

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA 119 13853**

Date In: 6/12/19-12:00	Job description	Date & Time Completed	Done by
Ref No: 119/119 082024	SAS e-filing		
Veh No: 565324x	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/12/19-13:50	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: **565324x**

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

NA1907223

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Amf (\$)

Inc Bill

Amf (\$)

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TP: Towing Fee \$40/\$45
- 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:-
- 9) N12: Idac Mobile

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 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	15/10/2019 17:02
Date Of Accident	14/10/2019 13:50
Exact Location Of Accident	PAYA LEBAR RD BEFORE GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ9324X
Insured/Policyholder	
Name Of Registered Owner	IDRIVE AUTOMOBILE
Co Reg No	53364146B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84286663
Alternative Phone No	OFFICE-84286663

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	MS004306
Cover Note Number	

Driver

Name of Driver	WONG HOE LIANG
NRIC No	S1425895G
Date Of Birth	30/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98262869
Fax Number	
Contact Number	OFFICE-98262869
EEmail Address	NOEMAIL

Address	BLK 572 PASIR RIS STREET 53 #10-40
Postcode	510572
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?	YES
Foreign Vehicle Registration Number	JSG6479 (PRIVATE CAR)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191014/2149.

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	JSG6479
Vehicle Make/Model/Colour	HYUNDAI STAREX
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 WONG HOE LIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ9324X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

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

SKETCH PLAN

PAYA LEBAR ROAD

VEH A : SGJ 9324X

VEH B : JSG 6479

SHELL STATION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/10/2019 at about 1350 hrs I was travelling along
 PAYA LEBAR ROAD towards the direction of GUILLEMARD ROAD
 just in front of the SHELL PETROL STATION the traffic was
 heavy & slow down, Out of sudden I felt a very strong
 impact from the rear of my vehicle. After which I stop & alighted
 my vehicle to found out a vehicle (JSG6479) fail to slow down
 in time & rear ended my vehicle. My vehicle suffer serious damage
 from the accident.

DECLARATION

I/We declare the following 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 : 14042019 Accident Time: 1350 (24-HR-Format)
Accident Place : PAYA LEBAR RD BEFORE GEYLANG EAST CENTRAL
Vehicle No. (Car Plate No.) : SGJ9324X Make/Model: TOYOTA VIOS
Insurance Company : TOKIO MARINE Policy No: MS004306
Owner or Company Name /IC No. : I DRIVE AUTOMOBILE
Owner or Company Contact No. : 8428 6663 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : WONG HOE LIANG S14258956
DRIVER'S Date Of Birth : 30-05-1960 DRIVER'S License Pass Date 20/04/1981
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : 572 PASIR RIS STREET 53 #10-40 S(510572)
DRIVER'S Contact No./ Alt No. : 1) 9826 2869 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____ sales@mia.com.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): 1
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
Any Injury (If YES, Pls state): 01 injury

Other Party Driver's Particular (if any)

Vehicle No: <u>JS6 6479</u>	Vehicle No: _____
Vehicle Make/Model: <u>HYUNDAI STAREX</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



SINGAPORE POLICE FORCE

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871899



1/20191514/2145

1 of 3

Report No: 1/20191514/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 17:31	Vide Report No:	Station Diary No: 115
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Informant's Particulars

Name of Informant: WONG HOE LIANG		Address: APT BLK 572 PASIR RIS STREET 53 #10-40 SINGAPORE 510572	
ID Type / ID No: NRIC NO / S1425895G		Contact No: Home/Office: Mobile: 98262869	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 30/05/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Injury	Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 14/10/2019 13:50	Type of Location: Straight Road
Location: Along Road 1: PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
JSG6479	Car					0
SGJ9324X	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191014/2149

2 of 3

Police Station Of Origin:
Tampines N.P.O.
6 Tampines Avenue 4 SINGAPORE 529662
Tel No: 1800-6871999

Report No: T/20191014/2149

CONTINUATION OF REPORT

Driver			
Name	WONG HOE LIANG	ID No.	S1425895G
Related Vehicle	SGJ9324X (Car)	Contact No.	98262869
Hospital/Clinic	TAN & KOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	14/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/10/2019 at about 1350hrs, I was driving a rental car (bearing registration number: SGJ9324X) along Paya Lebar road (4-lane road) and I was driving on lane number 3. As I was travelling, I heard a bang and felt an impact from the rear portion of my vehicle.

I immediately stopped my vehicle and alight and noticed a Malaysian car (bearing registration number: JS6479) has collided into the rear portion of my vehicle. I called my insurance company and a representative came over to take the other driver's particulars. However, on hand, I do not have his particulars. My car sustained major dents and scratches at the rear portion of my vehicle. I took pictures of the damages and subsequently moved off.

I then head to Tan & Koh Clinic & Surgery as I felt pain on my back and shoulder and was given 3 days of MC. No police or ambulance was called in. I wish to state that my vehicle has a in car camera facing front of the vehicle and was operational during the accident.



**SINGAPORE
POLICE FORCE**



T/20191014/2149

Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3
Report No. T/20191014/2149

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G/

Sgt 2 MUHAMMAD SYARAFUDDIN BIN
SHARIFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp
NP156



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

14/10/2019 17:31

Classification Of Case:

SIGNATURE

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

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.: MS004306 (Private Car)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGJ9324X | Chassis No.: MR053HY4204196606 |
| 2. Name of Policyholder | IDRIVE AUTOMOBILE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 04/04/2019 (17:36:38) | |
| 4. Date of Expiry of Insurance | 03/04/2020 | |
| 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 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*

* 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 No: 2417DDA

Insurance Plan: Third Party Only

Policy Excess: Excess-Third Party (Sect II) SGD 2,500.00

Financial Interest: NIL

Additional Terms:

1. Vehicle is licensed for private hire by LTA and can be used for private hire limousine services.
2. All drivers must have the necessary private hire licences when used for private hire.
3. Additional YID excess of SGD 1,500 applied on Section 2.
4. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable.
5. Private Hire Usage Vehicle Endorsement is applicable.

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature