NATIONAL Assessment Centre Services. [wef 1 Jan'03] . NMAU19155632

Date In: 25/4/2019 16:56	Job description	Date & Time Completed	Done by
Ref No. NBA/MZ1902086674	SAS e-filling		
Veh No: SKP 1387Z	E-mail (Within 8hrs, AIC 2hrs)		
D O A : 24/4/2019 22:10	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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SLH 6553Y 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: ( )

Additional Services	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 / Action

NA1968851

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat 1:

Invoice/Billing Charges		Staff(s)	Staff(s)
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($30)		
3) TF : 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 2003)			
6) TR : Re-Inspection	$75		
7) N1 : Idea 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: Idea 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 witholding 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	25/11/2019 16:56
Date Of Accident	24/11/2019 22:10
Exact Location Of Accident	ALONG SOMERSET ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP1307U
Insured/Policyholder	
Name Of Registered Owner	J@ONG
Co Reg No	53314179J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188901
Alternative Phone No	OFFICE-91188901
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	19-M10000736-R02
Cover Note Number	
Driver	
Name of Driver	ONG POH HENG (WANG BAOXING)
NRIC No	S8117376A
Date Of Birth	30/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188901
Fax Number	
Contact Number	OTHERS-91188901
EMail Address	NOEMAIL

Address	BLK 547D SEGAR ROAD #11-39
Postcode	674547
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?	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

PLEASE REFER TO SKETCH PLAN

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	SLH6553Y
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)	

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.

JOEL
53314179J

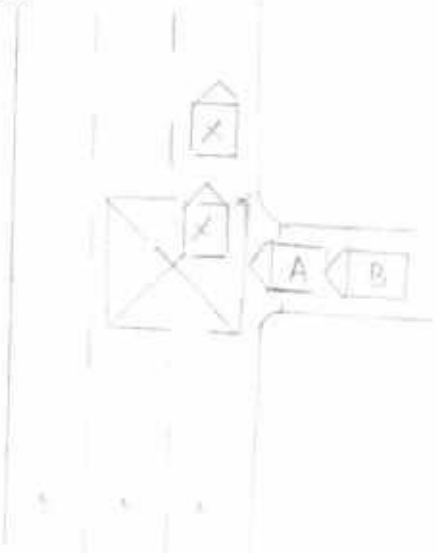
Policyholder's Signature
Date & Time:

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

25/11/2019

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

SKETCH PLAN



A = SKP 1307 U

B = SLH 6553 Y

Somerset Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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

JHONG
53314179J
Policyholder's Signature
Date & Time

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

25/11/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 24.11.19 at about 22:10 hours along Somerset Road. I was stationary at the pick-up / drop-off point of Orchard Gateway Jen Hotel as there was a vehicle stationary in front of me, the vehicle (B) was followed at my behind.

When the front vehicle moved forward to Somerset Road, and I was slow moving forward too subsequently came to a completed stop, in order to check the oncoming traffic on the major road (Somerset Road), suddenly I heard a bang from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SKP 1307U

Vehicle (B): SLH 6553Y

JWONG
53314791

SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/11/2019 Time: 22:10	(hh:mm) 24 hr format
Location Somerset Road	
Vehicle Number SCP1307H	
Insured Name JG Ong	
NRIC/FIN S7314719J	Contact Number -
Make Toyota	Model Wish
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No,Pls select: (✓) Third Party ( ) Reporting	
Insurance Company Tokio Marine	
Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft	(✓) TP Only
Policy Number 19-M1000736-K02	
Name of Driver Ong Poh Heng	( )Same as Insured
NRIC / FIN S8117376A	Contact Number 91188901
Date of Birth 30/05/1981	
Driving Pass Date 11/04/2011	
Occupation ( ) Indoor (✓) Outdoor	
Gender (✓) Male ( ) Female	
Email Address	(✓)NO EMAIL
Address of Driver BLK 547D Segar Road	
#11-39 S(674547)	
Was driver an employee of the Insured's Company? ( ) Yes	(✓) No
If No, Relationship of the Driver with the Insured	(✓) Other
( ) 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 (✓) Clear ( ) Raining ( ) Others	
Road Surface (✓) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes	(✓) No
Was anybody injured in the accident? ( ) Yes	(✓) No
If yes , injured detail	
Was there any video captured by Car Camera? ( ) Yes	(✓) No
Was the Accident reported to the Police? ( ) Yes	(✓) No If yes attach police report

DETAILS OF 3RD party	Name / Nric	Contact
Veh B	SLH 6553Y	
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
65) 6221 0111 (65) 6221 4355 (65) 6224 0663 tmsi@tokiomarine.com.sg www.tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

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-M1000736-R92 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SKF1307U — Chassis No.: ZNE100297589

2. Name of Policyholder: JQONG

3. Effective date of the Commencement of Insurance for the purposes of the Act: 27/04/2019

4. Date of Expiry of Insurance: 26/04/2020

5. Persons or Class of Persons entitled to drive*
   Any person who is driving on the Policyholder's order or with their permission.
   The hirer.
   Any other person who is driving on the hirer's order or with his/ their 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 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 purposes 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 while drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* *Limitations as to use are inoperative in respect of Section X of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 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 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 the currency of the insurance, 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, 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: 2323DDA

Insurance Plan: Third Party Cover Only
Policy Excess: Excess Third Party Bodily Injury $ 2,500

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: (intermediaries from TMI)

Printed: 27/3/2019