

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA19044561

Date In: 05/04/2019 16:36	Job description	Date & Time Completed	Done by
Ref No: NGA/TM2190060814	SAS e-filing		
Veh No: SGE 7525Y	E-mail (to/for 3hrs, AIC 3hrs)		
D.O.A: 05/04/2019 10:00	I-Motor Claim Form		
OP: TP: Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLD 87MB	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 ()	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.		
() 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: _____

NA1902511	Invoice	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$100	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OP:	
	9) NI: Courtesy Car / Transport Allowance \$5	
	10) NI: Repair Co-ordination \$10	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$5	
	13) NI: TP (N in INC) \$30	
	14) NI: Idao 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	05/04/2019 16:36
Date Of Accident	05/04/2019 10:00
Exact Location Of Accident	MARYMOUNT JUNCTION TURNING INTO SIN MING AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE7525Y
Insured/Policyholder	
Name Of Registered Owner	LEONARD 168
Co Reg No	53348810M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93214546
Alternative Phone No	OFFICE-93214546

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 GLX (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MJ000358-R01
Cover Note Number	

Driver

Name of Driver	NG CHEE LEONG (HUANG ZHILIANG)
NRIC No	S7806958I
Date Of Birth	10/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93214546
Fax Number	
Contact Number	OTHERS-93214546
EMail Address	NOEMAIL

Address	BLK 665B JURONG WEST STREET 61 #04-546
Postcode	642655
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : PASSENGER 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	SLD8777B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

XB9529M

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)

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.:

A hand-drawn diagram on a grid background. It shows a 2D coordinate system with a horizontal axis and a vertical axis. Five points are marked with small triangles and labeled: A, B2, and C2 are in the upper right quadrant, while B1 and C1 are in the lower right quadrant. A dashed line connects B1 and C1, and another dashed line connects B2 and C2. A solid line connects A to B1. A vertical dashed line passes through B1 and C1. A horizontal dashed line passes through B2 and C2. A solid line connects A to B2. A solid line connects A to C2. A solid line connects B2 to C2. A solid line connects B1 to C1. A solid line connects A to B1. A solid line connects A to B2. A solid line connects A to C2. A solid line connects B2 to C2. A solid line connects B1 to C1. A solid line connects A to B1. A solid line connects A to B2. A solid line connects A to C2. A solid line connects B2 to C2. A solid line connects B1 to C1. A solid line connects A to B1. A solid line connects A to B2. A solid line connects A to C2. A solid line connects B2 to C2. A solid line connects B1 to C1.

Vehicle C: XB 9529M

On the stated date and time, I Vehicle A was stationary waiting for the traffic to clear. Suddenly Vehicle B hit onto my stationary vehicle, rear portion.

After I alighted I realise Vehicle B try to cut into Vehicle C lane but got collided. Vehicle B then hit onto my vehicle rear portion.

DECLARATION
I/We declare the foregoing to be true and correct.

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

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

NRIC/FIN No.

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05/04/19 (dd/mm/yy) Time of Accident: 10.00 (24-HR-FORMAT)
Vehicle No.: SGE 7525 Y Vehicle Make & Model: Mitsubishi Lancer 1.6A GL
Exact location of Accident: Marymount Junction Turning To Sin Ming Ave
Policyholder's Name / IC No.: Leonard 168 / 53348810M
Driver's Name / IC No.: NG CHEE LEONG S78069581 (As Above) ☐
Driver's Contact No.: 9321 4546 Company Contact No.: _____
Driver's Address: BLK 665B JURONG WEST ST 61 #04-546
Insurance Company: TOKIO MARINE Email address (if any): _____

Relationship between Owner & Driver: Friend

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name : Grab Passenger

Gender : Female

Passenger Name : _____

Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SLD 8777 B

Driver's Contact No.: _____ Insurance Company (If any): MSIG Insurance

2. Driver's Name / IC No.: _____ Vehicle No: XB 9529 M

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S78069581



Name
NG CHEE LEONG
(HUANG ZHILIANG)
黄志亮
Race
CHINESE
Date of birth
10-03-1978
Country of birth
SINGAPORE

Sex
M
576089581



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S78069581




Name
NG CHEE LEONG
(HUANG ZHILIANG)
Date of Birth 10 Mar 1978
Issue Date 30 Mar 2015

1002411440D



Land Transport Authority



VOCATIONAL LICENCE
Licence No: S78069581
Name: NG CHEE LEONG (HUANG ZHILIANG)
Please visit www.lta.gov.sg to check the status of this vocational licence

4187834



NRIC No. S78069581



Date of issue
12-03-2008


Address
APT BLK 656B JURONG WEST STREET 61
#04-54B
SINGAPORE 642655

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Mar 1995
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	17 Nov 1998
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	01 Oct 1999
Class 5 *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	04 Jan 2001
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 478A

Licence No: S78069581



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

Type	Description	Issue Date
12	TAXI VL	09/07/2018



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 132300014M) (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 H

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-MJ000358-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SGE7525Y Chassis No.: JMYSTCS3A6U006056
2. Name of Policyholder LEONARD168
3. Effective date of the Commencement of Insurance for the purposes of the Act 24/03/2019
4. Date of Expiry of Insurance 23/03/2020
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: 1861DDA

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value
Policy Excess: Excess-Third Party (Sect II) SGD 1,500

Tokio Marine Insurance Singapore Ltd.

Authorised Signature