

NATIONAL Assessment Centre Services

Ref: Jari05 MNA119052136

Date In: 22/08/2019 18:00	Job description	Date & Time Completed	Done by
Ref No: NBA/IMI 190070134	SAS e-filing		
Veh No: 8W 2360J	E-mail (w/ins thrs, AIC thrs)		
D.O.A: 19/08/2019 00:00	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within OD thrs, TP thrs)		
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: 8CP 75312 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%; F: 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Assign	Completed	Done by

1191902980

Charge Particulars	Rate	INC (350)	Liability
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
Forclaiming against INC Only (wof 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idco DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
ON*	\$3		
*NI: Courtesy Car / Tpr Allowance	\$10		
*NI: Repair Co-ordination	\$25		
*NI: Post Repair Inspection	\$5		
*NI: DV / Collect Excess Coordination	\$20		
TP (Nil): TP (Non INC) against INC	\$0		
*NI: Idco Mobile	\$30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge): \_\_\_\_\_

2/3

## 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	22/04/2019 18:08
Date Of Accident	19/04/2019 00:00
Exact Location Of Accident	SERANGOON ROAD TOWARDS PIE BEFORE HASTINGS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2360J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH ROY
NRIC No	S8632674D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98560667
Alternative Phone No	OTHERS-98560667

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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-MT000928-R00
Cover Note Number	

### Driver

Name of Driver	TAN YU JUN ELAINE
NRIC No	S8632674D
Date Of Birth	15/11/1986
Occupation	INDOOR
Date Of Driving Pass	03/12/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98560667
Fax Number	
Contact Number	OTHERS-98560667
Email Address	NOEMAIL

Address	26 ST. MICHAEL'S ROAD #04-02
Postcode	327994
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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: : KOH ROY 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

DATE, PLACE & TIME DUE TO THE FRONT VEHICLE SLOW DOWN I DID SO TOO. SUDDENLY I FELT A VERY STRONG IMPACT FROM MY REAR. I MANAGE TO STOP MY VEHICLE.

#### 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	SKP7531Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

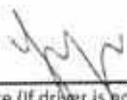
No. Of Passenger (Including Driver)

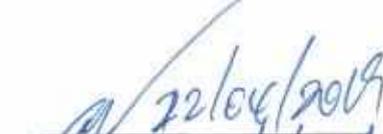
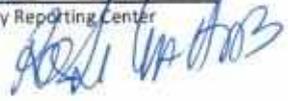
**SKETCH PLAN**

**IMPORTANT NOTICE**

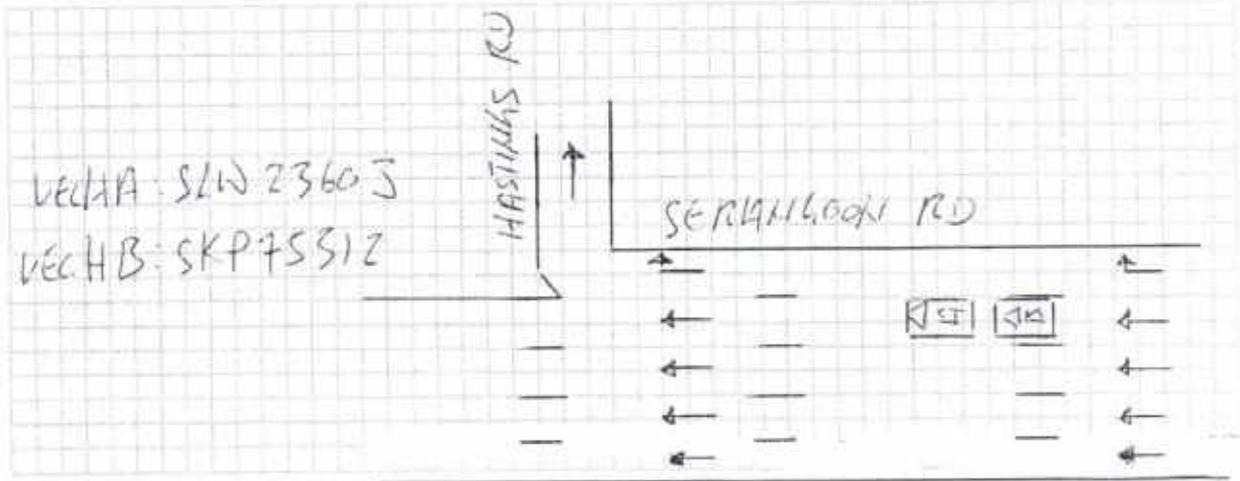
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form 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 Policy for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Center 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 center 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 processed 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 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; 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 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.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
22/04/2019  
Witnessed by Reporting Center Personnel 

**Sketch Plan**



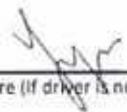
**Describe Circumstances of the Accident**

at the stated DATE, PLACE & TIME DATE TO FRONT VEH  
slow down. I did so too. Suddenly I felt  
had very strong impact from my vehicle. I managed  
to stop 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

  
\_\_\_\_\_  
Witnessed by Reporting Center  
Personnel

19 **Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 18/04/19 (dd/mm/yy) Time of Accident: 00:00 (24-HR-FORMAT)  
Vehicle No.: SLW 2360 J Vehicle Make & Model: 6250  
Exact location of Accident: Serangoon Rd Towards Pie B4 Hastings Rd  
Policyholder's Name / IC No.: Koh Roy S8210499B  
Driver's Name / IC No.: Tan Yu Jun Elaine S8632674 D (As Above)   
Driver's Contact No.: 98560667 Company Contact No.: \_\_\_\_\_  
Driver's Address: B 268D Punggol Field #07-171 S824268  
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?**

**Occupation (nature of job)**  Indoor /  Outdoor

Private use /  Work purpose

**No. of Passengers (Including Driver):** 02

**Passenger Name:** Koh Roy  
**Passenger Name:** \_\_\_\_\_

**Gender:** Male  
**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: SKP 7531 Z

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): NTUC

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8632674D**

Name: **TAN YU JUN ELAINE**

Date of Issue: **15 Nov 1986**

Issue Order: **03 Dec 2018**

002879718J




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8632674D**



Name: **TAN YU JUN ELAINE**

陈育筠

Race: **CHINESE**

Date of birth: **15-11-1986**

Sex: **F**

Country/Place of birth: **SINGAPORE**

S8632674D




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

Class	Description	EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg	03 Dec 2018

NP 428A

Licence No: S8632674D



5803822



NRIC No. S8632674D



Date of issue: **22-09-2017**

Address: **26 ST. MICHAEL'S ROAD  
#04-02  
SINGAPORE 327994**

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8210499B



Name  
KOH ROY

Race  
CHINESE  
Date of birth  
24-04-1982 Sex  
M  
Country of birth  
SINGAPORE

S8210499B

4982855



NRIC No. S8210499B



Date of issue  
17-04-2013

APT BLK 2880 PUNGGOL FIELD #07-171  
SINGAPORE 924268

NRIC No. S8210499B

Date: 15/08/2016



## 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-MT000928-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLW2360J Chassis No.: WDD2074472F171994
2. Name of Policyholder MR KOH ROY
3. Effective date of the Commencement of Insurance for the purposes of the Act 02/02/2019
4. Date of Expiry of Insurance 05/05/2019

## 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 effect 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**

Insurance Plan:	Comprehensive Approved Workshop Plan	Account: 2538DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreen Excess	SGD 100
Financial Interest:	HONG LEONG FINANCE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature