

NATIONAL Assessment Centre Services (Mar 1, Jan 2019)

Date In: 05/10/19	Job description	Date & Time Completed	Done by
Ref No. NA/TM19017557/13	SAS e-filing		
Veh No: SKL664R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. 05/10/19 1310	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: (*VISION AUTOWORK* Tel: Fax:)

TP Particulars:	Veh No: <u>SGM3303Y</u>	INC () / Non-INC ()
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Owner / Driver: () Tel: ()

Policy No: ()	Period: ()	Cover Type: ()
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Confirmed by : (_____) Date: _____ Time: _____)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]
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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
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1) Apply for Transport Allowance () / Courtesy Car ()		
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2) QC Check / Post Repair Inspection	()		
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3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury :

Date/Time	Actions
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[illegible]

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[illegible]

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[illegible]

491907580	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
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Claimant's Particulars	Invoice Preparation Checklist	1st Bill	Add Bill
	1) AR : Accident Reporting (\$30);		

2) DA : Damage Assessment	(\$100);	INC (\$80)
2) TE : Training Fee		(\$40,000)

river/Owner:	3) TF : Towing Fee	\$40/\$45	
	4) FT : Follow-Through Survey	\$120	

contact No:	5) iT : Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2005)	

Damaged Portion:	6) TR : Re-inspection \$75	
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7) N1 : Idac DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		

C Checked by (Engr-In-Charge):	on*	
	*NLS - Constant Cost / Test Allowance	€5

*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	

Auditors' Comments :-	*N7: Post Repair Inspection	\$25	
	*N8: DW / Collect Excess Coordination	\$5	

	*N8: DV / Collect Excess Coordination	\$5
	TP (N11) : TP (Non INC) against INC	\$20

2/3:	9) N12: Idac Mobile	30	
	<i>Invoice dated</i>	<i>Fee Charged</i>	

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 willful 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 15:55
Date Of Accident	05/10/2019 13:10
Exact Location Of Accident	ALONG SUNTEC CONVENTION HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL664R
Insured/Policyholder	
Name Of Registered Owner	LIM KOK SOON
NRIC No	S8006234F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82228331
Alternative Phone No	OTHERS-82228331

Vehicle Particulars

Manufacturer	BMW
Model	316i
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	MS010445
Cover Note Number	

Driver

Name of Driver	LIM KOK SOON
NRIC No	S8006234F
Date Of Birth	22/02/1980
Occupation	INDOOR
Date Of Driving Pass	21/04/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82228331
Fax Number	
Contact Number	OTHERS-82228331
EMail Address	NOEMAIL

Address	BLK 285 TAMPINES ST 22 #06-209
Postcode	520285
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	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 HE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM3323Y
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	LIM KOK SOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKL664R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

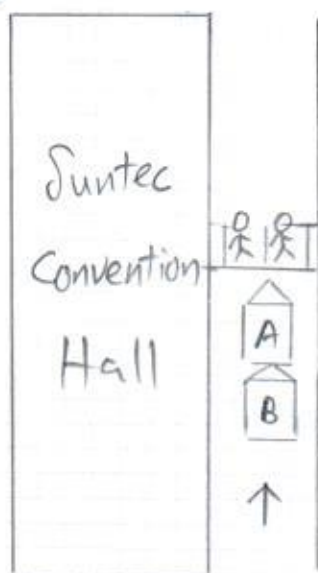


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 05/10/19

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

SKETCH PLAN



A = SKL 664 R

B = SGM 3323Y

Suntec Convention Hall

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 05.10.19 at about 13:10 hours, while I was driving along Suntec Convention Hall.

My vehicle slow down and stop in front of Zebra crossing for pedestrian to cross . Suddenly, I heard a loud bang from behind when I alighted and realized it was vehicle (B) who hit my rear portion of my vehicle (A) .

Vehicle (A) : SKL664R

Vehicle (B) : SGM3323Y

A handwritten signature in blue ink, consisting of a large loop followed by a checkmark-like stroke.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 05/10/19	Time: 13:10	(hh:mm) 24 hr format
Location Sa Along Suntec Convention Hall		
Vehicle Number SKL664R		
Insured Name Lim Kok Soon		
NRIC / FIN 58006234E	Contact Number 82228331	
Make BMW	Model 316i	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company Tokio Marine		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number MS010445		
Name of Driver Lim Kok Soon () Same as Insured		
NRIC / FIN		
Contact Number		
Date of Birth 22/02/1980		
Driving Pass Date 21/04/2007		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address ctr22021980@gmail.com () NO EMAIL		
Address of Driver Blk 285 Tampines Street 22 #06-209, SC520285		
Was driver an employee of the Insured's Company? () Yes () No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Lim Kok Soon C Body pain		
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B SGM 33237		
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only

FORM 10X1

Policy No.: MS010445 (Private Car)

- * 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 regulation under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- * 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 180) 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/damaged, 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 100).

TOKIO MARINE INSURANCE SINGAPORE LTD.

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Authorized Signature