

NATIONAL Assessment Centre Services

(wef 1 Jan'05) NA1910628-01

Date In: 1/18/19-14:37	Job description	Date & Time Completed	Done by
Ref No: NA1910628-01	SAS e-filing		
Veh No: JK M337	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 1/18/19-09:50	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: JK M337

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

for Bill

Add Bill

- 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:-
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

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	14/08/2019 14:37
Date Of Accident	14/08/2019 09:50
Exact Location Of Accident	AYE TWDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM737J
Insured/Policyholder	
Name Of Registered Owner	CHEW GIM SER
NRIC No	S1561456J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97314337
Alternative Phone No	OFFICE-97314337

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MT109338
Cover Note Number	

Driver

Name of Driver	TEY XIANG JIU
NRIC No	S9030462C
Date Of Birth	22/08/1990
Occupation	INDOOR
Date Of Driving Pass	10/02/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98184252
Fax Number	
Contact Number	OFFICE-98184252
Email Address	NOEMAIL

Address	BLK 938 JURONG WEST STREET 91 #06-395
Postcode	640938
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	YES
Foreign Vehicle Registration Number	JNW8550 (PRIVATE CAR)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190814/7005.

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	SJW1083P
Vehicle Make/Model/Colour	ALTIS
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 JNW8550
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 TEY XIANG JIU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKM737J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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)

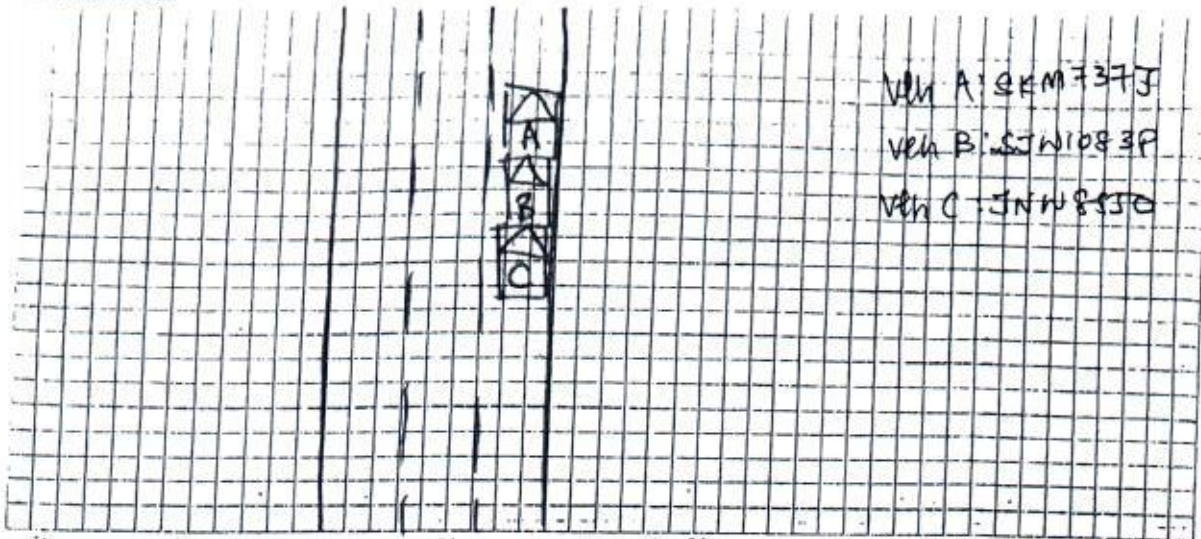
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

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

Policyholder's Signature

Date & Time:

