

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 11908136

Date In: 28/6/19 15:49	Job description	Date & Time Completed	Done by
Ref No: NAFM219011036/24	SAS e-filing		
Veh No: 4R8493E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/6/19 - 21:40	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: JHC 4763U	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

NA1504646	Invoice Preparation Checklist	Am't (\$) Int 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		
	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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments:-	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 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	22/06/2019 15:49
Date Of Accident	21/06/2019 21:40
Exact Location Of Accident	FOCH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR8493E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG YANG HEALTH PRODUCTS & FOOT REFLEXOLOGY CENTR
Co Reg No	53141841C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5 DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MS007239
Cover Note Number	

### Driver

Name of Driver	TAN LYE HOCK
NRIC No	S0747243I
Date Of Birth	12/12/1948
Occupation	INDOOR
Date Of Driving Pass	11/01/1974
Driving Experience	45 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98527811
Fax Number	
Contact Number	OFFICE-98527811
Email Address	NOEMAIL

Address	BLK 850 TAMPINES STREET 82 #03-259
Postcode	520850
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 - CHANGE/CROSS LANE
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)	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

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	SHC4763U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAN LYE HOCK
------	--------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK, BACK & LEG

GR8493E

YES

NO



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

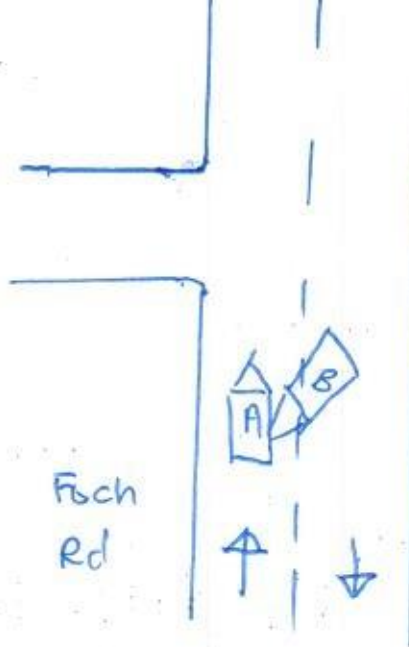


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DOA: 21/6/19

A: GR 8493 E

B: SHC 4763 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight, suddenly veh B lost control cut into my lane & collided into my veh RH portion

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.:



### Personal Particulars

Date of Accident: 21/6/19 Time of Accident: 9.40 pm  
Exact Location of Accident: Foch Rd  
Owner's Name: Hong Yng Health Products & Foot Reflexology Centre NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Tan Lye Hock NRIC No: S07472437 HP No: 98527811  
Date of Birth: 12/12/1948 Driving Licence Passing Date: 11/1/1974 Occupation: Indoor / Outdoor  
Address: 850 Tampines St 82 #03-259 (520850)  
Relationship of Driver with Insured: Employee Email Address: \_\_\_\_\_  
Vehicle No: GR 8493E Make & Model: Toyota  
Insurance Co: Tokio Marine Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: neck & back & leg

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes / ☒ No)

### Third Party Driver's Particulars

Vehicle B No: SNC 4763U Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

4886115



Vehicle No. S07472431



State of Issue  
21-03-2011

Address  
APT BLK 850 TAMPINES STREET B2  
#03-250  
SINGAPORE 520850

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 08 Oct 1978  
 Class 2A Motorcycles between 201 cc and 400 cc 08 Oct 1978  
 Class 2 Motorcycles > 400 cc 08 Oct 1978  
 Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg 11 Jan 1974



Licence No: S07472431

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S07472431



Name  
TAN LYE HOCK

陳來福

Race  
CHINESE

Date of Birth  
12-12-1948

Sex  
M

Country of Birth  
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Vehicle Number  
S07472431

Name  
TAN LYE HOCK

Issue Date  
12 Dec 1948

Expiry Date  
19 Feb 2018



07002774546G



# 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 MZ300

**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.: MS007239 (Commercial Vehicle)

- |                                                                                |                                                                                 |                          |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | GR8493E                                                                         | Chassis No.: KR420046158 |
| 2. Name of Policyholder                                                        | HONG YANG HEALTH PRODUCTS & FOOT REFLEXOLOGY CENTRE                             |                          |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 13/06/2019 (00:00:00)                                                           |                          |
| 4. Date of Expiry of Insurance                                                 | 12/06/2020                                                                      |                          |
| 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

Insurance Plan:	Third Party Fire & Theft
Limit for total loss or theft:	Prevailing Market Value
Financial Interest:	ETHOZ CAPITAL LTD

Account No: 2397DDA

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature