

NATIONAL Assessment Centre Services [Stamp: 1 Jan 2019] <i>NAI 19084415</i>			
Date In: <i>21/06/2019 17:30</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC/1901/1520/9</i>	SAS e-filing		
Veh No: <i>SLJ 9387X</i>	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: <i>15/06/2019 21.00</i>	I-Motor Claim Form		
OD <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: <i>SLJ 2158Y</i>	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

<i>NAI 19084415</i>	Claimant's Particulars:		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Driver/Owner:		1) AR: Accident Reporting (\$30):		In Bill	Add Bill
	Contact No:		2) DA: Damage Assessment (\$100):	INC (\$80)		
	Damaged Portion:		3) TP: Towing Fee	\$40/\$45		
	QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120		
			5) RT: Follow-Through Survey (Resurvey)	\$30		
			For claiming against INC Only (wef 10 Jan 2019)			
			6) TR: Re-inspection	\$75		
			7) N1: (Incl DA + SMRT Survey)	\$160		
			8) NTWC Additional Services:			
		*N3: Courtesy Car / Tpl Allowance	\$5			
		*N6: Repair Co-ordination	\$10			
		*N7: Post Repair Inspection	\$25			
		*N8: DV / Collect Excess Coordination	\$5			
		TP (N11): TP (N in INC) against INC	\$20			
		9) N12: Idnu Mobile	30			
		Invoice dated:		Fax Charged		
				Fax 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	28/06/2019 17:30
Date Of Accident	15/06/2019 21:00
Exact Location Of Accident	BALMORAL SPRING CARPARK BALMORAL CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9347X
Insured/Policyholder	
Name Of Registered Owner	TANG YIK YUEN SAMUEL
NRIC No	S1427399I
Email Address	TANGS95@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97852676
Alternative Phone No	OTHERS-97852676

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLS 350
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MI000206-R02
Cover Note Number	

Driver

Name of Driver	TANG YIK YUEN SAMUEL
NRIC No	S1427399I
Date Of Birth	22/04/1960
Occupation	INDOOR
Date Of Driving Pass	24/06/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97852676
Fax Number	
Contact Number	OTHERS-97852676
Email Address	TANGS95@HOTMAIL.COM

Address	19 PEPYS ROAD #01-04
Postcode	18450
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SKL2158Y
Vehicle Make/Model/Colour	BMW X6
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	GERALD LEK WEE KIAT
NRIC/Passport Number	S6917182F
Contact Number	92229918
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 28/6/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/6/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Balmoral Spring Carpark

A) SLJ9347X
B) SKL2158Y

BMW X6

I was visiting a friend and was leaving at about 10 pm from Balmoral Spring when I notice the bumper was damaged. The owner was gracious enough to owned up ~~and~~ that he crash into my car.

DECLARATION

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

Policyholder's Signature
Date & Time: 28/6/19

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

Reporting Centre Personnel's Signature
Name: 28/6/2019
NRIC/FIN No.: [Signature]

15 ACCIDENT STATEMENT

ACCIDENT DATE: 16.06.19 (DD/MM/YYYY), TIME: 21:00 (HH:MM)

LOCATION: Balmoral crescent spring car park Balmoral crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 9347X
 b) INSURANCE COMPANY: Tokio Marine
 c) POLICY NUMBER: 19 M1000206-R02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes CLS 350
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) Sedan
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Self drive, parking stationary
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Samuel Tang Yik Yuen (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1427399I CONTACT: 97852676
 c) ADDRESS: 19, #A-04 Pepys Road (118450)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Samuel Tang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1427399I CONTACT: 97852676
 c) ADDRESS: As above

* d) DATE OF BIRTH: 22/04/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/6/1981

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: No

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: NA

8. THIRD PARTY VEHICLE


- a) VEHICLE NUMBER: SKL 2158Y MODEL: BMW X6
 b) DRIVER'S NAME: Gerald LEK WEF KIAT
 c) NRIC/FIN/PASSPORT: S6A 17182F CONTACT: 9222 9918

9. THIRD PARTY VEHICLE

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

email = tangs95@hotmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S14273991



TANG YIK YUEN SAMUEL

For LKK/NAC Use Only

Place: CHINESE
Date of Birth: 22-04-1960 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S14273991

Name: TANG YIK YUEN SAMUEL

For LKK/NAC Use Only

Birth Date: 22 Apr 1960
Issue Date: 26 Apr 2003

1000424445F

2483111



NRIC No. S14273991



For LKK/NAC Use Only

Place of Birth: A* Date of Issue: 15-10-1994

19 PEPYS ROAD #01-04
SINGAPORE 118450
NRIC No. S14273991 Date: 20-10-2002 No: 4270066

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

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	26 May 1991
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 12500 kilograms	24 Jun 1991

For LKK/NAC Use Only

Licence No: S14273991

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: 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.: 19-MI000206-R02 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLJ9347X **Chassis No.:** WDD2193562A074389
2. **Name of Policyholder** MR TANG YIK YUEN SAMUEL
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 25/03/2019
4. **Date of Expiry of Insurance** 24/03/2020
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: 2633DDA

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value

Tokio Marine Insurance Singapore Ltd.

Authorised Signature