

Report	2/11/19 09:34	Job description	Date & Time Completed	Done by
Ref No	NA1 TMZ 19019359/h4.	SAS e-filing		
Ref No	SJC 3296 J	E-mail (e166a 3hrs, A/C 2hrs)		
Ref No	1/11/19 14:55.	I-Motor Claim Form		
Ref No	0 Reporting Only	I-Motor W/O (Whist: OD 2hrs, TP *hrs)		
Ref No		I-Photo Uploaded		
Ref No		Assessment/Survey Report		
Ref No		Ass't Report by Fax / Hand to Owner/Whist		

Insurance/Whisp / INC Assign Whisp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: **SKM 4835H.** 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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: ()

Reminders:	(INC Motor: 6798/6616)	Date 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	Action

NA1908275	Invoice Description	GL Code	Rate	AMT (\$)	AMT (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30)			70.00	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (340)			
Contact No:	3) TP: Towing Fee	\$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey	\$120			
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30			
Auditors Comments:	For claimants against JNC Only (see 19 Jan 2019)				
	6) TR: Re-inspection	\$75			
	7) NI: Idas 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: Idas Mobile	\$0			
	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	02/11/2019 09:34
Date Of Accident	01/11/2019 14:55
Exact Location Of Accident	EUNOS LINK FILTER LANE TO UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3296J
Insured/Policyholder	
Name Of Registered Owner	LIM HUI QING
NRIC No	S9238267B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81561177
Alternative Phone No	OFFICE-81561177

Vehicle Particulars

Manufacturer	PERODUA
Model	KENARI
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	THIRD PARTY
Fleet Policy	NO
Policy Number	MS001596
Cover Note Number	

Driver

Name of Driver	LEE YEW MENG
NRIC No	S1589721Z
Date Of Birth	26/04/1963
Occupation	INDOOR
Date Of Driving Pass	29/06/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97529170
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 783C WOODLANDS RISE #02-07
Postcode	733783
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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: : CHOO WENG KEAT 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	SKM4835H
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	LEE YEW MENG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJC3296J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHOO WENG KEAT
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJC3296J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

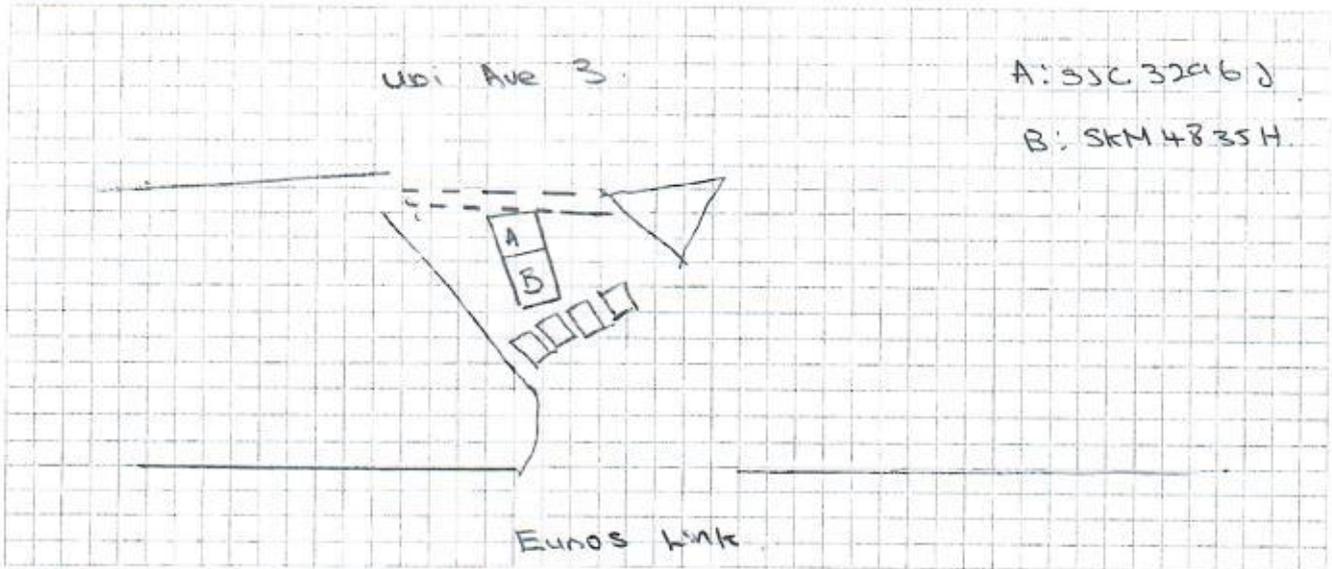


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/11/19 at about 2:55PM I was ~~stationary~~
stationary behind the five way line. I was checking
for an on-coming vehicle. Suddenly I felt an impact from
the rear.

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.:

Date of Accident : 01/11/19 Accident Time: 2:55 pm. (24-HR-Format)
 Accident Place : Eunos Link ~~Area~~ Silter lane to Ubi Ave 3.
 Vehicle. No. (Car Plate No.) : SJC 3296J Make/Model: Perodua Kenari
 Insurance Company : TM. Policy No: MS001596.
 Owner or Company Name / IC No. : 89238267B Lim Hui Qing.
 Owner or Company Contact No. : 81561177. Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Lee Yew Meng. S1584721Z.
 DRIVER'S Date Of Birth : 26/04/1963 DRIVER'S License Pass Date 22/06/2012.
 Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: friend.
 DRIVER'S Address : Blk 783C Woodlands Rise #02-07.
 DRIVER'S Contact No./ Alt No. : 1) 97529170. 2) _____
 DRIVER'S Occupation : INDOOR | OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 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 Driver & 1 Passenger.

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): Driver injured. splash (Driver),
 & passenger. Back & Neck (passenger).
Other Party Driver's Particular (if any)

Vehicle. No: SKM 4835H.	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:
 1. Cheo Weng Keat (Male)





TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM 001

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.: M5001596 (Private Car)

1. Index Mark and Registration Number of Vehicle	SJC3296J	Chassis No.: FM2L9025002119617
2. Name of Policyholder	LIM HUI QING	
Effective date of the Commencement of Insurance for the purposes of the Act	13/02/2019 (00:00:00)	
4. Date of Expiry of Insurance	12/02/2020	
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	

* Important 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 restriction of any equipment or requirement 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 contained in Schedule 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 20 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 provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part 10 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 valid unless, during its currency, if the insurance is cancelled for whatever reason, you must send 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Account No. 153100A

ADDITIONAL INFORMATION

Insurance Plan: Third Party Only
 Financial Interest: Nil

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

HUA LIAN AGENCIES PTE LTD
 2, WINDING LANE #11-21
 WINDING BUILDING
 FINANCIAL DISTRICT
 TEL: 65 6544 7740 FAX: 65 6582 8746