

# NATIONAL Assessment Centre Services

(Ref: 1.28.172)

Date In: 12/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/19012386/13	SAS e-filing		
Veh No: SKR53325	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/07/19 1150	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: ( K-AUTO GARAGE	Tel:	Fax:
TP Particulars:	Veh No: CIN81884	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

NA1905285	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
Cat. 1:	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11) : TP (Non 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	12/07/2019 16:15
Date Of Accident	12/07/2019 11:50
Exact Location Of Accident	CTE TWDS AYE B4 BALESTIER EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5332J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR TRIYACHART CHAYUT
NRIC No	S8975523I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88688899
Alternative Phone No	OTHERS-88688899

### Vehicle Particulars

Manufacturer	BMW
Model	316I
Exact Purpose for which vehicle was being used at time of accident	WORK
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	19-MT001552-R01
Cover Note Number	

### Driver

Name of Driver	MR TRIYACHART CHAYUT
NRIC No	S8975523I
Date Of Birth	09/10/1989
Occupation	INDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88688899
Fax Number	
Contact Number	OTHERS-88688899
Email Address	NOEMAIL

Address	BLK 834 HOUGANG CENTRAL #04-590
Postcode	530834
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED 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	SJN8188Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FRANCESCA LILY LOW KIN SIM
NRIC/Passport Number	
Contact Number	96618648
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### 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. 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:

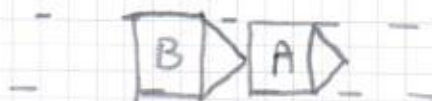
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN

CTE TOWDS AYE  
BY BALESTIER  
EXIT



A: SKR5332J

B: SJN 8188Y.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A: SKR5332J

I was driving A along CTE towards AYE.

Near exit Balestier, suddenly vehicle B SJN 8188Y

hit my Rear.

## 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: SKR5332J

Make &amp; Model: BMW 316i

Date of Accident	12/07/19
Time of Accident	11.52 AM <input checked="" type="radio"/> PM
Location of Accident	CTE Toward AYE (Before Balestier Exit)
Exact Purpose for which vehicle was being used at time of accident	work
<b>Name of Owner</b>	TRIYACHART CHAYUT
Tel No	8868 8899
NRIC	S8975523I
Claim Type	Own Damage / <input checked="" type="radio"/> Third Party / Reporting Only
Insurance Company	
Type of Coverage	Comprehensive / Third Party / Third Party, Fire & Thief
Policy No.	
<b>Name of Driver</b>	As above / If NO:
NRIC	S8975523I
Date of Birth	09-10-1989
Occupation	Outdoor / <input checked="" type="radio"/> Indoor
Date of Driving Pass	30 Oct 2009
Gender	<input checked="" type="radio"/> Male / Female
Contact No.	Mobile: 8868 8899 Office: Home:
Address	81K834 Hougang Central #04-590
Driver have any own vehicle	No / If Yes, Vehicle No:
Relationship	Employee / If No:
Weather Condition	<input checked="" type="radio"/> Clear / Raining / Other:
Road Surface	<input checked="" type="radio"/> Dry / Wet / Other:
Any Injuries	<input checked="" type="radio"/> No / If Yes, Who?
Contact No.	
Passenger's Name	
Gender	Male / Female
Police Report	<input checked="" type="radio"/> No / If Yes, Where?
Vehicle B No.	SJH 8188 Y Any passengers:
Name	FRANCESCA LILY LOW KIN SIM
Contact No.	9661 8648
Vehicle C No.	Any passengers:
Vehicle D No.	Any passengers:
Vehicle E No.	Any passengers:
Any Witness	
Witness Contact no.	
Have you been approach by unknown person soliciting / offering accident claims assistance?	Yes / <input checked="" type="radio"/> No
<b>Particular Workshop</b>	<b>K-Auto Garage Pte Ltd</b>
Address	109, Kaki Bukit Ave 1 #01-00 Shun Li Industrial Park Singapore, 415989
Tel No	6747 8863
Fax No	6747 6168

AS: admin@k-autogroup.com.sg.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8975523I**

Name: **TRIYACHART CHAYUT**

Birth Date: **09 Oct 1989**

Issue Date: **30 Oct 2009**

001799279C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8975523I**

Name: **TRIYACHART CHAYUT**

Race: **CHINESE**

Date of birth: **09-10-1989**

Country/Place of birth: **THAILAND**

Sex: **M**

S8975523I

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

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

PASS DATE

30 Oct 2009

For LKK/NAC Use Only



NP 426A

5824062

NRIC No **S8975523I**

Date of issue: **19-10-2017**

Address: **APT BLK 834 HOUGANG CENTRAL  
#04-590  
SINGAPORE 530834**





## 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-MT001552-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SKR5332J **Chassis No.:** WBA3A16030NS37587
2. **Name of Policyholder** MR TRIYACHART CHAYUT
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 01/03/2019
4. **Date of Expiry of Insurance** 29/02/2020
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: 2538DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	DICKSON CAPITAL PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature