

NATIONAL Assessment Centre Services

Part 1 (Jan 03)

MINA 19046415

Date In: 914119 17:38	Job description	Date & Time Completed	Done by
Ref No: NAITMZ 19006302/h4	SAS e-filing		
Veh No: SKD 6305E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 814119 19:40	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKW 2845P 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: (INC Routine 6788 6016)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: () Actions: ()

NA1902552

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Itemization Checklist		Amount (S)	Amount (S)
		Actual	Estimate
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC: (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (w/ 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idas DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
Q1:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (ICM INC) against INC	\$20		
9) N12: Idas Mobile	\$30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

30.00

NA1902552

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	09/04/2019 17:38
Date Of Accident	08/04/2019 19:40
Exact Location Of Accident	TOA PAYOH CENTRAL HDB BUILDING CARPARK AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD6305E
Insured/Policyholder	
Name Of Registered Owner	MR LIM HER CHANG
NRIC No	S2031293I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90280046
Alternative Phone No	OFFICE-90280046

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD FL
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	REPORTING ONLY
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-MV000845-R03
Cover Note Number	-

Driver

Name of Driver	LIN XINLI
NRIC No	S8408847A
Date Of Birth	27/03/1984
Occupation	INDOOR
Date Of Driving Pass	02/01/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81689093
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	46 LOR K TELOK KURAU
Postcode	425663
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	
	NAME: : TRISTEAN
	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 ATTACHED STATEMENT.

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	SKW2845P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN MUN HUI JANE
NRIC/Passport Number	S8122445E
Contact Number	97352968
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

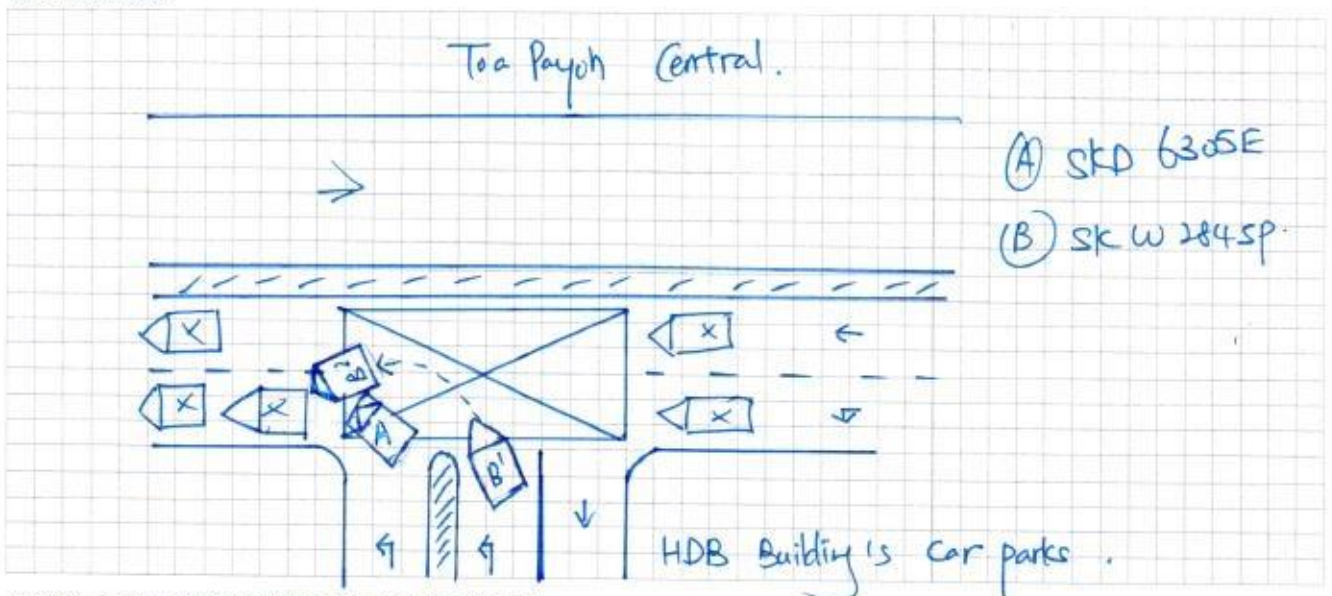
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On the said date & time of accident, I was driving my car from MSCP exit to Toa Payoh Central. When I almost complete turn into the main road, suddenly a car (SKW 2845P) whom also turn out from HDB Building Basement car park and sweep into my lane without give way oncoming traffic from her left side and then collided onto front right portion of my car.

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.:

VEHICLE NO : SKD 6305 E

MAKE & MODEL : Lexus ES250

Date of Accident	08 / 04 / 19
Time of Accident	1938 AM / PM
Location of Accident	Tua Payoh Central (HDB's Building car Park Area)
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial
NAME OF OWNER :	Lm Her Chang
Contact No.	9028 0046
Nric No	S2031293I
Type Of Claim	Third Party / Own Damage / Reporting only
Insurance Co.	Tokio Marine Insurance
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Policy No	19-MY000845-R03
NAME OF DRIVER :	As above / If No : Lm Xin Li
Nric No	S8408847A
Date Of Birth	27 / 03 / 1984
Occupation	Outdoor / Indoor
Date Of Driving Pass	02 / 01 / 2014
Gender	Male / Female
Contact no	81689093
Address	46 Lorong K Telok Kurau S (425663)
Driver Have Any Own Vehicle	NO / If Yes (Reg no) :
Relationship	Employee / If No : Father & Son
Weather Condition	Clear / Raining / Other :
Road Surface	Dry / Wet / Other :
Any Injuries	NO / If Yes Who?
Name	Contact :
Name	Contact :
Police Report	No / If Yes : Where?

Vehicle B No :	SKW 2845P	Any Passenger: +1
Name Of Driver	Chen Mun Hui, Jane (S8122445E)	
Contact No :	97352968	
Vehicle C No :		Any Passenger:
Vehicle D No :		Any Passenger:
Vehicle E No :		Any Passenger:
Vehicle F No :		Any Passenger:
Any Witness		
Witness Contact No		

Have you been approach by unknow person soliciting (s) / offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP	PRECISE AUTO SERVICE
Address	1 Kaki Bukit Ave 6 #02-34
	Kaki Bukit @ Auto Bay
	Singapore 417883

Email : JACKLIN84@gmail.com

Tel : 6745 7367

Fax : 6841 3390

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8408847A



(+65)81689093

LIN XINLI

林 昕 立

Race

CHINESE

Date of birth

27-03-1984

Country of birth

SINGAPORE

Sex

M

S8408847A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8408847A

Name:

LIN XINLI

Birth Date: 27 Mar 1984

Issue Date: 05 Apr 2018



002790070G

4183792



NRIC No. S8408847A



Date of issue

16-02-2008

Address

46 LORONG K TELOK KURAU
SINGAPORE 425663

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 02 Jan 2004

NP 428A



Licence No: S8408847A

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.: 19-MV000845-R03 (Private Motor Car)

- | | | |
|---|------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKD6305E | Chassis No.: JTHBK262705116501 |
| 2. Name of Policyholder | MR LIM HER CHANG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/02/2019 | |
| 4. Date of Expiry of Insurance | 31/01/2020 | |
| 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 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 or 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: 1357DDA

Insurance Plan:	Comprehensive Other Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

嘉樂企業私人有限公司
CREDENTIAL MOTOR PTE LTD
279 BALESTIER ROAD
#02-23 BALESTIER POINT
SINGAPORE 329727
TEL: 62569288 (5 LINES)
FAX: 62568933

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S20312931



Name

LIM HER CHANG



Race

CHINESE

Date of Birth

23-07-1947

Sex

M

Country of Birth

CHINA



