

NATIONAL Assessment Centre Services. [wef 1 Jan 2003]

Date In: 25/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/SM/19013103/13	SAS e-Miling		
Veh No: SLK 12044	E-mail F (w/oda 3hrs, AIG 2hrs)		
D.O.A: 24/07/19 2030	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (MASSIVE	Tel:	Fax:
TP Particulars:	Veh No: SJ69072C	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	

NA1905462	
Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Engr-In-Charge):	NA1905462	
Additional Comments:		
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
Forfeiting against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idax DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NI: Courtesy Car / TP Allowance	\$5	
*NI: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Co-ordination	\$5	
TP (NI) : TP (Non INC)	\$30	
9) NI: Idax Mobile		
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	25/07/2019 11:03
Date Of Accident	24/07/2019 20:30
Exact Location Of Accident	SENGKANG EAST DRIVE TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1204Y
Insured/Policyholder	
Name Of Registered Owner	MR TAN KENG LOON
NRIC No	S1372750C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96310920
Alternative Phone No	OTHERS-96310920

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	19-MV012911-R02
Cover Note Number	

Driver

Name of Driver	DING QIAN
NRIC No	S8462317B
Date Of Birth	20/08/1984
Occupation	INDOOR
Date Of Driving Pass	26/03/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96370920
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 528 HOUGANG AVE 6 #02-237
Postcode	530528
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	2
Passenger 1	NAME: : ROCKY TAN YOU CHEN(SON) 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG9072C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS VERON
NRIC/Passport Number	S8106631J
Contact Number	91471444
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU220C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S6942664F
Contact Number	96742616
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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5. Any false reporting may be referred to the Police for investigation.
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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)

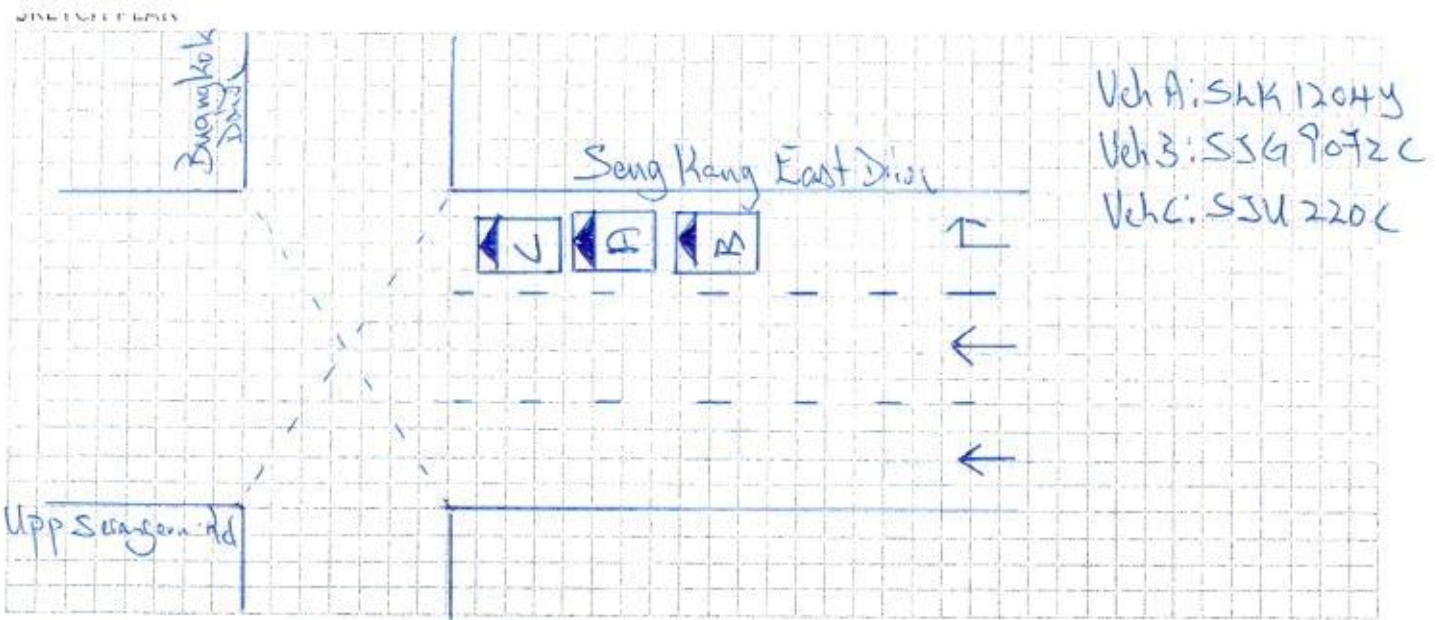
I understand, acknowledge, agree and consent that:

- (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:

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/7/2019 @ arcl 2030hrs, I was travelling along Sengkang E drive towards Upp Serangoon Rd. At the junction of Buangkok Drive, I stopped at the traffic light waiting to turn right into Buangkok Drive. While waiting, suddenly I felt an strong impact from the rear of my vehicle. Due to strong impact, my vehicle was ~~was~~ pushed forward and collided into ~~my~~ the car in front. I got out and realised it was a collision of 3 vehicles.

I wish to state that my son Rocky Tan You Chen, T1441996E was in my car at the time of the accident.

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:

 25/07/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (24/07/2019) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: Sengkang East Drive towards Upp Serangoon Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 1204Y
 b) INSURANCE COMPANY: Tokyn Marine
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Shuttle
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Tan Keng Loon Email address: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13727502 CONTACT: 96310920
 c) ADDRESS: 31K 528 Honggang Ave 6 #02-237 (S30527)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Ding Qian Email address: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S84623173 CONTACT: 96310920
 c) ADDRESS: As above

*d) DATE OF BIRTH: (20/08/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/3/2014

Car Camera (Yes/No) 160

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

No. of passenger incl driver 02
 Name Gender M

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S3G9072C MODEL: Honda
 b) DRIVER'S NAME: Ms Veon
 c) NRIC/FIN/PASSPORT: S81066313 CONTACT: 91471444

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: S3U 220C MODEL: Honda HRV
 e) DRIVER'S NAME: Andrew
 f) NRIC/FIN/PASSPORT: S69426641 CONTACT: 96342616

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8462317B**

Name: **DING QIAN**

For LKK/NAC Use Only

Birth Date: **20 Aug 1984**
Issue Date: **08 Apr 2019**

002921107K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8462317B

Name: **DING QIAN**

For LKK/NAC Use Only

丁茜

Race: **CHINESE**

Date of birth: **20-08-1984**

Country/Place of birth: **CHINA**

Sex: **F**

S8462317B

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ **26 Mar 2014**

For LKK/NAC Use Only

Licence No: S8462317B

NP 428A

6105831

For LKK/NAC Use Only

NRIC No. **S8462317B**

Date of issue: **17-01-2019**

Address: **APT BLK 528 HOUGANG AVENUE 6
#02-237
SINGAPORE 530528**



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-MV012911-R02 (Private Motor Car)

- | | | |
|---|------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLK1204Y | Chassis No.: MRHDD4870GP000320 |
| 2. Name of Policyholder | MR TAN KENG LOON | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 05/01/2019 | |
| 4. Date of Expiry of Insurance | 04/01/2020 | |
| 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: E2316DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,500
	Windscreen Excess	SGD 100
Financial Interest:	MALAYAN BANKING BERHAD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature