

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 119071937

Date In: 31/1/19-12:24	Job description	Date & Time Completed	Done by
Ref No: NAFIM219029235/24	SAS e-filing		
Veh No: 608997E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/1/19-17:55	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: (

Tel:

Fax:

TP Particulars:

Veh No: 608997E

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

NAFIM219029235

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

for Bill

Am't (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

QD:

*N5: Courtesy Car / Tpl 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	03/06/2019 12:24
Date Of Accident	02/06/2019 17:55
Exact Location Of Accident	SLIP RD AYE (MCE) TWDS ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9807E
Insured/Policyholder	
Name Of Registered Owner	HWA SENG MOTOR COMPANY
Co Reg No	07466500J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63361011
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MU006032-R02
Cover Note Number	

Driver

Name of Driver	ONG KIM HAI (WANG JINHAI)
NRIC No	S7434801G
Date Of Birth	30/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1992
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96161011
Fax Number	
Contact Number	OFFICE-96161011
EMail Address	NOEMAIL

Address	BLK 634 VEERASAMY ROAD #10-142
Postcode	200634
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF AYE TWDS ALEXANDRA RD. I CHECK ON MY RIGHT SIDE FOR ONCOMING VEHICLE. VEHICLE B WHICH IS IN FRONT OF MY VEHICLE WAS EXITING OF THE SLIP RD. A FEW SECONDS LATER, VEHICLE B SUDDENLY STOPPED ALONG THE SLIP RD. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

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	GBD5824L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: ;

GENDER: ;

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.

華成汽車公司
HWA SENG MOTOR CO

Blk 637 Veerasamy Rd #01-109 S'pore 200637
Tel: (65) 6336 1341 • (65) 6336 1011
Fax: (65) 6339 0393

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

Alexander Tel

A: 4BF9807E
B: 4BD582VL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

DECLARATION

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

華成汽車公司
HWA GENG MOTOR CO
Blk 637 Veerasamy Rd #01-109 Singapore 200037
Tel: (65) 6336 1241 • (65) 6336 1011
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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7434801G



Name

ONG KIM HAI
(WANG JINHAI)

王金海

Race

CHINESE

Date of birth

30-09-1974

Sex

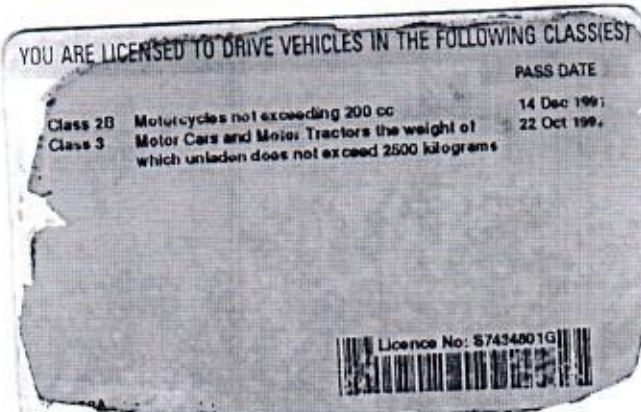
M

Country of birth

SINGAPORE



For LKK/NAC Use Only



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

A member of the
Tokio Marine Group



**TOKIO MARINE
INSURANCE GROUP**

FORM MZ300

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-MU006032-R02 (Comm Vehicle Carry Own Goods)

- | | | |
|---|------------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBE9807E | Chassis No.: JN1MC2E26Z0006168 |
| 2. Name of Policyholder | HWA SENG MOTOR COMPANY | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 16/05/2019 | |
| 4. Date of Expiry of Insurance | 15/05/2020 | |

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with 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*

- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing 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: 1226DDB

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 750
	Windscreen Excess	SGD 100
Financial Interest:	HL BANK	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature