

NATIONAL Assessment Centre Services

(Ref: 1-10-100)

Date In: 26/04/2019 14:23	Job description	Date & Time Completed	Done by
Ref No: NA/TMI19007397/KY	SAS e-filing		
Veh No: SKV4641C	E-mail (within 8hrs, AIC 2hrs)		
DOA: 26/04/2019 10:40	i-Motor Claim Form		
OD: (TP) 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: SKG6530E	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. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1903083

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	26/04/2019 14:23
Date Of Accident	26/04/2019 10:40
Exact Location Of Accident	FROM PIE TO KPE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4641C
Insured/Policyholder	
Name Of Registered Owner	MR TAN KIONG YEOW
NRIC No	S0141515H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97594819
Alternative Phone No	OTHERS-97594819

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MJ000199-R01
Cover Note Number	

Driver

Name of Driver	LEE BOON KEONG (LI WENQIANG)
NRIC No	S8109574D
Date Of Birth	28/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96600590
Fax Number	
Contact Number	OFFICE-96600590
EMail Address	NOEMAIL

Address	BLK 32 CASSIA CRESCENT #04-56
Postcode	390032
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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	RAINING
Road Surface	WET

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?	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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL 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

PLS REFER TO THE 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	SKG6530E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GRACE
NRIC/Passport Number	
Contact Number	98168181
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE BOON KEONG (LI WENQIANG)

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKV4641C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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.

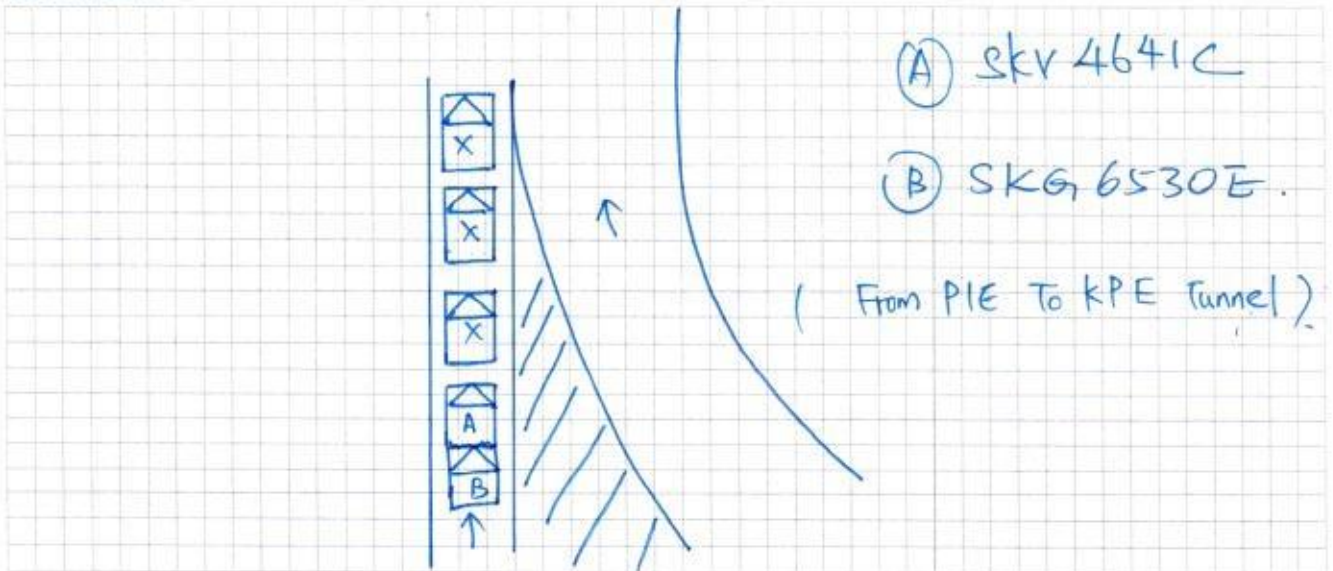
Policyholder's Signature
Date & Time:

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

26/4/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26-04-2019 @ about 10:43 am, I was driving my car (SKV 4641C) with 2 passengers from PIE to KPE. While just entering to KPE Tunnel, vehicles in front of me apply brake and stop so i slow down & stop too. Suddenly i felt an impact from behind. and i realized that vehicle B (SKG 6530E) could not stop in time and collided onto rear portion of my car. Hence, I have to lodge this report to claim against Veh B's Insurance for my accident damages. I will go to see doctor if feel any uncomfortable after this.

