

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MANA19/60/52

Date In: 04/12/2019 16:13	Job description	Date & Time Completed	Done by
Ref No: NIA1909137	SAS e-filing		
Veh No: SKR 6184G	E-mail (3 jobs 3hrs, AIC 2hrs)		
DOA: 04/12/2019 08:25	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKR 6184G

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 repairer.

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

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

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date	Actions

NIA1909137

Client Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Eng-In-Charge):

Auditor's Comments:

Ref: 1:

2/3

Invoice	Amount	INC	Non-INC
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$10)	
3) TF: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		
7) NI: IDao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpl Allowance	\$5		
*NG: Repairs Co-ordination	\$10		
*N2: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Coordination	\$5		
TP (NI): TP (Non-INC) against INC	\$20		
9) NI: IDao Mobile	\$0		
Invoice dated		Pee Charged	
Invoice dated		Pee 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	04/12/2019 16:13
Date Of Accident	04/12/2019 08:25
Exact Location Of Accident	BKE TOWARDS PIE (AFTER DAIRY FARM ROAD EXIT)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR6784G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG CHOONG HIANG
NRIC No	S1630782C
Email Address	LIANG46@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97720388
Alternative Phone No	OTHERS-97720388
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH
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	19-MW001819-R04
Cover Note Number	
<b>Driver</b>	
Name of Driver	BEH BUN LIANG
NRIC No	S0212531E
Date Of Birth	02/01/1954
Occupation	INDOOR
Date Of Driving Pass	12/05/1972
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97720388
Fax Number	
Contact Number	OTHERS-97720388
EMail Address	LIANG46@YAHOO.COM.SG

Address	BLK 253 BANGKIT ROAD #13-228
Postcode	670253
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	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 AND ATTACHMENT

#### 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	SJB7870E
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC3530J
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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

BEH BUN LIANG

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

SKR6784G

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:

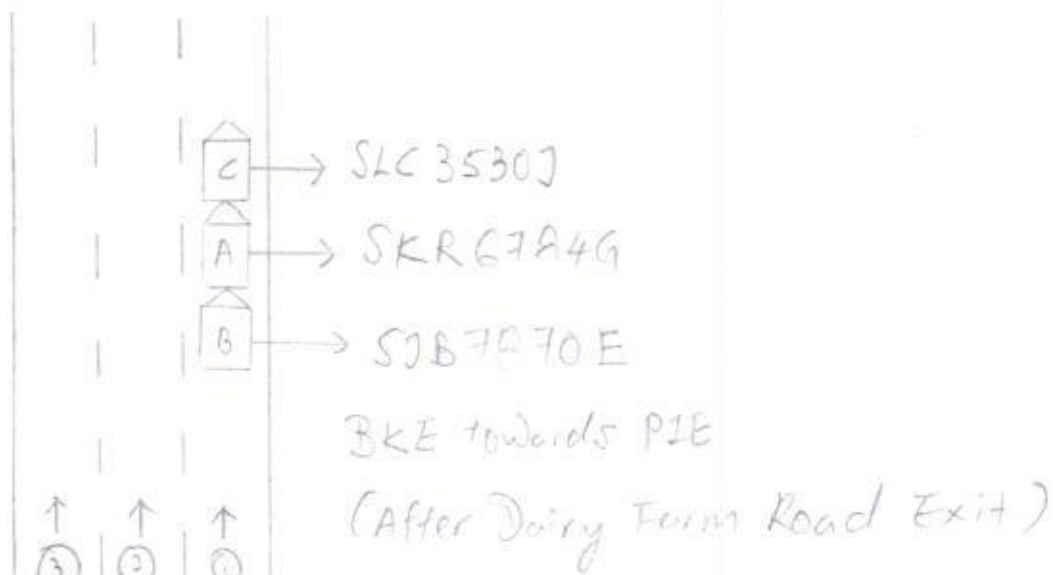
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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 Person's Signature  
Name:  
NRIC/FIN No.:

On 04.12.19 at about 08:25 hours along BKE towards PIE (After Dairy Farm Road Exit). I was travelling straight on the lane 1 and it was heavy traffic, when my front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realise it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of a total of 3 vehicles involved and I have 1 passenger inside my vehicle (A).

Vehicle (A): SKR 6784G

Vehicle (B): SJB 7870E

Vehicle (C): SLC 3530J

*Fix*

*Jiangbin*

*04/12/2019  
Res. 10/11/13*



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 04/12/19	Time: 08:25	(hh:mm) 24 hr format
Location BKE towards PIE (After Dairy Farm Road Exit)		
(A) Vehicle Number SKR 67846		
Insured Name Cheng Choan Hiang		
NRIC/FIN S1630482C	Contact Number	-
Make Toyota	Model Wish	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company Tokio Marine		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 19-MW001819-R04		
Name of Driver Beh Bun Liang ( ) Same as Insured		
NRIC / FIN		
Date of Birth 02/01/1954		Contact Number 9772 0388
Driving Pass Date 12/05/1972		
Occupation ( ) Indoor ( ) Outdoor ( <input checked="" type="checkbox"/> ) Retire		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address liang46@yahoo.com.sg ( ) NO EMAIL		
Address of Driver B1E 253 Bangkit Road		
#12-228 S(640253)		
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( <input checked="" type="checkbox"/> ) 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 ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If yes, injured detail Beh Bun Liang Body Pain		
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact		
Veh B SJB7870E		
Veh C JLC3530J		
Veh D		
Veh E		
Veh F		

Passenger: Cheng Choan Hiang (Female)





## 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-MW001819-R04 (Private Motor Car)

- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SKR678JG              | Chassis No.: JTDER12W303001743 |
| 2. Name of Policyholder   | MS CHENG CHOONG HIANG |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 03/03/2019            |                                |
| 4. Date of Expiry of Insurance  | 02/03/2020            |                                |
| 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**

Account: 2131DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreen Excess	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature