRIC No: S2502971B Date: 22/05/2017

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2502971B



Name YONG FUI KIEN



杨惠娟

Race CHINESE

Date of Birth 11-01-1960 Sex F

Country of Birth SARAWAK



PRIVACY

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

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

PASS DATE

11 Mar 1985

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2502971B**

Name:

YONG FUI KIEN

Birth Date: **11 Jan 1960**

Issue Date: **26 Feb 2004**



Yong Fui Kien



Owner

6124640



NRIC No. S1273634G



Date of issue
15-02-2019

Address
APT BLK 524B PASIR RIS STREET 51
#13-605
SINGAPORE 512524

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1273634G



Name
SOH WUI LIANG
苏 伟 亮



Race
CHINESE

Date of birth
08-08-1957

Sex
M

Country/Place of birth
SINGAPORE



Passenger

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300074M; GST Reg. No.: M2-0000023-4)

20 McCullagh Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0095 E: tokio@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupTOKIO 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)

0335
#76198

Policy No.: MS001204 (Private Car)

1. Index Mark and Registration Number of Vehicle

SLP955E

Chassis No.: MR053BK4107041614

2. Name of Policyholder

KONG KIERK CHOO

3. Effective date of the Commencement of Insurance for the purposes of the Act

24/01/2019 (17:14:41)

4. Date of Expiry of Insurance

23/01/2020

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 to 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 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 30 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 validity, 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 or destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account No: 238800A

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

LQ SERVICES PTE LTD

180B BENCOOLEN STREET

#08-04 THE BENCOOLEN

SINGAPORE 189648

TEL: 6-333-4116 FAX: 6-333-4108

Co. Reg. No: 201227819H

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:	1483G
Vehicle Details	
Vehicle No.:	SJP9956E
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1AZE128248
Chassis No.:	MR053BK4107041614
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$25,518.00
Original Registration Date:	21 Apr 2009
First Registration Date:	21 Apr 2009
Transfer Count:	1
Actual ARF Paid:	\$25,518.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Apr 2019
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Feb 2024
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$15,967.00
COE Rebate Amount:	\$15,434.00
Total Rebate Amount:	\$15,434.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 03 Apr 2019