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.:

26/4/2019

VEHICLE NO : SKV 4641C

X


Given on 26/4/2019
P1345HRS


MAKE & MODEL : Hyundai Elantra

Date of Accident	26 / 04 / 2019	
Time of Accident	10:42 AM / PM	
Location of Accident	From PIE To KPE Tunnel	
Exact Purpose Usage	Personal / <u>Private Hire (Uber / Grab)</u> / Commercial	
NAME OF OWNER :	Tan Kiong Yeow	
Contact No.	9759 4819	
Nric No	S0141515H	
Type Of Claim	<u>Third Party</u> / Own Damage / Reporting only	
Insurance Co.	Tokio Marine Insurance	
Type of Coverage	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
Policy No	19-MJ000199-R01	
NAME OF DRIVER :	As above / (If No:) Lee Boon Keng	
Nric No	S8109574D	Any Passenger: +2
Date Of Birth	28 / 03 / 1981	Name: —
Occupation	<u>Outdoor</u> / Indoor	Gender: Female
Date Of Driving Pass	20 / 04 / 2005	Name: —
Gender	<u>Male</u> / Female	Gender: Female
Contact no	96600590	Office: — Home: —
Address	Blk 32 Cassia Crescent #04-56 S(390032)	
Driver Have Any Own Vehicle	<u>NO</u> / If Yes (Reg no):	
Relationship	Employee / If No: Father In Law & Son In Law	
Weather Condition	Clear / <u>Raining</u> / Other:	
Road Surface	Dry / <u>Wet</u> / Other:	
Any Injuries	NO / If Yes Who?	
Name		Contact:
Name		Contact:
Police Report	No / If Yes: Where?	
Vehicle B No :	SKG 6530E	Any Passenger: Unknown
Name Of Driver	Grace	
Contact No :	9816 8181	
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 :	benlee_0710@yahoo.com.sg	Tel : 6745 7367 Fax : 6841 3390

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0141515H**



Name 
TAN KIONG YEOW



Race
CHINESE

Date of Birth **30-09-1948** Sex **M**

Country of Birth
SINGAPORE



 0 1 4 9 3 5 6

NRIC No. **S0141515H**



Blood Group **B+** Date of issue **01-11-1991**

BLK 756 BEDOK RESERVOIR ROAD #10-18
SINGAPORE 479259

NRIC No: **S0141515H** Date: **29/08/2014**

Driver


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8109574D**
Name: **LEE BOON KEONG (LI WENQIANG)**
Birth Date: **28 Mar 1981**
Issue Date: **20 Apr 2005**

001336471K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8109574D**



Name: **LEE BOON KEONG (LI WENQIANG)**
李 汶 强
Race: **CHINESE**
Date of birth: **28-03-1981** Sex: **M**
Country of birth: **SINGAPORE**

S8109574D

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

Class	Description	PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg	20 Apr 2005

NP 428A

Licence No: S8109574D



4716685



NRIC No. **S8109574D**



Date of issue: **05-05-2011**

Address: **APT BLK 32 CASSIA CRESCENT #04-56 SINGAPORE 390032**

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: tmir@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-MJ000199-R01 (Private Motor Car)

50141515H

1. **Index Mark and Registration Number of Vehicle** SKV4641C **Chassis No.:** KMHDH41CMGU624468
2. **Name of Policyholder** MR TAN KIONG YEOW
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 18/03/2019
4. **Date of Expiry of Insurance** 17/03/2020

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: 1357DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 2,000
	Excess-Third Party (Sect II) SGD 2,000
	Windscreen Excess SGD 100

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

Tokio Marine Insurance Singapore Ltd.

Authorised Signatory

User Name: Intermediaries from TM O

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