

NATIONAL Assessment Centre Services. [ver 1 Jan 2003]

MNA 11916644P

Date In: 18/12/19 13:18	Job description	Date & Time Completed	Done by
Ref No: NAI/TMZ 19022256164	SAS e-filing		
Veh No: SJF 9929L	E-mail (within 3hrs, AIC 2hrs)		
DOA: 17/12/19 15:35	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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 / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: 11971 M10	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 repaler.

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

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

Remarks:	(INC Hotline: 6739 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

NAI909316		Invoice Preparation Checklist		Am't (\$)	Refund (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$10)			
Contact No:		3) TP: 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 (ver 19 Jan 2003)			
		6) TR: Re-Inspection \$75			
		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		Q1:			
		*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: Idao 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	18/12/2019 13:18
Date Of Accident	17/12/2019 15:35
Exact Location Of Accident	JUNC OF CHOA CHU KANG AVE 1 & CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9929L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH WEI KIAT
NRIC No	S9037169Z
Email Address	KOHWEIJIE1990@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86849598
Alternative Phone No	OFFICE-86849598

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS005565
Cover Note Number	

### Driver

Name of Driver	KOH WEI KIAT
NRIC No	S9037169Z
Date Of Birth	07/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86849598
Fax Number	
Contact Number	OFFICE-86849598
Email Address	KOHWEIJIE1990@GMAIL.COM

Address	BLK 811B CHOA CHU KANG AVE 7 #09-615
Postcode	682811
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 - CROSS JUNCTION
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: : LAU HOON XUAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191217/7022

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	11971MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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 KOH WEI KIAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJF9929L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name LAU HOON XUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJF9929L

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.

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.:

Choa Chu Kang Ave 1

A = SJF 9929L

B = 11971 MID

Choa Chu Kang Way

Refer to Police Report T/20191217/7022

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.:





# SINGAPORE POLICE FORCE



T/20191217/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20191217/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2019 20:22	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: KOH WEI KIAT			Address: 811B CHOA CHU KANG AVENUE 7 #09-615 SINGAPORE 682811		
ID Type / ID No.: NRIC NO / S9037169Z			Contact No.: Home/Office: Mobile: 86849598		
Nationality: SINGAPORE CITIZEN			Email: kohweijie1990@gmail.com		
Sex: Male	Age: 29	Date of Birth: 07/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (transport, storage and courier)			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 17/12/2019 15:35	Type of Location: X-Junction
Location:  CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
11971MID	5 Ton vehicle			Green	No Damage	0
SJF9929L	Car	HONDA	Stream Rsz	White	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF9929L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS005565	03/05/2019	03/05/2020



**SINGAPORE  
POLICE FORCE**



T/20191217/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20191217/7022

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KOH WEI KIAT	ID No.	S9037169Z
Related Vehicle	SJF9929L (Car)	Contact No.	86849598
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/12/2019	Date Discharge	17/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	LAU HOON XUAN	ID No.	S9032107B
Related Vehicle	SJF9929L (Car)	Contact No.	92327790
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/12/2019	Date Discharge	17/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	DARREN TAN YUAN SHENG	ID No.	T0000697H
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20191217/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20191217/7022

**CONTINUATION OF REPORT**

<b>Instructor</b>				
Name	Unknown Instructor		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

I was travelling towards Choa Chu Kang Way, & traffic light was in my favour. I was heading straight and a 5 ton mindef vehicle was turning and it hit the back of my car.



**SINGAPORE  
POLICE FORCE**



T/20191217/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20191217/7022

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/12/2019 20:22

Classification Of Case:



Tokio Marine Insurance (Singapore) Ltd.

20 McCullagh Street #09-01 Tokyo Marine Centre Singapore 069046

Tel: 65 6221 6111 / 65 6221 4155 / 65 6224 0885 E: [tokiomarine@tokiomarine.com.sg](mailto:tokiomarine@tokiomarine.com.sg) Web: [www.tokiomarine.com.sg](http://www.tokiomarine.com.sg)

Tokio Marine Group

信託及貿易(華人)有限公司  
GUNONG DJATI TRADING PTE LTD

20 McCullagh Street #09-01 Tokyo Marine Centre Singapore 069046



TOKIO MARINE  
INSURANCE GROUP

# Certificate of Insurance

FORM MKT

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MS005565 (Private Car)

1. Index Mark and Registration Number of Vehicle

5JF9929L

Chassis No.: J4MRH8809C200306

2. Name of Policyholder

KOH WEI KAI

3. Effective date of the Commencement of Insurance for the purposes of the Act

03/05/2019 (00:00:00)

4. Date of Expiry of Insurance

03/05/2020

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 of other laws or regulations to drive the Motor Vehicle or has been so permitted and must be qualified by order of a Court of Law or the holder of any endorsement or regulation to drive that Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its regulations under the Road Traffic Act and has not been cancelled in the case of the accident risk 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 imposed inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 90 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 188) 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 whatever reason, you must return 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 188).

## ADDITIONAL INFORMATION

Account No.: 2386DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims	SGD 800.00	(Original Excess - SGD 800.00)
Additional Excess for Unnamed Driver(s)	SGD 500.00	
Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
WindScreen Excess	SGD 100.00	

Financial Interest:

GUNONG DJATI CREDIT CO. (PTE) LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

LQ SERVICES PTE LTD

180B BENCOOLEN STREET

#08-04 THE BENCOOLEN

SINGAPORE 189644

TEL: 6-333-4116 / FAX: 6-333-4198

Ce. Reg. No. 2012/7310H

*[Signature]*

Authorised Signature