

# NATIONAL Assessment Centre Services

Date In: 05/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/SMI/19019504/13	SAS e-filing		
Veh No: 5J1829E	E-mail (within 5hrs, APC 2hrs)		
D.O.A: 04/11/19 1525	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: QJ 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: ( 7-11 CAR	Tel:	Fax:
TP Particulars:	Veh No: 9BD22134	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

NA1908471	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	DI*		
	*N5: Courtesy Car / Tpt 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		
	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	05/11/2019 09:39
Date Of Accident	04/11/2019 15:25
Exact Location Of Accident	GANGES AVE SLIP RD INTO LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ829E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LYE HWA
NRIC No	S7421517C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97374186
Alternative Phone No	OTHERS-97374186
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	ODDYSEY
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MT102092-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN LYE HWA
NRIC No	S7421517C
Date Of Birth	01/07/1974
Occupation	INDOOR
Date Of Driving Pass	22/02/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97374186
Fax Number	
Contact Number	OTHERS-97374186
EMail Address	NOEMAIL

Address	BLK 77A REDHILL ROAD
	#21-20
Postcode	151077
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)	3
Passenger 1	NAME: : RYAN TAN KAI BIN
	GENDER: : MALE
Passenger 2	NAME: : JENNIE GARCIA GACAD
	GENDER: : FEMALE

#### 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 THE ATTACHED 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	GBD2212Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 TAN LYE HWA  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJJ829E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name RYAN TAN KAI BIN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJJ829E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 3

Name JENNIE GARCIA GACAD  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJJ829E  
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.

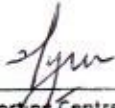
#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

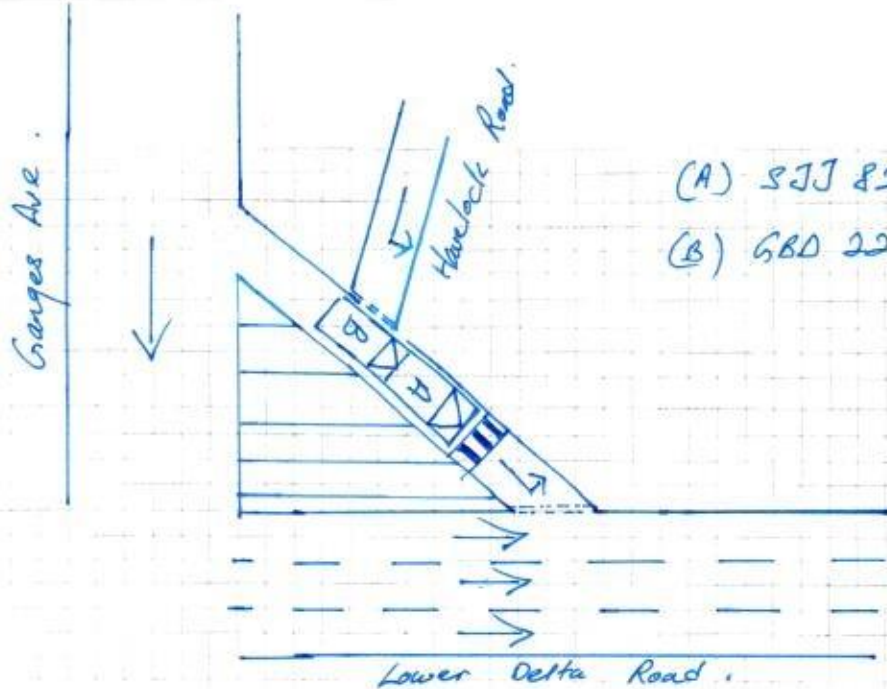
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

X   
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 05/11/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



(A) SJJ 829E.

(B) GBD 2212Y.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

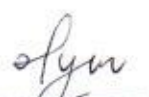
On 04/11/19 at @ 1524hrs, I stopped my vehicle (SJJ 829E) along Ganges Ave slip road into Low Delta Road before the zebra crossing to give way to pedestrian to cross the road. Suddenly a lorry (GBD 2212Y) from behind collided onto the rear portion of my vehicle.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature  
Date & Time:

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

 05/11/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SJJ 829E.	<b>Model / Make</b>	Honda Odyssey.
<b>Date of Accident</b>	04/11/19.		
<b>Time of Accident</b>	1524 HRS		
<b>Location of Accident</b>	Ganges Ave Slip Road Into Low Delta Road.		
<b>Exact purpose use during accident</b>	Private Used.		
<b>Name of Owner</b>	TAN LYE HWA.		
<b>Telephone No.</b>	H/P : 9737 4186	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	87421517C.		
<b>Address</b>	BLK 77A Redhill Road #2120 (2) 151077.		
<b>Claim type</b>	OD <u>THIRD PARTY</u>	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	TOKIO MARINE.		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	18-MF102092-R00.		
<b>Name of Driver</b>	<u>As Above If No,</u>		
<b>NRIC</b>		<b>Any Passengers :</b>	02 (1M) (1F).
<b>Date of birth</b>	01/07/1974.		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	22/02/1995		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state <u>Owner</u> .		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	① TAN LYE HWA (H/P: 9737 4186)	③ Jennie Garcia Gacad	(H/P: 9383 4436)
<b>Name And Contact No.</b>	② Ryan Tan Kai Ben (H/P: 9737 4186)		
<b>Police Report</b>	<u>No,</u> If Yes, Where?		
<b>Vehicle B No.</b>	G80 2212 Y.	<b>Any Passengers :</b>	01 (M).
<b>Name of Driver</b>	LI CHAO	<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A.	<b>Witness Contact :</b>	N.A.
<b>Accident Portion</b>	Rear Portion.		
<b>Camera Recorder</b>	Yes <u>No</u>		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	Twincar.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Tong.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 193300014M (G.S.) Reg. No. M7-0000073-0)  
 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
 T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
 Tokio Marine Group



**TOKIO MARINE**  
 INSURANCE GROUP  
 FORM MX1

## 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-MT102092-R00 (Private Motor Car 24 Months)

- |   |             |                                |
|---|-------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SJ829E      | Chassis No.: JHMRC1890JC202460 |
| 2. Name of Policyholder   | TAN LYE HWA |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 17/05/2018  |                                |
| 4. Date of Expiry of Insurance  | 16/05/2020  |                                |
| 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 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**

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100
Financial Interest:	OCBC BANK LIMITED	

Account: E2316DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

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