

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 119113080

Date In: 27/8/19 14:49	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ19015082/h4	SAS e-filing		
Veh No: SLF 800J	E-mail (within 2hrs, AIC 2hrs)		
DATE: 26/8/19 17:50	I-Motor Claim Form		
(1) 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		

Professl Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SJR 3656 A 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: 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) (Non-INC) (6798/6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Action: ()

NA1906295

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Author's Comments:

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	27/08/2019 14:49
Date Of Accident	26/08/2019 17:50
Exact Location Of Accident	BEDOK NORTH RD B4 KAKI BUKIT RD 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF800J
Insured/Policyholder	
Name Of Registered Owner	MONG HENG TRANSPORTATION
Co Reg No	53330638L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94565170
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MJ000658-R01
Cover Note Number	-
Driver	
Name of Driver	GOH MONG ING
NRIC No	S0089116I
Date Of Birth	26/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1970
Driving Experience	49 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94565170
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 984A BUANGKOK LINK #18-09
Postcode	531984
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	RAINING
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?	
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: : FEMALE

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR3656A
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)

SKETCH PLAN

VEHICLE NO.: _____
INSURER : _____
DATE & TIME: _____

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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:

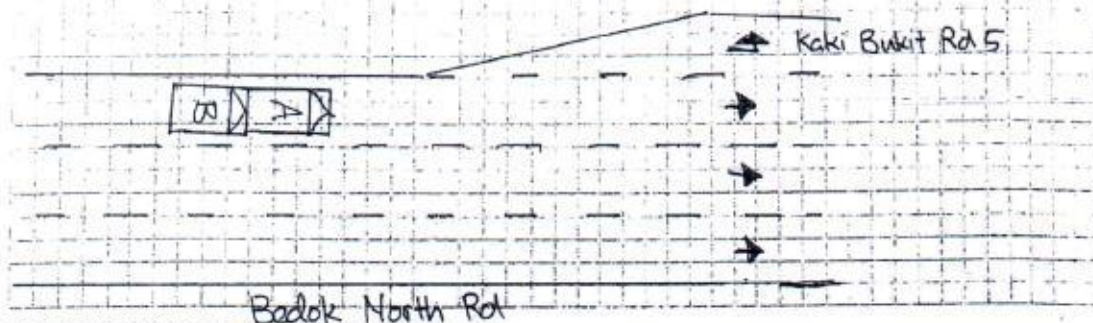
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A : SLF 800 J

Vehicle B : SJR 3656A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I, Vehicle A (SLF 800 J) was travelling along Bedok North Rd on the third lane. As the vehicle in front of me comes to a stop, I follow suit. Suddenly, Vehicle B (SJR 3656A) hit onto the rear side of my vehicle causing damages.

Note : Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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 Centra Personnel's Signature
Name:
NRIC/FIN No.:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()

Date of Accident : 26/08/2019 Accident Time: 1750 (24-HR-FORMAT)
 Accident Place : Bedok North Road Blk Kaki Bukit Rd 5
 Vehicle Reg. No (Car plate No.) : SLF 800 J Vehicle Make/Model: Honda Stream
 Insurance Company : Tokio Marine Insurance Policy No. 19-MJ000658-R01
 Name of Registered Owner : Company / Individual Mong Heng Transportation
 ID of Registered Owner : Co Reg No: 53330638L Owner's NRIC No: _____
 : Co Contact No: 9456 5170 Owner's Contact No: _____
 DRIVER'S Name : Goh Mong Ing DRIVER'S NRIC No: S0089116I
 DRIVER'S Date of Birth : 26/12/1947 DRIVER'S License Pass Date 12/08/1970
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : Blk 984A Buangkok Link #18-09 S(531984)
 DRIVER'S Contact No./ Alt No. : 1) 9456 5170 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : _____
 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): 3
 Was the accident reported to the police? YES \ NO
 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 Particulars (if any)

Vehicle Reg No: <u>SJR 3656 A</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Passenger 1 : Female

Passenger 2 : Female

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S00891161

Name: GOH MONG ING

Birth Date: 28 Dec 1947

Valid Until: 02 Aug 2002

000788061C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S00891161

Name: GOH MONG ING

吴文英

Race: CHINESE

Date of Birth: 28-12-1947

Sex: M

Country of Birth: CHINA

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

12 Aug 1970

NP 426A

License No. S00891161

000788061C

APC No. S00891161

APC Group: 03-08-2002

APT BLK 904A BLANCKOM LINK #10-00

SINGAPORE 531064

APC No. S00891161

Date: 31/05/2002

No: 1000000

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: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MX1 H

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-MJ000658-R01 (Private Motor Car)

- | | | |
|--|--------------------------|-------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLF800J | Chassis No.: RN61026533 |
| 2. Name of Policyholder | MONG HENG TRANSPORTATION | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 06/06/2019 | |
| 4. Date of Expiry of Insurance | 05/06/2020 | |

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

The hirer.

Any other person who is driving on the hirer's order or with his/ their 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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: 2417DDA

Insurance Plan:	Third Party, Fire & Theft
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess-Third Party (Sect II) SGD 2,000
Financial Interest:	TAI THONG LEE TRADING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

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