

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA11908323

Date In: 26/1/19 - 15:54	Job description	Date & Time Completed	Done by
Ref No: HA/MA19081341/24	SAS e-filing		
Veh No: J102255M	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 26/1/19 - 07:05	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: JF36106	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

MA1904333	Invoice Preparation Checklist	Am't (\$) In 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:-		
	OD:		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 2 / 3:			

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	26/06/2019 16:54
Date Of Accident	26/06/2019 07:25
Exact Location Of Accident	VENTURE AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2525M
Insured/Policyholder	
Name Of Registered Owner	SEE WEE CHUAN MELVIN
NRIC No	S8440147A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92226664
Alternative Phone No	OFFICE-92226664

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS250 AUTO STANDARD
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	18-MT102303-R00
Cover Note Number	

Driver

Name of Driver	SEE WEE CHUAN MELVIN (XU WEIQUAN MELVIN)
NRIC No	S8440147A
Date Of Birth	30/11/1984
Occupation	INDOOR
Date Of Driving Pass	28/09/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92226664
Fax Number	
Contact Number	OFFICE-92226664
EMail Address	NOEMAIL

Address	BLK 296B BUKIT BATOK STREET 22
	#26-82
Postcode	652296
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?	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)	3
Passenger 1	NAME: : LEE CHIA YEE
	GENDER: : FEMALE
Passenger 2	NAME: : EVZEN SEE JUN HENG
	GENDER: : MALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF5610G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SEE WEE CHUAN MELVIN (XU WEIQUAN MELVIN)
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKD2525M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE CHIA YEE
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKD2525M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name EVZEN SEE JUN HENG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKD2525M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


SKETCH PLAN

IMPORTANT NOTICE

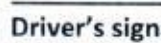
- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder and/or the authorised driver.**
- 3) Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

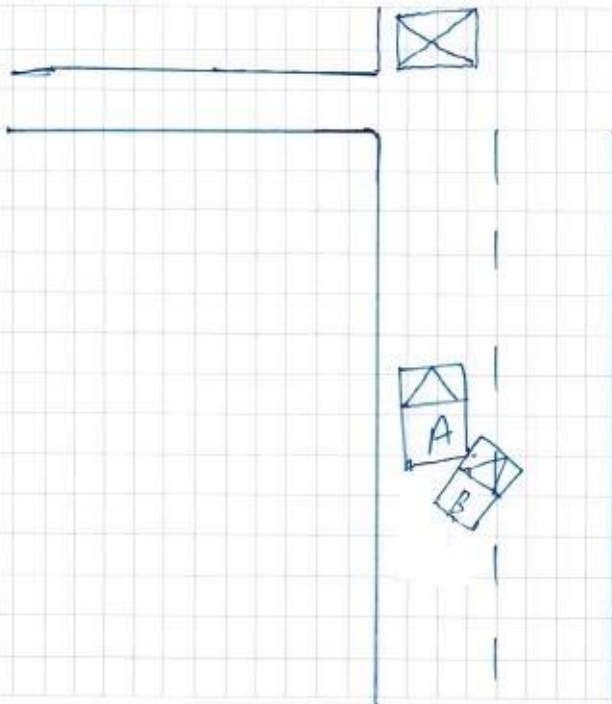


Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



A : SKD2525M
B : SJF 5610 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Venture Avenue as I want to drop off my wife, vehicle B which was ~~be~~ behind me tried to exit after dropping off her husband ^{which} caused the collision. I have video footage to prove my statement.

DECLARATION

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



Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:



reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	26/06/2019	(DD/MM/YY)
Time of accident	7:25am	(HH:MM)
Exact location of accident	Venture Avenue	

DETAILS OF VEHICLE

Vehicle registration number	SKD 2525 M	
Vehicle make and model	LEXUS GS 250	
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____	
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	Tokio Marine	
Policy number		
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>	

INSURED / POLICY HOLDER

Name	See Wee Chuan Melvin (XU Weiguan melvin)	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8440147A	
Contact	9222 6664	
Address	BK 296B Bukit Batok Street 22 #26-32 S(652296)	

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	30/11/1984	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	28/09/2006	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	3 (Inclusive of driver)

PASSENGER 1

Name	LEE CHIA YEE
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2

Name	EVZEN SEE JUN HENG
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	SJF5610G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	See Wee Chuan Melvin (XU Weiquan Melvin)	
Injuries sustained	neck & back	
Which vehicle person in?	SKD2525M	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name	Lee CHIA YEE	
Injuries sustained	neck & back	
Which vehicle person in?	SKD2525M	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 3

Name	EVZEN SEE JUN HENG	
Injuries sustained	neck & back	
Which vehicle person in?	SKD2525M	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8440147A



Name
SEE WEE CHUAN MELVIN
(XU WEIQUAN MELVIN)
徐伟銓

Race
CHINESE

Date of birth
30-11-1984

Sex
M

Country/Place of birth
SINGAPORE




For LKK/NAC Use Only

5455582



NRIC No. S8440147A



Date of issue
12-10-2015

APT BLK 296B BUKIT BATOK STREET 22 #26-82
SINGAPORE 852296

NRIC No. S8440147A

Date 25/08/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8440147A

Name
SEE WEE CHUAN MELVIN
(XU WEIQUAN MELVIN)

Birth Date 30 Nov 1984

Issue Date 28 Sep 2006



For LKK/NAC Use Only



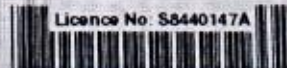
001448509D

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 28 Sep 2006

NP 428A



Licence No. S8440147A

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg. No. M2-000023-8)

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
FORM MX1

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.: 18-MT102303-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SKD2525M **Chassis No.:** JTHBF1BL405001397
2. **Name of Policyholder** SEE WEE CHUAN MELVIN
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 10/05/2019
4. **Date of Expiry of Insurance** 18/07/2019
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: 2712DDA

Insurance Plan: Comprehensive Approved Workshop Plan
Limit for total loss or theft: Prevailing Market Value
Policy Excess: Own Damage Claims SGD 1,000
Windscreen Excess SGD 100
Financial Interest: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Woo Zhu Wei TseLin - Mo

Printed: 16/01/2019



List of Approved Workshops (With 24 Hours Towing Service)
24-hour Hotline - 1800 225 8647 (In Singapore)
- +65 6225 8647 (In Malaysia/Thailand)

Zone	Area	Name of Workshop	Address	Contact No.
	Ang Mo Kio	AP Lin Motor Company	No. 10 Ang Mo Kio Ind Park 25, #01-04 AMK Autopoint, S180047	65 6225 8647
		Cheng Hoe Motor Service	No. 10 Ang Mo Kio Ind Park 25, #01-04 AMK Autopoint, S180047	65 6225 8647