

# NATIONAL Assessment Centre Services

Form 1 (Jan 2015)

NA11908976

Date In: 05/07/2015 17:52	Job description	Date & Time Completed	Done by
Ref No: XBA/TM190/21754	SAS e-filing		
Veh No: SFE 7667E	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 09/07/2015 12:15	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/Wkap		

Preferred Wkap / INC Assign Wkap / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCT 49655	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: (\$	Landing: \$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: _____
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Date/Time	Actions

NA1905124	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N3: Courtesy Car / Tpt Allowance \$5		
	10) N6: Repair Co-ordination \$10		
	11) N7: Post Repair Inspection \$25		
	12) N8: DV / Collect Excess Coordination \$5		
	13) N11: TP (Non INC) against INC \$20		
	14) N12: Idan Mobile \$0		
	Invoice dated	Fee Charged	
		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 17:52
Date Of Accident	09/07/2019 12:15
Exact Location Of Accident	BUANGKOK EAST DR TURNING RIGHT TO SENGKANG EAST DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7667E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY LEE KOON
NRIC No	S1701117J
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98202510
Alternative Phone No	OFFICE-63844296

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	MT102406
Cover Note Number	

### Driver

Name of Driver	TAY LEE KOON
NRIC No	S1701117J
Date Of Birth	03/02/1965
Occupation	INDOOR
Date Of Driving Pass	20/05/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98202510
Fax Number	
Contact Number	OFFICE-63844296
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 102 RIVERVALE WALK #06-48
Postcode	540102
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	AFTER RAIN
Road Surface	WET

#### 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)	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

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	SLT4965S
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR CHAN
NRIC/Passport Number	
Contact Number	91088454
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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#### **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:

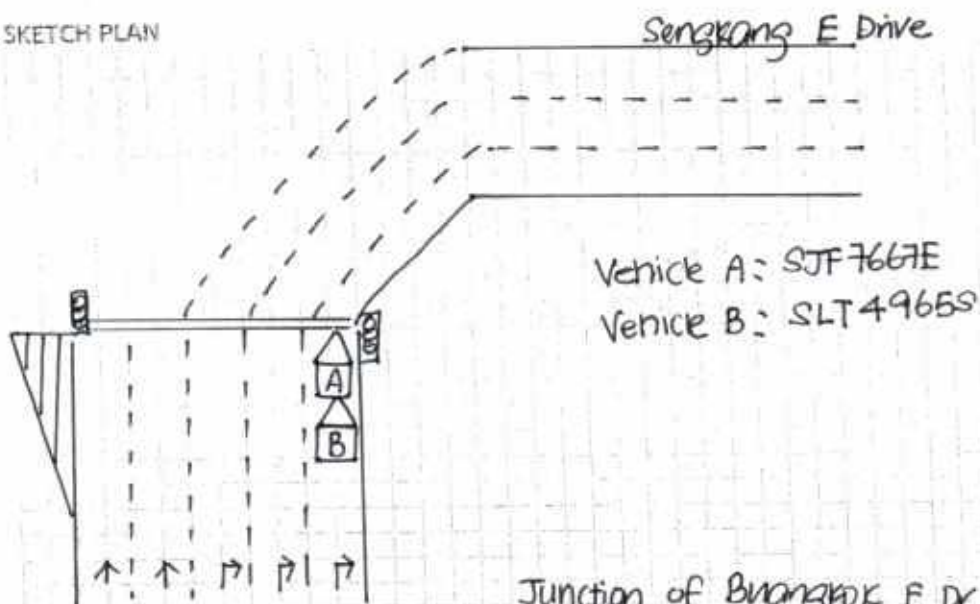
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

10/07/2018

Roshan



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Junction of Buangkok E Dr turning right to Sengkang E Dr.

I was travelling along Junction of Buangkok E Dr turning right to Sengkang E Dr on 09/07/19 at about 12.18pm.

The traffic light turned yellow and so I slowed down and came to a stop. Suddenly, vehicle B came from behind and hit onto me.

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: 09/07/2019

Time of Accident: 12:18 <sup>pm</sup> (24Hrs)

Vehicle No: SJF 7667 E

Vehicle Make/Model: Honda City

Exact Location of Accident: Junction of Buangkok E Drive turning right to Sengkang E Drive

Owner's Name/NRIC: Tay Lee Koon I/C No: S1701117J

Driver's Name/NRIC: Tay Lee Koon I/C No: S1701117J

Driver's Contact: 63844296  
98202510

Insurance Co & Policy No: Taka Marine:- mf102406

Driver's Email Address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes/ No

If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: MR Chan

Vehicle No: SLT 4965 S Mazda

Insurance Company: \_\_\_\_\_

Driver's Contact: 91088454

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1701117J**

Name **TAY LEE KOON**

**For LKK/NAC Use Only**

Birth Date **03 Feb 1965**

Issue Date **20 May 2008**

001604826C



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1701117J**

**For LKK/NAC Use Only**

**TAY LEE KOON**



**郭麗群**

Race **CHINESE**

Date of Birth **03-02-1965** Sex **F**

Country of Birth **SINGAPORE**

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

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

PASS DATE

20 May 2008

**For LKK/NAC Use Only**



NP 429A



1637656

NRIC No. **S1701117J**



**For LKK/NAC Use Only**

Blood Group **A+** Date of Issue **30-01-1994**

\*APT BLK 102 RIVERVALE WALK #06-48  
SINGAPORE 540102

NRIC No. **S1701117J**

Date: **10/10/2018**



**Tokio Marine Insurance Singapore Ltd.**

Swire House, 150 Robinson Road, Singapore 068913

20 Robinson Road, 40th Floor, Tokyo Marine Insurance Singapore 068913

Tel: 6546221 9111 / 6546221 4355 / 6546224 0995 E: [tms@tokiomarine.com.sg](mailto:tms@tokiomarine.com.sg) W: [www.tokiomarine.com.sg](http://www.tokiomarine.com.sg)

A member of the  
Tokio Marine Group



**TOKIO MARINE  
INSURANCE GROUP**

FORM MT1

**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.: MT102406 (Private Car (2 Years))

Chassis No.: 1P1H5MBET7A7000010

1. Index Mark and Registration Number of Vehicle
2. Name of Policyholder: TAY LEE KOON
3. Effective date of the Commencement of Insurance for the purposes of the Act: 11/05/2015 (17:12:33)
4. Date of Expiry of Insurance: 10/05/2020
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 in question, and is not disqualified by order of the Court or 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 30 of the Road Transport Act, 1987 (Malaysia), and Section 17 of the Road Transport Act, 1987 (Malaysia).

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 (II) 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 whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days of the cancellation. If the Certificate has been lost or destroyed, you must make a statutory declaration to that effect. Failure to comply with this rule is an offence under Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Account No.: E2016024

**ADDITIONAL INFORMATION**

Insurance Plan:	Comprehensive
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims: SGD 600.00 (Original Excess: SGD 600.00)
	Additional Excess for Unnamed Driver(s): SGD 500.00
	Additional Excess for Young or Inexperience Driver(s): SGD 3,500.00
	WindScreen Excess: SGD 100.00
Financial Interest:	OCBC BANK LIMITED

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature