

# NATIONAL Assessment Centre Services

|                                 |  |                       |         |
|---------------------------------|--|-----------------------|---------|
| Date In <b>07/11/19</b>         | Job description                          | Date & Time Completed | Done by |
| Ref No <b>NA/7M519019789/13</b> | SAS e-filing                             |                       |         |
| Veh No <b>YP71K19</b>           | E-mail (within 8hrs, A/C 2hrs)           |                       |         |
| DOA <b>06/11/19 2045</b>        | i-Motor Claim Form                       |                       |         |
| OD <b>(TP)</b> 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: ( **2-57** ) Tel: Fax: )

|  |                         |                       |
|--|-------------------------|-----------------------|
| TP Particulars:  | Veh No: <b>SKA5260Y</b> | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |                      |                      |
|--|---|----------------------|----------------------|
| <b>NA1908505</b>                       | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR : Accident Reporting (\$30);              |                      |                      |
| <b>Driver/Owner:</b>                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
| <b>Contact No:</b>                     | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
| <b>Damaged Portion:</b>                | 4) FT : Follow-Through Survey \$120             |                      |                      |
| <b>QC Checked by (Engr-In-Charge):</b> | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
| <b>Auditors' Comments :-</b>           | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| <b>Cat. 1:</b>                         | 6) TR : Re-inspection \$75                      |                      |                      |
| <b>Cat. 2 / 3:</b>                     | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|  | 8) NTUC Additional Services:-                   |                      |                      |
|  | OD*   |                      |                      |
|  | *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 \$0                         |                      |                      |
|  | Invoice date/ 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 07/11/2019 17:07  
Date Of Accident 06/11/2019 20:45  
Exact Location Of Accident ALONG SIMS AVE FEAST TWDS NEW UPP CHANGI RD  
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7141A  
**Insured/Policyholder**  
Name Of Registered Owner MR HOONG POH LOONG  
NRIC No S7628179C  
Email Address JASONHOONG0909@GMAIL.COM  
Mobile Phone No (LOCAL) +65-90261816  
Alternative Phone No OTHERS-90261816

Vehicle Particulars

Manufacturer MITSUBISHI  
Model FUSO  
Exact Purpose for which vehicle was being used at time of accident WORK  
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 19-MU012463-R01  
Cover Note Number

Driver

Name of Driver MR HOONG POH LOONG  
NRIC No S7628179C  
Date Of Birth 09/09/1976  
Occupation OUTDOOR  
Date Of Driving Pass 26/02/2007  
Driving Experience 12 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90261816  
Fax Number  
Contact Number OTHERS-90261816  
EMail Address JASONHOONG0909@GMAIL.COM

|   |                                  |
|---|----------------------------------|
| Address   | BLK 218A BOON LAY AVE<br>#15-269 |
| Postcode  | 641218                           |
| 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   | SIDE SWIPE |
| 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?   | NO  |
| 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 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         | SKA5260Y       |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Vehicle Category                    | PRIVATE CAR    |
| Name of Driver                      | CHOONG YIT LIN |
| NRIC/Passport Number                |                |
| Contact Number                      |                |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) |                |




## SKETCH PLAN


### IMPORTANT NOTICE

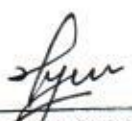
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

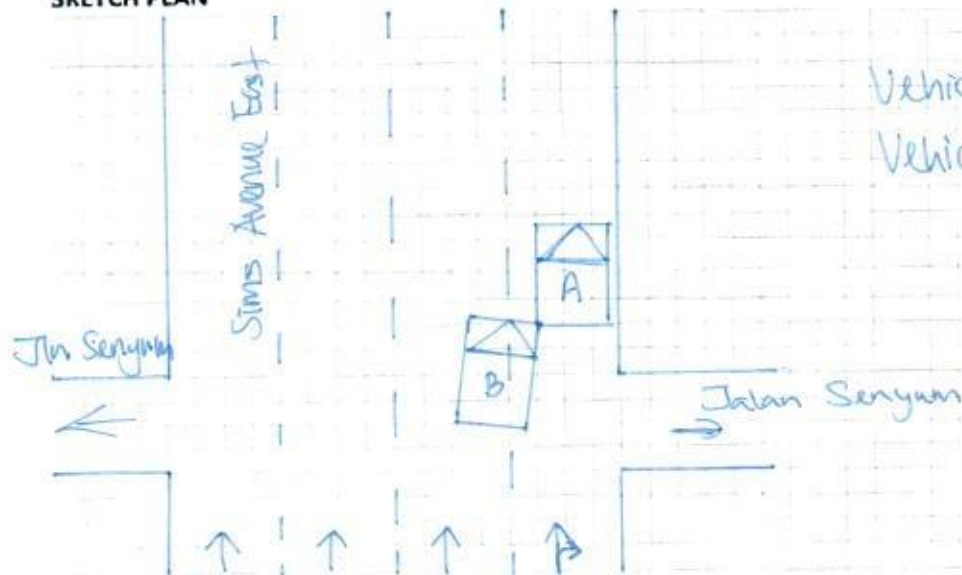
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 07/11/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



