

# NATIONAL Assessment Centre Services

Date In: 11/09/09	Job description	Date & Time Completed	Done by
Ref No: NA/MI19016155/13	SAS e-filing		
Veh No: 5BA79972	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/09/09 1125	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: ( N-57 Tel: Fax: )

TP Particulars:	Veh No: 558853J	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

NA1906984	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2/3:</b>	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	11/09/2019 17:51
Date Of Accident	11/09/2019 11:25
Exact Location Of Accident	CTE TWDS AMK B4 MOULMEIN EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBA7997Z
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### Insured/Policyholder

Name Of Registered Owner	HOME LIMOUSINE & MANAGEMENT SERVICES PTE LTD
Co Reg No	201529715N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87428758

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS006406
Cover Note Number	

### Driver

Name of Driver	TEO TENG HIAN
NRIC No	S6817758H
Date Of Birth	13/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87428758
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 484 ADMIRALTY LINK #10-43
Postcode	750484
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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?	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	SJS8853J
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	TEO TENG HIAN
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## 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.

HOME LIMO & MGT  
SER P/L

Policyholder's Signature  
Date & Time:



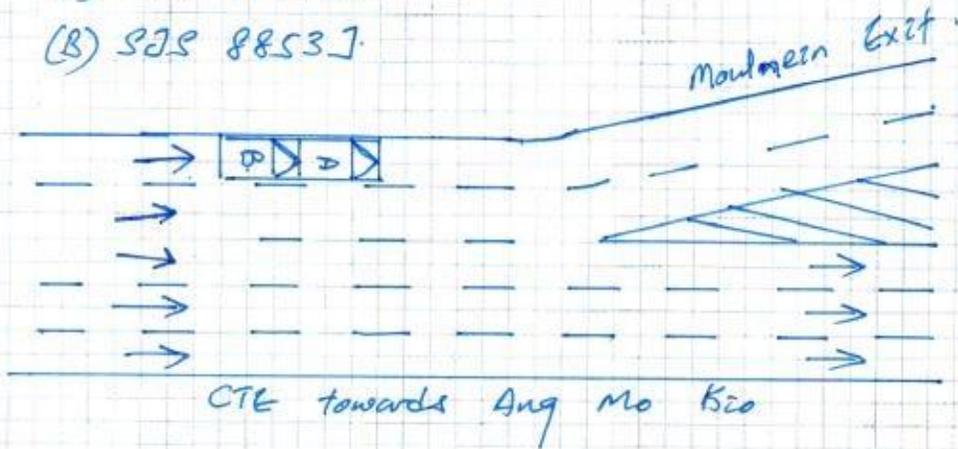
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 11/09/19

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

**SKETCH PLAN**

- (A) SBA 7997Z.
- (B) SJS 8853J.



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 11/09/19 at @ 1124 hrs, I was travelling in my vehicle (SBA 7997Z) along CTE towards Ang Mo Kio before Moulmein exit on the extreme left lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (SJS 8853J) from behind collided onto the rear portion of my vehicle.

**DECLARATION**

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

HOME/LIMO & MGT  
BER P/L

Policyholder's Signature  
Date & Time:

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

sgm 11/09/19

Reporting Centre Personnel's Signature  
Name:

Vehicle No.	SBA 7997 Z.	Model / Make	Toyota Vellfire.
Date of Accident	11/09/19.		
Time of Accident	1124 HRS		
Location of Accident	CTE towards Ang Mo Kio before Mountsein Exit.		
Exact purpose use during accident	Limousine.		
Name of Owner	Home Limousine & Management Service Pte Ltd.		
Telephone No.	H/P: 8742 8758	Home:	Office:
NRIC	201529715N.		
Address	20, Upper Boon Keng Road #08-654 (S) 384002.		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	Tokico Marine.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MS006406.		
Name of Driver	As Above If No, TEO TENG HIAN.		
NRIC	S 68177584.	Any Passengers:	N/A
Date of birth	13/05/1968.		
Occupation	Outdoor	Indoor	
Driving License Pass Date	21/08/1986.		
Gender	Male	Female	
Contact No.	H/P: 8742 8758	Home:	Office:
Address	8LK #84 Admiralty Lane #10-43 (S) 750484.		
Driver have any own vehicle	No.	If yes, Reg No.	
Relationship	Employee.	If no, state <i>Owner</i> .	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No.	If Yes, Who?	
Name And Contact No.	TEO TENG HIAN (H/P: 8742 8758)		
Name And Contact No.			
Police Report	No.	If Yes, Where?	
Vehicle B No.	SJS 8853 J.	Any Passengers:	02 (M).
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N-A.	Witness Contact:	N-A
Accident Portion	Rear Portion.		
Camera Recorder	Yes / No.		
Email Address	wilimo88108@gmail.com		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

## Tokio Marine Insurance Singapore Ltd.

Company Reg No: 192300014M (GST Reg No: M2-000021-4)

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

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: [travis@tokiomarine.com.sg](mailto:travis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)TOKIO MARINE  
INSURANCE GROUPA member of the  
Tokio Marine Group

## Certificate of Insurance

FORM MX1 H

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.: MS006406 (Private Car)

1. **Index Mark and Registration Number of Vehicle** SBA7997Z **Chassis No.:** AGH300040499
2. **Name of Policyholder** HOME LIMOUSINE & MANAGEMENT SERVICES PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 21/05/2019 (15:50:29)
4. **Date of Expiry of Insurance** 20/05/2020
5. **Persons or Class of Persons entitled to drive\***  
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.

\* 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 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\***

\* 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 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 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 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 No: 1760DDA

<b>Insurance Plan:</b>	Comprehensive		
<b>Limit for total loss or theft:</b>	Prevailing Market Value		
<b>Policy Excess:</b>	Own Damage Claims	SGD 2,000.00	(Original Excess: SGD 2,000.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 1,500.00	
	WindScreen Excess	SGD 100.00	
	Excess-Third Party (Sect II)	SGD 2,000.00	
<b>Financial Interest:</b>	DICKSON CAPITAL PTE LTD		
<b>Additional Terms:</b>	1. Unnamed Driver Excess is not applicable. 2. Vehicle is licensed for private hire by LTA and can be used for private hire limousine services. 3. All drivers must have the necessary private hire licences when used for private hire. 4. YID excess applied on Section 1 & Section 2 separately. 5. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable. 6. Private Hire Usage Vehicle Endorsement is applicable. 7. Approved workshop plan only.		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: 1760DDA

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Printed: 21-05-2019

TOKIO MARINE  
INSURANCE GROUPTokio Marine Insurance Singapore Ltd  
List of Approved Workshops (With 24 Hours Towing Service)  
24-hour Hotline - 1800 225 8647 (In Singapore)  
- +65 6225 8647 (In Malaysia/Thailand)

Zone	Area	Name of Workshop	Address	Contact
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