

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

Date In: 28/05/17	Job description	Date & Time Completed	Done by
Ref No: NA/SM/19009364/13	SAS e-filing		
Veh No: SJG6089A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/05/17 0750	i-Motor Claim Form		
OD (TP) Reporting Only	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: (MASSIVE) Tel: Fax:)

TP Particulars: Veh No: SL56252H 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	ON*		
	*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	

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	28/05/2019 12:08
Date Of Accident	28/05/2019 07:50
Exact Location Of Accident	UPP SERANGOON RD TWDS POTONG PASIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6089A
Insured/Policyholder	
Name Of Registered Owner	TENG BEE BEE
NRIC No	S7436112I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96677453
Alternative Phone No	OTHERS-96677453

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	MT104209
Cover Note Number	

Driver

Name of Driver	NG GHIM KAY
NRIC No	S7044103I
Date Of Birth	15/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1991
Driving Experience	28 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94559980
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 334 ANG MO KIO AVE 1 #09-2053
Postcode	560334
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?	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)	2
Passenger 1	NAME: : TENG BEE BEE 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 TH 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	SLS6252H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVID SIM KIM HOCK
NRIC/Passport Number	S1188362A
Contact Number	98732333
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG GHIM KAY
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJG6089A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TENG BEE BEE
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJG6089A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

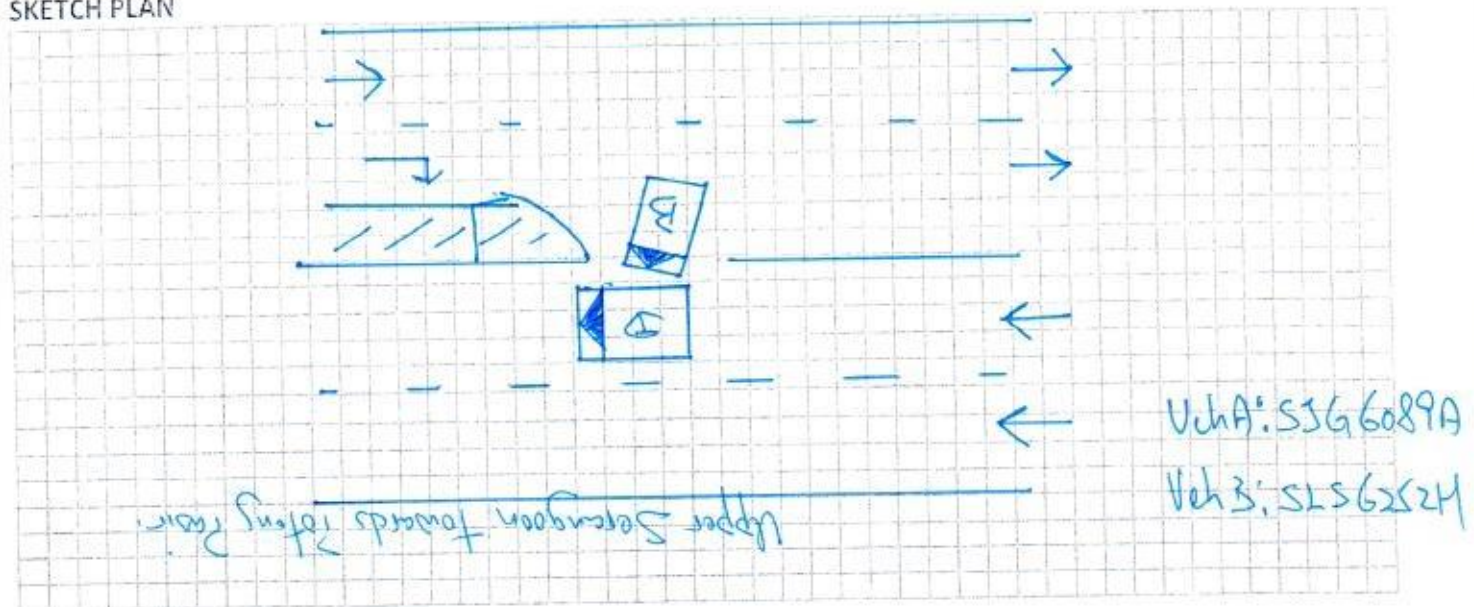
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/5/2019 @ ord 0750hrs, I was travelling along Upper Serangoon towards Potong Pasir Rd. When I was at the Upper Serangoon Viaduct, suddenly there was a veh (SL56252H) from the opposite direction made a U-turn and collided into my vehicle right side portion. I wish to state that my wife Mdm Teng Bee Bee was with me in the car at the time of the accident.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28/05/2019 (DD/MM/YYYY) TIME: 07:50 (HH:MM)

