

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **NIA1906913**

Date In: 25/05/2009 17:27	Job description	Date & Time Completed	Done by
Ref No: NATM119009233/Y	SAS e-filing		
Veh No: SLH 5545C	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 24/05/2009 20:30	I-Motor Claim Form		
OD / TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **FBN 3822C** 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: (IN 21001112 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	Action

NIA1903838

Claimants Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$43	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
Auditors Comments:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
Tel 1:	OD:	
	*N5: Courtesy Car / Tpt Allowance \$3	
Tel 2:	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil); TP (Non INC) against INC \$20	
	9) N12: Idao 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 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	25/05/2019 17:27
Date Of Accident	24/05/2019 20:30
Exact Location Of Accident	TAMPINES AVENUE 5 BLK 859B MCSP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5545C
Insured/Policyholder	
Name Of Registered Owner	LOO THENG HOI
NRIC No	S2504744C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96338364
Alternative Phone No	OTHERS-96338364

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	MT109416
Cover Note Number	

Driver

Name of Driver	LOO THENG HOI
NRIC No	S2504744C
Date Of Birth	21/09/1957
Occupation	INDOOR
Date Of Driving Pass	10/12/1980
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96338364
Fax Number	
Contact Number	OTHERS-96338364
EMail Address	NOEMAIL

Address	BLK 705 TAMPINES STREET 71 #04-56
Postcode	520705
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	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

PLEASE REFER TO SKETCH PLAN

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	FBN3822C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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:

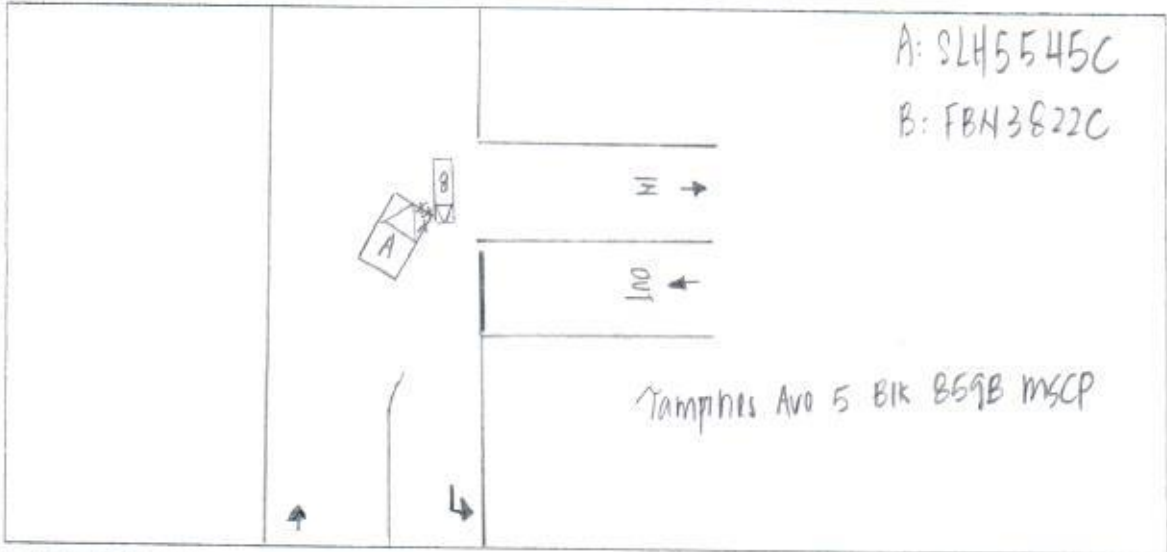


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving to turn Rf into Tampines Ave 5 BIK 859B MSCP.
After checked on coming traffic on Rf was clear and I proceed to
turn, suddenly, veh "B" came with very fast speed and I unable
to stopped in time and resulted accident happened. *[Signature]*

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 25/05/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

VEHICLE NO:	SLH/5545C	MAKE & MODEL:	Toyota wish
DATE OF ACCIDENT	24 / 05 / 19		
TIME OF ACCIDENT	2030	AM/PM	
LOCATION OF ACCIDENT	Tampines Ave 5 Blk 859B		MSCP
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	Loo Theng Jui		
TEL NO	9633-8364		
NRIC	S2604744C		
CLAIM TYPE	OD / THIRD PARTY / <input checked="" type="checkbox"/> REPORTING ONLY		
INSURANCE CO	TOYO MANNING		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	MT109416		
NAME OF DRIVER	As Above	If No:	
NRIC			Any Passengers: NIL
DATE OF BIRTH	21 / 09 / 1957		
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor		
DATE OF DRIVING PASS	10 / 12 / 1980		
GENDER	<input checked="" type="checkbox"/> Male / Female		
CONTACT NO.	9633-8364	Office:	Home:
ADDRESS	Blk 705 Tampines St 71		#04-56 Singapore 520705
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:		
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:		
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?		
VEHICLE B NO.	BN3B22C		Any Passenger: 01 (F)
NAME			
CONTACT NO.			
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.			
OWNER/DRIVER EMAIL			
PARTICULAR WORKSHOP		NEW HOCK TECK MOTOR PTE. LTD.	
		1 Kaki Bukit Ave 5, Blk C #01-43	
		Autobay@Kaki Bukit Singapore 417883	
TEL NO		TEL: 6747 9241	
CONTACT PERSON		Reena / Sukyi	
FAX NO.		FAX: 6741 7276	
EMAIL		reena@nhtmotor.com	
		admin@nhtmotor.com	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2504744C-



Name

LOO THENG HOI



羅庭海

Race

CHINESE

Date of Birth

Sex

21-09-1957 M

Country of Birth

JOHORE

S2504744C

1385636



NRIC No. S2504744C



Blood Group

Date of issue

B+

01-11-1993

Address

APT BLK 705 TAMPINES STREET 71 #04-56
SINGAPORE 520705

NRIC No:

S2504744C

Date:

29/11/2007

No: 5823899

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2504744C**

Name:
LOO THENG HOI

Birth Date: **21 Sep 1957**

Issue Date: **27 Dec 2006**



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

		PASS DATE
Class 2B	Motorcycles =< 200 cc	06 Oct 1977
Class 2A	Motorcycles between 201 cc and 400 cc	06 Oct 1977
Class 2	Motorcycles > 400 cc	06 Oct 1977
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	1 Dec 1980

NP 428A



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

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE 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.: MT109416 (Private Car)

- | | | |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLH5545C | Chassis No.: ZNE100320094 |
| 2. Name of Policyholder | LOO THENG HOI | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 29/11/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 28/11/2019 | |
| 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: 0996DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000.00 (Original Excess : SGD 1,000.00)
	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:	TOKYO CENTURY LEASING (S) PTE LTD	
Additional Terms:	Waiver of excess clause is not applicable	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

新時代汽車保險代理私人有限公司
 NEW TIMES MOTOR & INSURANCE AGENCY PTE LTD
 Blk 1057 Eunos Ave 3
 #02-83 Singapore 409843
 Tel: 6747 8705/06 Fax: 6744 1072
 E-mail: newtimes@singnet.com.sg