

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA11908493

Date In: 9/2/19-14:26	Job description	Date & Time Completed	Done by
Ref No: NA190219012102/24	SAS e-filing		
Veh No: 5V1496L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/2/19-13:45	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: 5F2993M

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

NA1905101

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

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:-

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 (N:n 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	09/07/2019 14:36
Date Of Accident	09/07/2019 10:45
Exact Location Of Accident	PIE (TUAS) BEFORE AYE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1496L
Insured/Policyholder	
Name Of Registered Owner	MR ANG KOK PENG
NRIC No	S1469370Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96693592
Alternative Phone No	OFFICE-96693592

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MC013786-R07
Cover Note Number	

Driver

Name of Driver	BENSON ANG KOK PENG
NRIC No	S1469370Z
Date Of Birth	09/09/1961
Occupation	INDOOR
Date Of Driving Pass	31/05/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96693592
Fax Number	
Contact Number	OFFICE-96693592
Email Address	NOEMAIL

Address	BLK 620 ANG MO KIO AVENUE 9 #08-10
Postcode	560620
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	CHAIN COLLISION
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	3
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	SFQ9933M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP9738U
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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

BENSON ANG KOK PENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJV1496L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE


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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 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

VEHICLE A

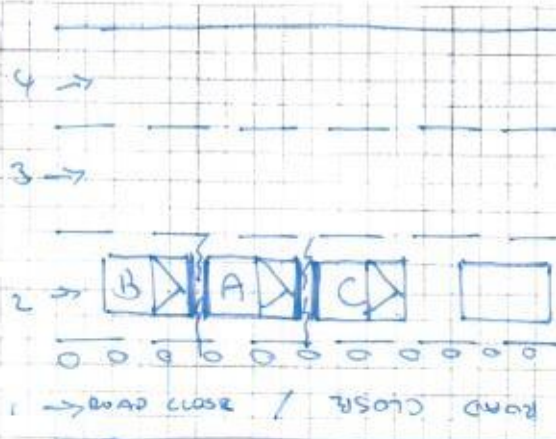
- SJV 14916 L

VEHICLE B

- SFG 9933 M

VEHICLE C

- SLP 9738 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARD TURNON DIRECTION. I WAS ON THE 2nd LANE.

AS DUE TO THE FIRST LANE WAS CLOSED FOR ROAD WORK, THE HIGHWAY WAS QUITE CONGESTED, WHEN SOMEWHERE NEAR LAMP POST 1247, DUE TO THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, I TOO APPLIED BRAKE AND CAME TO A COMPLETE STOP. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE, AND THE IMPACT CAUSE ME BEING PUSHED FORWARD AND HIT INTO THE VEHICLE INFRONT.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SFG 9933 M) THAT COLLIDED TO THE REAR OF MY VEHICLE. AND WITH THE IMPACT CAUSING ME BEING PUSHED FORWARD AND HIT ONTO THE VEHICLE INFRONT.

VEHICLE A - SJV 14916 L

VEHICLE B - SFG 9933 M

VEHICLE C - SLP 9738 U

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.:

Vehicle No.	55V 1496L	Model / Make	TOYOTA CAMRY
Date of Accident	09/07/19		
Time of Accident	10:45 am	HRS	
Location of Accident	PIE FORWARD TURNS DIRECTION, BEFORE AVE EXIT.		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	ANG KOK PENH		
Telephone No.	H/P: 9669 3592 Home: 9044 1302 Office:		
NRIC	S 1469370Z		
Address	BLK 620 ANG MO KIU AVE 9 #08-10 S(560620)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	TOKIO MARIU		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	18 MC013786 R07		
Name of Driver	As Above If No,		
NRIC	Any Passengers: NIL		
Date of birth	09/09/1961		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	31 MAY 1982		
Gender	<u>Male</u> / Female		
Contact No.	H/P: Home: Office:		
Address			
Driver have any own vehicle	<u>NO</u> If yes, Reg No.		
Relationship	Employee, If no, state <u>OWNER</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, If <u>Yes</u> , Who? <u>PENDING / MONITORING.</u>		
Name And Contact No.	ANG KOK PENH (9669 3592 / 9044 1302)		
Name And Contact No.			
Police Report	<u>NO</u> If Yes, Where?		
Vehicle B No.	5FQ 9933M	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.	SLP 9738U	Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	FRONT AND REAR		
Camera Recorder	Yes / <u>NO</u>		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S1469370Z



Name
BENSON ANG KOK PENG

洪 国 评

Race
CHINESE

Date of birth
09-09-1961

Sex
M

Country of birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1469370Z

Name:

BENSON ANG KOK PENG

Birth Date: 09 Sep 1961

Issue Date: 16 Feb 2015



002394898C



3804513

NRIC No. S1469370Z



Date of issue
01-12-2005

Address
APT BLK 620 ANG MO KIO AVENUE 9 #08-10
SINGAPORE 560620

NRIC No. S1469370Z

Date: 27/10/2008

No: 6342245

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 31 May 1982



Licence No: S1469370Z

NP 428A

11:23



80%

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 192201144M GSTP Reg. No. M1 0000020-01

20 Malacca Street #04-01, Tokyo Marine Centre Singapore 049041

T: 659 6221 0111 F: 659 6221 4393 / 659 6224 0890 E: info@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP
TOKIO MFI

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 MC013786 R07 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle	SIV1496L	Chassis No.: MR053BK4007003202
2. Name of Policyholder	MR ANG KOK PENG	
3. Effective date of the Commencement of Insurance for the purposes of the Act	13/10/2018	
4. Date of Expiry of Insurance	12/10/2019	

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 in driving the Motor Vehicle, 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*

The, only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, prize-taking, 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 Truck.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 77 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 provisions 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 valid unless, during its currency, it is submitted in certified 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 or 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: 1195DDA
Insurance Plan:	Third Party, Fire & Theft	
Limit for total loss or theft:	Prevaling Market Value	
Financial Interest:	DBS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorized Signatory

Tokio Marine Insurance Group TMG

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