

# NATIONAL Assessment Centre Services.

Jan 1 2005 MWALL 9.31 8.05

Date In	5/10/19 08:58	Job description	Date & Time Completed	Done by
Ref No	WA 17M2 19017546164	SAS e-filing		
Veh No	SMA 8052 M	E-mail (within 3hrs, AIC 2hrs)		
TEFA	4110/19 07:40	1-Motor Claim Form		
(H) <input checked="" type="radio"/> Reporting Only		1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:		1-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wk312		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XE 6066K	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: 6066K)

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

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

Date/Time	Actions

<p>WA 1907441</p> <p>Customer's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal. 1:</p>	<p>INVOICE REFUNDATION CHECKLIST</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (Nil): TP (Nil INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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## 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	05/10/2019 08:58
Date Of Accident	04/10/2019 07:40
Exact Location Of Accident	TPE NEAR SENGKANG EXIT TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8052M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO SOO LIEW
NRIC No	S1762704Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517872
Alternative Phone No	OFFICE-97517872

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	MS010688
Cover Note Number	

### Driver

Name of Driver	TAN JUN HENG JAVAN
NRIC No	S9822809H
Date Of Birth	08/07/1998
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-89034045
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 295A COMPASSVALE CRES #11-209
Postcode	541295
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GIRL FRIEND FATHER
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	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?	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)	3
Passenger 1	NAME: : VIVIEN HO SHU YU GENDER: : FEMALE
Passenger 2	NAME: : FRANCIS TIAN KAI EN GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE6066K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMANATHAN KARTHIKEYAN
NRIC/Passport Number	
Contact Number	86204005
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	TAN JUN HENG JAVAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMA8052M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	VIVIEN HO SHU YU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMA8052M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	FRANCIS TIAN KAI EN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMA8052M
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:

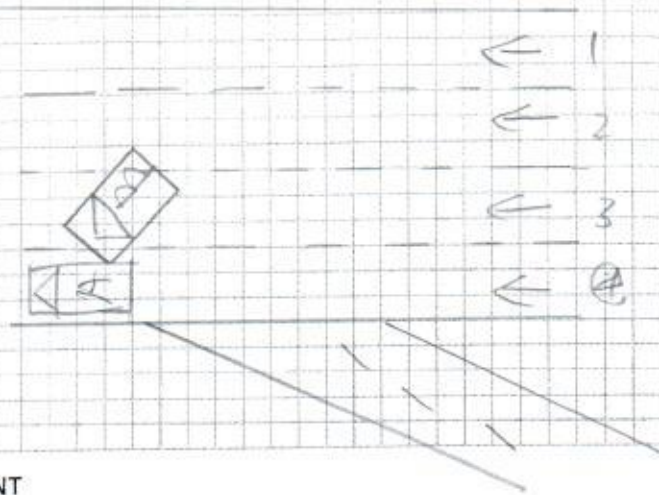
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A = SMA 8052 M

B = XE 6066 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lane 4 of TPE near Sengkang Exit

twds SLE on 04-10-2019 @ 0740 hour. Vehicle B cut into my

lane from Lane 3, Vehicle B was collided onto right portion

of my vehicle. Vehicle B didn't brake after he collided my

vehicle.

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:



VEHICLE NO: SMA8052M

MAKE &amp; MODEL: Toyota Vios

DATE OF ACCIDENT 04/10/19

TIME OF ACCIDENT 7.40 AM

AM / PM

LOCATION OF ACCIDENT

Exact Purpose use during accident TPE Near Sengkang Exit twds SLE  
Going to work

NAME OF OWNER HO SOO LIEW

TELP NO 9751 7872

NRIC S1762704Z

CLAIM TYPE

OD

THIRD PARTY

Reporting Only

INSURANCE CO. Tokyo Marine

TYPE OF CAVERAGE

Comprehensive / Third Party / Third Party Fire &amp; Theft

POLICY NO. MS010688

NAME OF DRIVER

As above

If No.

TAN JUN HENG JAVAN

NRIC S9822809H

Any passengers: YES (2)

DATE OF BIRTH 08/07/1998

/

/

(F) Vivien Ho Shu Yu

OCCUPATION SCDF

Outdoor

/

Indoor

(M) Francis Tian Kai En

DATE OF DRIVING PASS

05/03/19

/

/

GENDER

Male

/

Female

CONTAC NO.

8903 4045

Office.

Home.

ADDRESS

Blk 295A Compassvale Crescent #11-209 S (541295)

DRIVER HAVE ANY OWN Vehicle

NO / If yes, Reg No.

RELATIONSHIP

girlfriend father

Employee / If No.

WEATHER CONDITION

Clear

/

Raining

/

Other:

Heavy rain

ROAD SURFACE

Dry

/

Wet

/

Other:

ANY INJURIES

No / If yes: Who?

ME, My girlfriend, My friend.

CONTAC NO.

8903 4045

POLICE REPORT

No / If yes: Where?

VEHICLE B NC

XE6066K

Any Passenger:

NAME

RAMANATHAN KARTHIKEYAN

CONTAC NO.

8620 4005

VEHICLE C NC

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /  
offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

huameng@live.com.sg

TELP NO

CONTACT PERSON

FAX NO.



## 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: 655 6221 6111 F: 655 6221 4365 / 655 6224 0495 E: tms@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, 1969  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

G621

Policy No.: MS010688 (Private Car)

1. Index Mark and Registration Number of Vehicle	SMJ8052W	Chassis No.: MR053HY9305116791
2. Name of Policyholder	HO SOO LIEW	
3. Effective date of the Commencement of Insurance for the purposes of the Act	18/09/2019 (17:39:15)	
4. Date of Expiry of Insurance	17/09/2020	
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 96 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).

ADDITIONAL INFORMATION		Account No: 238600A
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600.00
	Additional Excess for Unnamed Driver(s)	SGD 500.00 (Original Excess : SGD 600.00)
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,600.00
	WindScreen Excess	SGD 100.00
Financial Interest:	GV CREDIT PTE LTD	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

LQ SERVICES PTE LTD  
 1808 BENCOOLEN STREET  
 #08-04 THE BENCOOLEN  
 SINGAPORE 189648  
 TEL: 6-333-4116 FAX: 6-333-4108  
 Co. Reg. No: 201227819H