LOCATION: Upper Serangoon Rd towards Potong Pasir

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJG6089A
 b) INSURANCE COMPANY: Tokyo Marine
 c) POLICY NUMBER: MT104289
 d) POLICY TYPE: (☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Civic
 f) TYPE: (☒ SALOON / ☐ COUPE / ☐ MPV / ☐ VAN / ☐ LORRY / ☐ MOTORCYCLE / ☐ OTHERS)
 g) VEHICLE CATEGORY: (☒ PRIVATE / ☐ COMMERCIAL / ☐ MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES ☐ NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Teng Bee Bee Email address: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7436112J CONTACT: 9455 9667 453
 c) ADDRESS: Blk 334 Ang Mo Kio Ave 1
#09-2053 s (S60334)

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Ng Ghim Kay Email address: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7044103J CONTACT: 9455 9980
 c) ADDRESS: As above

* d) DATE OF BIRTH: 15/12/1990 (DD/MM/YYYY)

e) OCCUPATION: (☒ INDOOR / ☐ OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/14/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (☒ CLEAR / ☐ RAINING / ☐ OTHERS)

b) ROAD SURFACE: (☒ DRY / ☐ WET / ☐ OTHERS)

6. WAS ANYBODY INJURED (YES / NO) ☒ YES ☐ NO

7. a) REPORTED TO POLICE (YES / NO) ☒ YES ☐ NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS6252H MODEL: Hyundai
 b) DRIVER'S NAME: David Sim Kim Hock
 c) NRIC/FIN/PASSPORT: S1188362A CONTACT: 98752333

9. THIRD PARTY VEHICLE

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

No. of passenger incl driver 02
 Name _____ Gender _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70441031



Name

NG GHIM KAY

黄 锦 嘉

Race

CHINESE

Date of birth

15-12-1970

Sex

M

Country of birth

SINGAPORE

S70441031

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S70441031

Name

NG GHIM KAY

Birth Date: 15 Dec 1970

Issue Date: 19 Mar 2003



0000316840E



4250671

NRIC No. S70441031



Date of issue

18-07-2008

API BLK 334 ANG MO KIO AVENUE 1 #09-2053
SINGAPORE 560334

S70441031

15/07/2013

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

- | | |
|---------|---|
| Class 3 | Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg |
| Class 4 | Heavy motor cars and motor tractors $>$ 2500 kg |
| Class 5 | Motor vehicles $>$ 7250 kg not constructed to carry any load |

PASS DATE

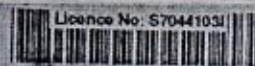
13 Apr 1997

27 Jan 1996

22 Sep 2011

S70441031

S / No. 9000149785



Licence No: S70441031

NP 428A

Tokio Marine Insurance Singapore Ltd.

(Comp. 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: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
 Tokio Marine Group



**TOKIO MARINE
 INSURANCE GROUP**

Certificate of Insurance

FORM MX1 N

**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.: MT104209 (Private Car)

- | | | |
|--|---|-------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJG6089A | Chassis No.: JHMF46208S201825 |
| 2. Name of Policyholder | TENG BEE BEE (Non Driving) | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 09/07/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 08/07/2019 | |
| 5. Persons or Class of Persons entitled to drive* | 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

Insurance Plan:	Comprehensive Approved Workshop Plan	Account No: 2837DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600.00
	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:	HONG LEONG FINANCE LTD	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature