

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA11912506**

Date In: 16/1/19-15:57	Job description	Date & Time Completed	Done by
Ref No: NA11912506/24	SAS e-filing		
Veh No: JME5581B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 16/1/19-08:50	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: SL51698M	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 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

NA1906935	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	OD*		
	*N5: Courtesy Car / Tpl 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 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	16/09/2019 13:57
Date Of Accident	16/09/2019 08:50
Exact Location Of Accident	TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5581B
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67146614

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001357-R00
Cover Note Number	

Driver

Name of Driver	SEE SIOW TECK
NRIC No	S1804162F
Date Of Birth	13/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1996
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98338102
Fax Number	
Contact Number	OFFICE-98338102
EMail Address	NOEMAIL

Address	BLK 872 TAMPINES STREET 84 #05-85
Postcode	520872
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)	2
Passenger 1	NAME: : PEK ZHI QIANG GENDER: : MALE

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 - T220190916/7012.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS1698M
Vehicle Make/Model/Colour	TOYOTA SIENTA
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 SEE SIOW TECK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SME5581B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PEK ZHI QIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SME5581B

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.



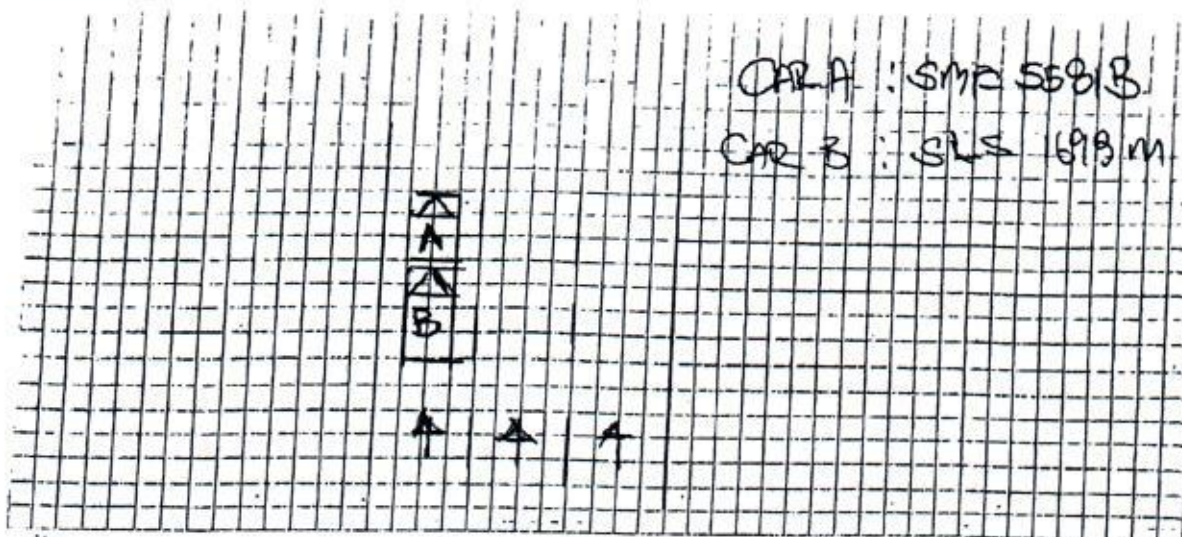
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along TAMPINES AVE 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT ATTACH

DECLARATION

(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.:

Date of Accident : 16/09/2019 Accident Time: 0950 (24-HR-Format)
Accident Place : ALONTI TAMPINES AVE 5 TOWARD
Vehicle Reg. No. (Car Plate No.) : JME 5581 B
Vehicle Make/Model : TOYOTA NOAH
Insurance Company : TOKYO MARINA Policy No. _____
Owner or Company Name /IC No. : LUMENS AUTO PTE LTD
Owner or Company Contact No. : 6714 6644 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : SEE SION TECK
DRIVER'S Date Of Birth : 13/08/1967 DRIVER'S License Pass Date : 28/6/1996
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HICER
DRIVER'S Address : BK 372 TAMPINES ST 94 #05-85
DRIVER'S Contact No./ Alt No. : 1) 98338102 2) 550972
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): 02 PASSENGER NAME : PEK ZHI QIANGL
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: SLS 1698 M
Vehicle Make/Model: TOYOTA SIENNA
Name Driver: MIKE JOT JAFFRY GEORGE
IC No. Driver: S1670299C
Driver's Contact & Add: _____

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



**SINGAPORE
POLICE FORCE**



T/20190916/7012

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

1 of 3

Report No. T/20190916/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2019 11:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEE SIOW TECK			Address: APT BLK 872 TAMPINES STREET 84 #05-85 SINGAPORE 520872		
ID Type / ID No.: NRIC NO / S1804162F			Contact No.: Home/Office: Mobile: 98338102		
Nationality: SINGAPORE CITIZEN			Email: sunnyseesowteck@gmail.com		
Sex: Male	Age: 52	Date of Birth: 13/08/1967	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2019 08:50	Type of Location: Straight Road
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SLS1698M	Car					0
SME5581B	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190916/7012

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

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Report No. T/20190916/7012

CONTINUATION OF REPORT

Driver			
Name	SEE SIOW TECK	ID No.	S1804162F
Related Vehicle	SME5581B (Car)	Contact No.	98338102
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/09/2019	Date Discharge	16/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date

i was travelling on my vehicle bearing SME5581B along tampines ave 5 ,suddenly i felt an huge impact from the rear and i alighted from my vehicle then i realised that the car bearing SLS1698M had collided on my car rear portion we both driver exchanged particulars and agreed to proceed for insurance claim .After awhile i felt unwell i proceed to see doctors and given 5days MC my passenger Mr Kenneth was also slightly injured ..will proceed to visit doctors



**SINGAPORE
POLICE FORCE**



T/20190916/7012

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

3 of 3

Report No. T/20190916/7012

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
16/09/2019 11:57

Classification Of Case:

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.: 18-MJ001357-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SME5581B **Chassis No.:** ZWR800327363
2. **Name of Policyholder** LUMENS AUTO PTE. LTD.
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 03/10/2018
4. **Date of Expiry of Insurance** 29/09/2019

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: 2910DDA

Insurance Plan: Third Party Cover Only
Policy Excess: Excess - All Claims
Financial Interest: DBS BANK LTD

SGD 2,000

Tokio Marine Insurance Singapore Ltd.

Authorised Signature