

# NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MMA 11910 8278

Date In: 1918/19 11:29	Job description	Date & Time Completed	Done by
Ref No: MA/TMZ 19014370/164	SAS e-filing		
Veh No: SJN 7125K	E-mail (within 8hrs, AIC 2hrs)		
DDA 1718/19 20:30	I-Motor Claim Form		
(1) (1P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBJ 6377 Y	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: YBS ( ) / 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/Non-INC/Incident)

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

Injury: \_\_\_\_\_

## Date/Time: Actions:


MA1906086

Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.20
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON*	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	19/08/2019 11:29
Date Of Accident	17/08/2019 20:30
Exact Location Of Accident	SERANGOON CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN7125K
Insured/Policyholder	
Name Of Registered Owner	MR LIM SECK KOON
NRIC No	S1293929I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96727125
Alternative Phone No	OFFICE-96727125
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	-
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	18-MU010764-R01
Cover Note Number	-
Driver	
Name of Driver	MR LIM SECK KOON
NRIC No	S1293929I
Date Of Birth	29/09/1958
Occupation	INDOOR
Date Of Driving Pass	02/06/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96727125
Fax Number	
Contact Number	OFFICE-96727125
Email Address	NOEMAIL

Address	BLK 929 HOUGANG ST 91 #07-125
Postcode	530929
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 - CHANGE/CROSS LANE
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?	
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6377Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	




## SKETCH PLAN


### IMPORTANT NOTICE


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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

While travelling along Serangoon Central on the right lane. Suddenly Veh B from the left lane cut into my lane and hit onto my veh left front portion.

### 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 17/08/2019 (DD/MM/YYYY), TIME: 2030PM (HH:MM)

LOCATION: Serangoon Central

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 7125K  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 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: LIM SECK KOON (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S1293929 I CONTACT: 96727125  
 C) ADDRESS: B1K 929 HOANG STREET 91 #07-125  
S1530929

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: LIM SECK KOON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1293929 I CONTACT: 96727125  
 c) ADDRESS: B1K 929 HOANG STREET 91 #07-125  
S1530929

\* d) DATE OF BIRTH: 29/09/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBJ 6377 Y MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passengers  
 (including driver)  
(1)

# No of passengers  
 (including driver)  
(4)

# No of passengers  
 (including driver)  
( )

Email =

fax =

VIDEO = Yes.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1293929I



Name

LIM SECK KOON

林 昔 錕

Race

CHINESE

Date of birth

29-09-1958

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

S1293929I



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1293929I

Name:

LIM SECK KOON

For LKK/NAC Use Only

Birth Date: 29 Sep 1958

Issue Date: 02 Jun 2015



002433719H

SG  
50



6187697



NRIC No. S1293929I



**ABWIN**

譚  
煒

TEL : 6842 3332

TEL : 6593 7443

Date of issue

07-05-2019

Address

APT BLK 929 HOUGANG STREET 91  
#07-125  
SINGAPORE 530929

For LKK/NAC Use Only

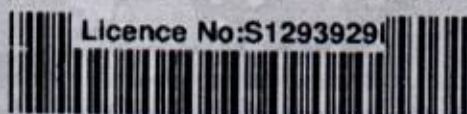
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 02 Jun 2015

For LKK/NAC Use Only

NP 428A



Licence No: S1293929I



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg No. M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E. [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W. [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



TOKIO MARINE  
INSURANCE GROUP

FORM MX1

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-MU010764-R01 (Private Motor Car)

- |   |                  |                                |
|---|------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SJN7125K         | Chassis No.: WDD2120482A420168 |
| 2. Name of Policyholder   | MR LIM SECK KOON |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 28/10/2018       |                                |
| 4. Date of Expiry of Insurance  | 27/10/2019       |                                |
| 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 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 93 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: 2456DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,250
	Windscreen Excess	SGD 100
Financial Interest:	STANDARD CHARTERED BANK SINGAPORE LTD	

Tokio Marine Insurance Singapore Ltd.

\_\_\_\_\_  
Authorised Signature