

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA 11906256**

Date In: 12/19-18.55	Job description	Date & Time Completed	Done by
Ref No: NA 17M219005458724	SAS e-filing		
Veh No: 4R37996	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/19-13.45	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: **4UC7760** 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 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

NA1903594	Invoice Preparation Checklist:	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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	
	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 willful 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	13/05/2019 18:33
Date Of Accident	11/05/2019 15:45
Exact Location Of Accident	ALONG ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR3399C
Insured/Policyholder	
Name Of Registered Owner	NEO TECK LENG
NRIC No	S7319322B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98779673
Alternative Phone No	OFFICE-98779673

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S TOURING CVT
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	MT109145
Cover Note Number	

Driver

Name of Driver	NEO TECK LENG (LIANG DELONG)
NRIC No	S7319322B
Date Of Birth	05/06/1973
Occupation	INDOOR
Date Of Driving Pass	14/12/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98779673
Fax Number	
Contact Number	OFFICE-98779673
EMail Address	NOEMAIL

Address	227 TANAH MERAH KECHIL AVENUE
Postcode	465741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	
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)	4
Passenger 1	NAME: : LYE WEN JING GENDER: : FEMALE
Passenger 2	NAME: : NEO CHENG MING GENDER: : MALE
Passenger 3	NAME: : NEO YIHUI 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

REFER TO 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	SLK776U
Vehicle Make/Model/Colour	OPEL ASTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THIO ENG HO
NRIC/Passport Number	S7008947E
Contact Number	97337715

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:

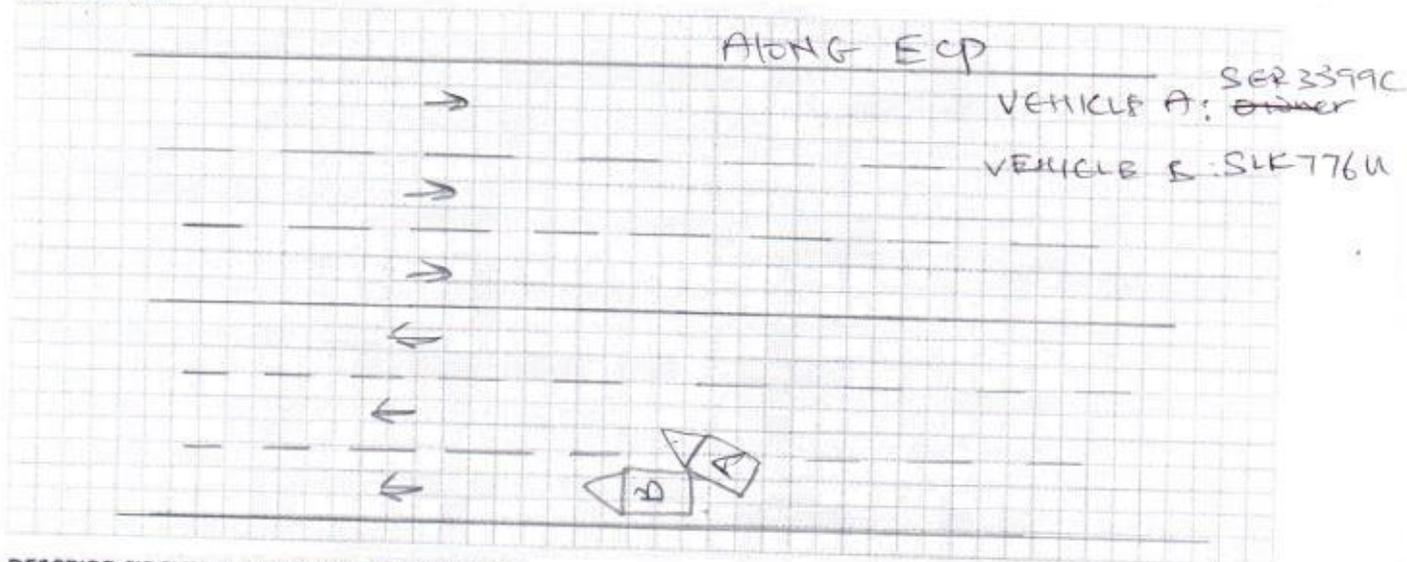
13-May-2019

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

We were travelling along ECP on the left most lane. I saw a filter lane to the right but didn't move out due to vehicle seen when I checked my blind spot. When I look back, my left head light has hit the right bumper of Vehicle B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

13-May-2019

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

[Signature]

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 11-May-2019 Time 8:46 ^{pm} Hrs
 Exact Location Of Accident * Marine Parade (ECP)

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SGR 3399 C

Insured / Policyholder

Name of Registered Owner * NEO TECK LENG
 NRIC/FIN/Passport Number * S7319322B

Vehicle Details

Manufacturer TOYOTA
 Model PRIUS

Exact Purpose for which vehicle was being used at time of accident
 * Private use Commercial use Hire & reward
 Others - please specify _____

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes No Others 2

If No, please state action to be taken
 * Third Party Claim Reporting Only

Vehicle Category
 * Private Commercial Motorcycle

Insurance Company

Name of Insurance Company * TOKIO MARINE
 Type of Coverage * COMPREHENSIVE
 Fleet Policy Yes No
 Policy Number * MT109195
 Cover Note Number _____

Driver

Name of Driver * NEO TECK LENG
 NRIC/FIN/Passport Number * S7319322B
 Date of Birth * 05-Jun-1973
 Occupation * IT Professional
 Date of Driving Pass * 14-Dec-94
 Gender * Male Female
 Mobile Number 98779673
 Address 227 TANAH MERAH RECHIL AVE
 D' MANOR S (465741)
 Email Address neo.teck.leng@hotmail.com

Was driver an employee of the Insured's Company?
 * Yes No

If no, Relationship of the Driver with the Insured
 * Same person

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

SGR 23 99C

General Information of the Accident

Type of Accident * HEAD TO REAR
Weather Conditions * Clear Raining Others
Road Surface * Dry Wet Others

Other Information

Was any body injured in the Accident? Yes No
Was any other material or property damaged? Yes No

Details of Injured Persons

Name * ~~SK 776A~~
Address * ~~_____~~
Approximate Age * ~~_____~~
Injuries Sustained * ~~_____~~
If vehicle Occupants, state in which vehicle? ~~_____~~
Were seat belts worn? * Yes No
Was injured conveyed to hospital by ambulance? * Yes No

Details of Police Action

Was the Accident reported to the Police? * Yes No
If Yes, please state which Police Station _____
Was notice of intended Prosecution given? * Yes No
If Yes, against whom? _____

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * GR 776 W
Vehicle Make / Model / Colour OPEL ASTRA
Detail Of Properties _____
Name of Driver * THIO ENG HO
NRIC/Passport Number 8700894TE
Contact Number * 9733 7715
Email Address _____
Address _____
Insurance Company Name _____
Nature of Damage _____

Details of Witness

Name _____
Phone Number _____
Email Address _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7319322B



Name
**NEO TECK J.FNG
 (LIANG DELONG)**

Race
CHINESE

Date of birth **05-06-1973** Sex **M** **S7319322B**

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

S7319322B

NEO TECK J.FNG (LIANG DELONG)

05 JUN 2013




A9143539



NRIC No. S7319322B



Blood Group **Q+** Date of issue **11-06-2002**

**227 TANAH MERAH KECHIL AVENUE
 SINGAPORE 465741**

NRIC No: S7319322B Date: 15/03/2012 No: 7006195



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

PASS DATE

Class 3 - Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms **14 Dec 1994**

NP 428A

License No: S7319322B



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: tmise@tokiomarine.com.sg W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine Group

Certificate of Insurance

FORM MX1

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.: MT109145 (Private Car)

- | | | |
|---|-----------------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGR3399C | Chassis No.: ZVW508010668 |
| 2. Name of Policyholder | NEO TECK LENG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/11/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 29/11/2019 | |
| 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 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 No: 1971DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	MAYBANK		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature