

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: 08/05/2019 19:01	Job description	Date & Time Completed	Done by
Ref No: NA/TMI19008193/K4	SAS e-filing		
Veh No: SLL1508R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/05/2019 09:35	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: SJT4061Z 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

NA1903305	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	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 30			

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	08/05/2019 19:01
Date Of Accident	07/05/2019 09:35
Exact Location Of Accident	WATER COLOURS CONDOMINIUM CARPARK (MAIN DRIVEWAY )
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1508R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR LIEW ZHENG WEN CHRISTOPHER
NRIC No	S8714690A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96449807
Alternative Phone No	OTHERS-96449807

#### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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-MK000189-R00
Cover Note Number	

#### Driver

Name of Driver	POW AUDREY
NRIC No	S8837278F
Date Of Birth	30/09/1988
Occupation	INDOOR
Date Of Driving Pass	01/10/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96449807
Fax Number	
Contact Number	OTHERS-96449807
EMail Address	NOEMAIL

Address	21 PASIR RIS LINK #07-03
Postcode	518168
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	1

#### 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	SJT4061Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

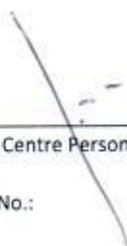
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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.
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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:

 - 9/5/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

— Pls Refer to the Attached —

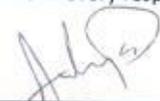
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

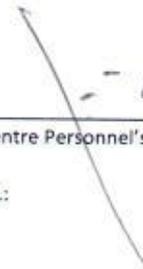
— Pls Refer to the Attached —

**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:

 - 9/5/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



streetdirectory.com

Watercolours, 21 Pasir Ris Link 518168

LOG IN or Company

Watercolours - Formerly: Watercolours (U/C - TOP : 2016) 21 Pasir Ris Link (S)518168

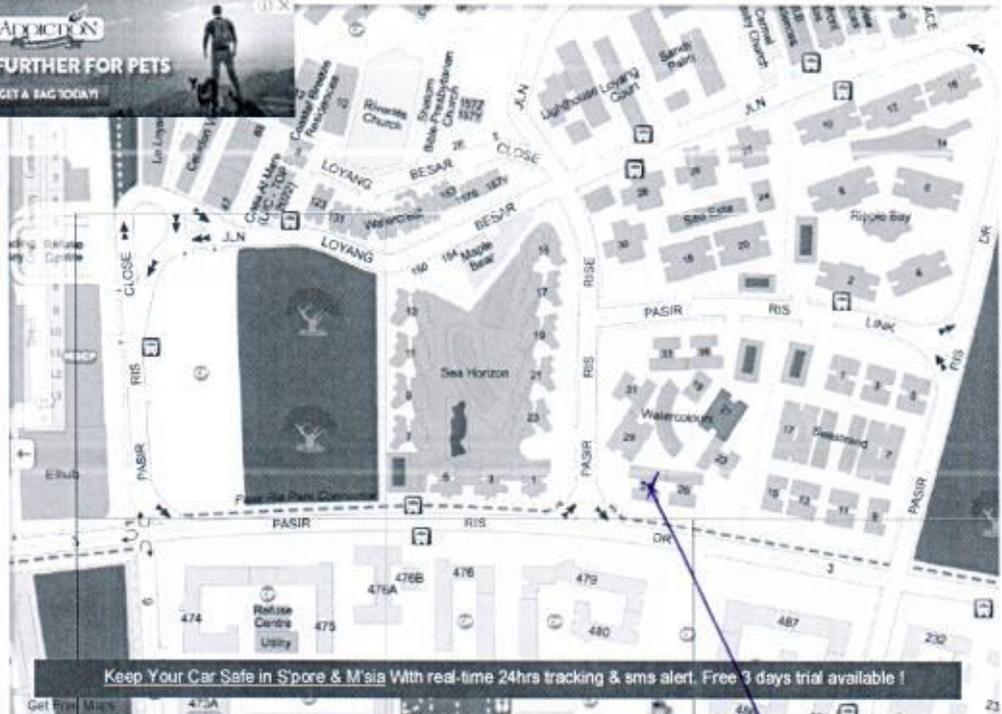


Map Directions

- Map
- Building Directory
- What's Nearby
- Get Tips
- Getting Here



5 Things You Shouldnt Do If Hes Cheating On You

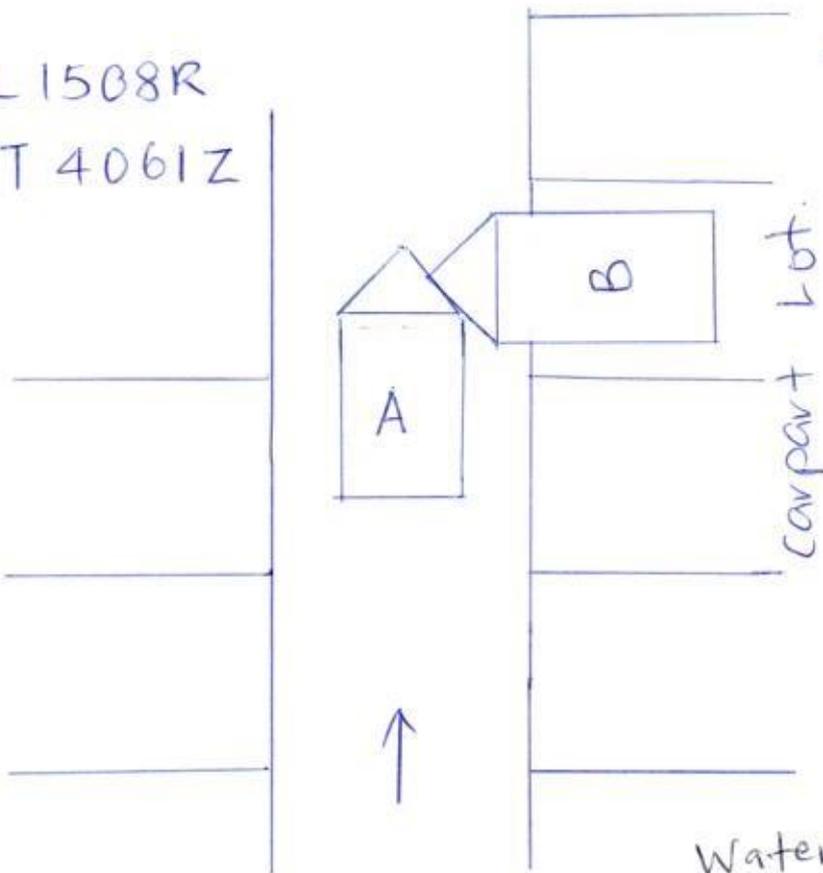


Keep Your Car Safe in S'pore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

A - SLL1508R  
B - SJT4061Z

July 2019  
88372787

Carpark Lot.



Accident site

Watercolours  
Condominium carpark  
main driveway.

## Accident Statement

On 7th of May 2019 around 0935Hrs, I was driving my vehicle (SLL1508R) in watercolours Condominium carpark main driveway. Suddenly a vehicle (SJT4061Z) drive out of the carpark lot and hit onto the front right of my vehicle. I'm making a claim against third party.



---

Name: Pow Audrey  
I/C: S8837278F

# ACCIDENT STATEMENT

ACCIDENT DATE: (7/5/2019) (DD/MM/YYYY), TIME: (09:35) (HH:MM) <sup>Am</sup>

LOCATION: Water colours Condominium carpark (Main driveway)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL1508R  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96049807  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO <sup>spare</sup>  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO <sup>01/05/2007 Inform by driver</sup>

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJT406TZ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
(Including driver)  
(1)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

Cap Driver for Driving Date

email = frankie@carway.com.sg  
fax = frankie  
video =

on 9/5/2019  
ok Inform by driver

0 WNER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8714690A



Name  
LIEW ZHENG WEN CHRISTOPHER

廖正文



Race  
CHINESE  
Date of birth  
15-05-1987  
Country/Place of birth  
SINGAPORE

Sex  
M

5802681



NRIC No. S8714690A



Date of issue  
20-09-2017

Address  
21 PASIR RIS LINK  
#07-03  
SINGAPORE 518168

Driver

4109852



NRIC No. S8837278F



Date of issue  
17-09-2007

21 PASIR RIS LINK #07-03  
SINGAPORE 518168  
NRIC No: S8837278F

Date: 27/08/2015

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8837278F



Name

POW AUDREY

包凱嫻

Race

CHINESE

Date of birth

30-09-1988

Sex

F

Country of birth

SINGAPORE

S8837278F

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD DRIVING LICENCE. (Please do not detach)

Please turn overleaf for important notes.

You can drive while awaiting the delivery of your photocard driving licence

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

POW AUDREY  
BLK 21 PASIR RIS LINK UNIT 07-03  
SINGAPORE 518168  
S8837278F  
C001483470  
\$25/-  
07/05/2019  
(3)

Private & Confidential

TRAFFIC POLICE  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865  
Tel : 65470000  
www.police.gov.sg

SINGAPORE  
POLICE FORCE



Driver



**SINGAPORE  
POLICE FORCE**

**TRAFFIC POLICE  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865  
Tel : 65470000  
[www.police.gov.sg](http://www.police.gov.sg)**

**Private & Confidential**

POW AUDREY

BLK 21 PASIR RIS LINK UNIT 07-03  
SINGAPORE 518168

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**You can drive while awaiting the delivery of your photocard driving licence**

Please turn overleaf for important notes.

S8837278F  
(3)

C001483470  
07/05/2019

\$25/-

(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE  
DELIVERY OF YOUR PHOTOCARD  
DRIVING LICENCE.**



### 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-MK000189-R00 (Private Motor Car)

- |   |                               |                                       |
|---|-------------------------------|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                                 | SLL1508R                      | <b>Chassis No.:</b> JHMGK5850HX201132 |
| <b>2. Name of Policyholder</b>  | MR LIEW ZHENG WEN CHRISTOPHER |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b>   | 18/02/2019                    |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 14/02/2020                    |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                                |                               |                                       |
| (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 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:** E2316DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorized Signature