Vehicle A: YP7141A  
Vehicle B: SKA 5260Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date & time, I was driving my vehicle A (YP7141A) traveling along Sims Avenue East towards New Upper Chang Rd on first lane of 4-lanes. Somewhere after Jalan Senyum junction, I stopped my vehicle A at the road side for unloading goods. After 10 minutes, I finished unloading and wanted to collect my vehicle. Out of sudden, vehicle B (SKA 5260Y) coming from nowhere, the front right portion of vehicle B collided onto rear left portion of my vehicle.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

*[Signature]* 07/11/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



|  |  |                          |                            |
|--|--|--------------------------|----------------------------|
| <b>Vehicle No.</b>                       | YP 7141A   | <b>Model / Make</b>      | Mitsubishi Fuso            |
| <b>Date of Accident</b>                  | 6/11/2019  |                          |                            |
| <b>Time of Accident</b>                  | 2045   | <b>HRS</b>               |                            |
| <b>Location of Accident</b>              | Along Sims Avenue East towards New Upper Changi Rd |                          |                            |
| <b>Exact purpose use during accident</b> | Work   |                          |                            |
| <b>Name of Owner</b>                     | Hoong Poh Loong                                    |                          |                            |
| <b>Telephone No.</b>                     | H/P : 90267816                                     | <b>Home :</b>            | <b>Office :</b>            |
| <b>NRIC</b>                              | S7628179C  |                          |                            |
| <b>Address</b>                           | BLK 218A Boon Lay Avenue #15-269 S (641218)        |                          |                            |
| <b>Claim type</b>                        | OD   | THIRD PARTY              | REPORTING ONLY             |
| <b>Insurance Company</b>                 | Tokio Marine                                       |                          |                            |
| <b>Type of Coverage</b>                  | Comprehensive                                      | Third Party              | Third Party / Fire / Theft |
| <b>Policy No.</b>                        | 19-MU012463-RO1                                    |                          |                            |
| <b>Name of Driver</b>                    | As Above If No,                                    |                          |                            |
| <b>NRIC</b>                              | Any Passengers : →                                 |                          |                            |
| <b>Date of birth</b>                     | 9/9/1976   |                          |                            |
| <b>Occupation</b>                        | Outdoor  | /                        | Indoor                     |
| <b>Driving License Pass Date</b>         | 12/10/2007   |                          |                            |
| <b>Gender</b>                            | Male   | /                        | 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 Owner       |                            |
| <b>Weather condition</b>                 | Clear  | Raining                  | Other                      |
| <b>Road Surface</b>                      | Dry  | Wet                      | Other                      |
| <b>Any Injuries</b>                      | No,  | If Yes, Who?             |                            |
| <b>Name And Contact No.</b>              |  |                          |                            |
| <b>Name And Contact No.</b>              |  |                          |                            |
| <b>Police Report</b>                     | No,  | If Yes, Where?           |                            |
| <b>Vehicle B No.</b>                     | SKA 5260Y  | Any Passengers : →       |                            |
| <b>Name of Driver</b>                    | Chong Yit Lin                                      | Contact No. :            |                            |
| <b>Vehicle C No.</b>                     |  | Any Passengers :         |                            |
| <b>Vehicle D No.</b>                     |  | Any Passengers :         |                            |
| <b>Vehicle E no.</b>                     |  | Any Passengers :         |                            |
| <b>Vehicle F No.</b>                     |  | Any Passengers :         |                            |
| <b>Vehicle G No.</b>                     |  | Any Passengers :         |                            |
| <b>Witness Name</b>                      |  | <b>Witness Contact :</b> |                            |
| <b>Accident Portion</b>                  | Rear left portion                                  |                          |                            |
| <b>Camera Recorder</b>                   | Yes / No   |                          |                            |
| <b>Email Address</b>                     | jasonhoong0909@gmail.com                           |                          |                            |
| <b>PARTICULAR WORKSHOP</b>               | N-51 Automotive Pte Ltd                            |                          |                            |
| <b>CONTACT NO.</b>                       | 6842 0051 / 6744 0510                              |                          |                            |
| <b>CONTACT PERSON</b>                    | Zi Ting  |                          |                            |
| <b>FAX NO</b>                            | 6741 0510  |                          |                            |
| <b>WORKSHOP EMAIL ADDRESS</b>            | sales@n51.com.sg                                   |                          |                            |



# 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 [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



TOKIO MARINE

INSURANCE GROUP

FORM MZ300A

## 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.:** 19-MU012463-R01 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** YP7141A **Chassis No.:** FEB21EA10229
2. **Name of Policyholder** MR HOONG POH LOONG
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 13/02/2019
4. **Date of Expiry of Insurance** 12/02/2020

5. **Persons or Class of Persons entitled to drive\***

(a) The Policyholder.

(b) Any 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\***

1) Use in connection with the policyholder's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.

3) Use for social domestic and pleasure purposes.

The policy does not cover:-

1) Use for hire or reward or for racing, pace-making, reliability trial or speed testing.

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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:** 2292DDA

**Insurance Plan:** Comprehensive Approved Workshop Plan  
**Limit for total loss or theft:** Prevailing Market Value  
**Policy Excess:** Own Damage Claims SCD 1,000  
Windscreen Excess SCD 100  
**Financial Interest:** LAKE VIEW CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

**User Name:** Intermediaries from TM O

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