00000000000000000000

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Date of Accident : 14 August 2019 Accident Time: 950am (24-HR-Format)
Accident Place : A/E towards MCE
Vehicle Reg. No. (Car Plate No.) : SKM737J
Vehicle Make/Model : Honda civic
Insurance Company : Tokio Marine Policy No. _____
Owner or Company Name / IC No. : Chew Gim Ser S1561456J
Owner or Company Contact No. : 97314337 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Tey Xiang Jin S9030462C
DRIVER'S Date Of Birth : 22 Aug 1990 DRIVER'S License Pass Date 10 Feb 2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: /n law
DRIVER'S Address : 438 Jurong West Street 91 #06-395 s'(640938)
DRIVER'S Contact No. / Alt No. : 1) 98184252 2) _____
DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@MyCar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ Claim Own Insurance
Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJW1083P
Vehicle Make/Model: A/Tis
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: JNW 8550
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190814/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190814/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 13:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEY XIANG JIU			Address: APT BLK 938 JURONG WEST STREET 91 #06-395 SINGAPORE 640938		
ID Type / ID No.: NRIC NO / S9030462C			Contact No.: Home/Office:		Mobile: 98184252
Nationality: SINGAPORE CITIZEN			Email: sam.xjt@hotmail.sg		
Sex: Male	Age: 28	Date of Birth: 22/08/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEAM LEADER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2019 09:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNW8550	Car					0
SJW1083P	Car					0
SKM737J	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190814/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190814/7005

CONTINUATION OF REPORT

Driver				
Name	TEY XIANG JIU		ID No.	S9030462C
Related Vehicle	SKM737J (Car)		Contact No.	98184252
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On the stated time and date, I was driving my vehicle SKM737J at AYE towards MCE. Traffic was very jam my vehicle is stationary, suddenly I felt a great impact and alighted my car and realise I was involved in a chain collision. Vehicle B bearing carplate number SJW1083P collided to my rear, and Vehicle C bearing carplate number JNW8550 collided to vehicle B rear.



**SINGAPORE
POLICE FORCE**



T/20190814/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190814/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/08/2019 13:33

Classification Of Case:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119106248 Vehicle Registration No: SKM737J
Name (as shown in NRIC) : TEY XIANG JIU NRIC/FIN/Passport No : S9030462C
(*Vehicle Driver/~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 938 JURONG WEST STREET 91 #06-395 Singapore(640938)
Contact (Tel) : _____ Mobile No. : 98184252
Email Address : _____
Date of Accident : 14/08/2019 Time of Accident : 09:50
Place of Accident : AYE TWDS MCE
Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend was the accident reported to the police - yes

Policyholder / Driver's Signature
Date:


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



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9030462C



Name

TEY XIANG JIU

郑湘就

Race

CHINESE

Date of birth

22-08-1990

Country of birth
SINGAPORE

Sex

M

S9030462C

LKK/NAC Use Only

Class 3 Motor Cars < 3000kg with < 4 passengers, exclusive of the driver; and other motor vehicles < 3500kg 10 Feb 2014

NP 428A



NRIC No. S9030462C



Date of issue
29-08-2005

Address

APT BLK 938 JURONG WEST STREET 91
#05-395
SINGAPORE 640938

RE

IDENTITY CARD NO S1561456J

Name

CHEW GIM SER

周 錦 賜

Race

CHINESE

For LKK/NAC Use Only

Date of birth

24-03-1962

Sex

M

Country/Place of birth

SINGAPORE





S1561456J

For LKK/NAC Use Only

Date of issue

02-10-2015



Address

APT BLK 752 CHOA CHU KANG NORTH 5
#13-201
SINGAPORE 680752

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: M2-0000023-4)
20 McCallum Street #09-01 Tokio Marine Centre Singapore 089046
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: lines@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

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.: MT109338 (Private Car)

1. Index Mark and Registration Number of Vehicle: SKM737J Chassis No.: JHMF016309S200252
2. Name of Policyholder: CHEW GIM SER
3. Effective date of the Commencement of Insurance for the purposes of the Act: 01/11/2018 (00.00.00)
4. Date of Expiry of Insurance: 04/11/2019
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 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 imperative by Section 9 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 whatever 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).

Account No: 2324DDA

ADDITIONAL INFORMATION

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess: SGD 800.00)
	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:	MAYBANK		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature