

# NATIONAL Assessment Centre Services.

Ref: J2-005

MAAD000285

Date In: 06/01/2019 15:58	Job description	Date & Time Completed	Done by
Ref No: N/A/TM/20000285/4	SAS e-filing		
Veh No: SLT 6106S	E-mail (kjohn 2hrs, AIC 2hrs)		
D.O.A: 04/01/2020 16:00	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSN		

Preferred Wkep / INC Assign Wkep / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: GBA 775.E 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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

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

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

Reminders: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( ) Time: ( )

( )

( )

( )

( )

NA2000128

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) BA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (w/ 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Through Coordination \$3	
	TX (NIU): TP (Non INC) against INC \$20	
	9) NI2: Idas 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	06/01/2020 15:54
Date Of Accident	04/01/2020 16:00
Exact Location Of Accident	TOH GUAN ROAD EAST NEAR AMAZON BUILDING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6106S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIEW YUE CHOON
NRIC No	SXXXX547E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96908409
Alternative Phone No	OTHERS-96908409

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 SV CVT (A)
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	19-MU011202-R01
Cover Note Number	

### Driver

Name of Driver	SIEW YUE CHOON
NRIC No	SXXXX547E
Date Of Birth	15/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96908409
Fax Number	
Contact Number	OTHERS-96908409
Email Address	NOEMAIL

Address	299 BEDOK SOUTH AVENUE 3 #05-08
Postcode	469298
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?	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: : TAN MEE CHOOI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7875E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PICHAJ MURUGAMANI
NRIC/Passport Number	GXXXXX731R

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SIEW YUE CHOON  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLT6106S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN MEE CHOOI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLT6106S  
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.

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

I understand, acknowledge, agree and consent that:

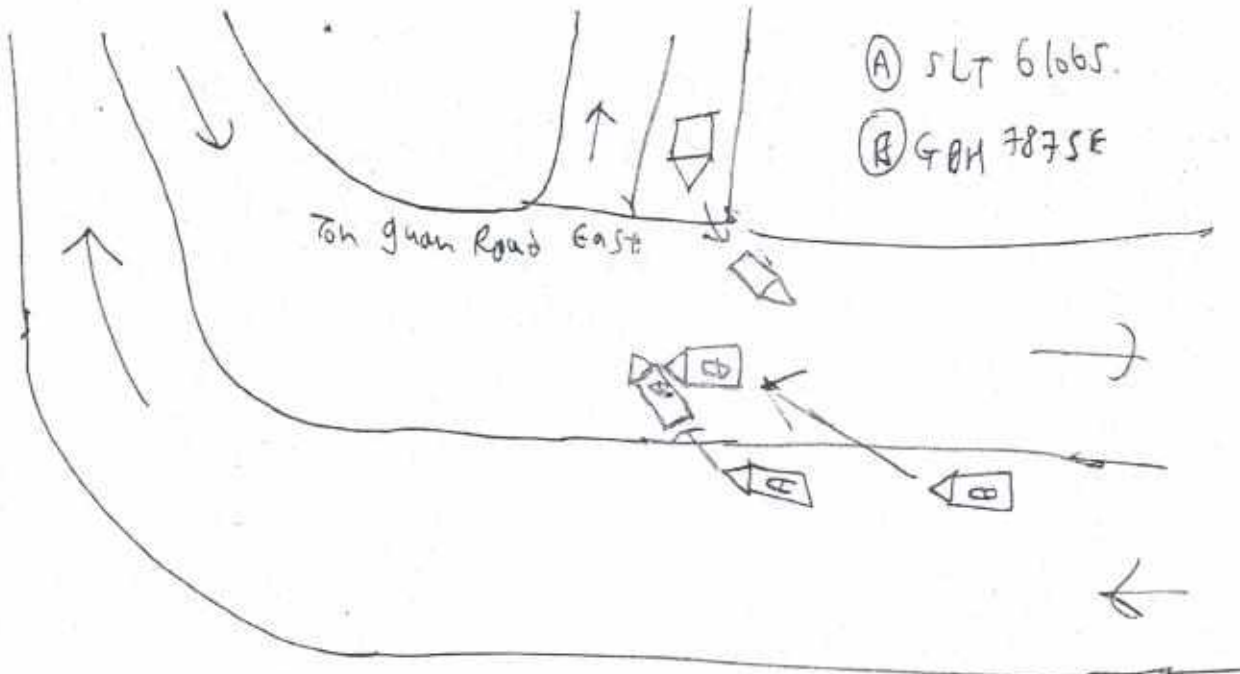
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the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

As per police report, my wife whom is also in the vehicle at that point of Accident and had seen doctor as well.

Police Report 7/20200105/2045

## DECLARATION

(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.:



Date of Accident : 04/01/2020 Accident Time: 16:00 hrs (24-HR-FORMAT)  
 Accident Place : Toh Guan Road East near Amazon Building  
 Vehicle Reg. No (Car plate No.) : SLT 6166  
 Vehicle Make/Model : Honda Civic 1.5 SV CVT  
 Insurance Company : Tokio marine Policy No. 19-mu011202-R01  
 Owner or Company Names /IC NO: Siew Yee choon / 51290547E  
 Owner or Company Contact No. : 969 08409 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name & IC no. : Siew Yee choon / 51290547E  
 DRIVER'S Date of Birth : 15/06/1958 DRIVER'S License Pass Date 23 Nov 1985  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : 299 Bedok South Ave 3 #05-08 (S) 469 298  
 DRIVER'S Contact No./ Alt No. : 1) 969 08409 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) Delivery  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins  
 Number of Passengers (including Driver): 2 <sup>1 male</sup> <sub>1 female</sub>  
 Was there any video Captured by car camera: YES \ NO too far  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: G8H 7875E  
 Vehicle Make/Model: Toyota Dyna  
 Name DRIVER: Pichai muthugamani  
 IC No. DRIVER: G 8022 731R  
 DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name DRIVER: \_\_\_\_\_  
 IC NO. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20200105/2045

1 of 4

Report No. T/20200105/2045

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/01/2020 12:41		Vide Report No.:	Station Diary No.: 17
<b>Informant's Particulars</b>			
Name of Informant: SIEW YUE CHOON		Address: 299 BEDOK SOUTH AVENUE 3 #05-08 SINGAPORE 469298	
ID Type / ID No.: NRIC NO / S1290547E		Contact No.: Home/Office: Mobile: 96908409	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 15/06/1958	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY PERSON		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2020 16:00	Type of Location: Straight Road
Location: Along Road 1 TOH GUAN ROAD EAST				
Turning right towards 5B Toh Guan Road East, Amazon Building.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
GBH7875E	Lorry				Slightly Damaged	0
SLT6106S	Car	HONDA	CITY 1.5 SV CVT	Blue	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT6106S	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU011202	02/11/2019	01/11/2020





**SINGAPORE  
POLICE FORCE**



T/20200105/2045

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Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No: T/20200105/2045

**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	Pichai Murugamani	ID No.	G8022731R
Related Vehicle	GBH7875E (Lorry)	Contact No.	87095279
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 12/08/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SIEW YUE CHOON	ID No.	S1290547E
Related Vehicle	SLT6106S (Car)	Contact No.	96908409
Hospital/Clinic	C&K FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/01/2020	Date Discharge	05/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN MEE CHOOI	ID No.	S1576277B
Related Vehicle	SLT6106S (Car)	Contact No.	97923454
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.**

On 04/01/2020 at about 1600hrs to 1610hrs, I was turning right into 5B Toh Guan Road East, Toh Guan Road East is a single lane dual carriageway separated by a single white line. I was heading to Amazon Building as I work as a delivery person for them. I had checked and ensured that the oncoming traffic was clear and proceeded to turn right.

Suddenly, I felt an impact hitting my vehicle on my side. Due to the impact, my vehicle moved about 20m before coming to a stop.



**SINGAPORE  
POLICE FORCE**



T/20200105/2045

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20200105/2045

**CONTINUATION OF REPORT**

The other driver, a pick up lorry, alighted from his vehicle. We took photos and exchange particulars. Both vehicle can still be driven. He drove his vehicle off and I drove home as I have many items in my vehicle. I will be sending my vehicle to the workshop tomorrow, 06/01/2020. I do not have the estimated cost of repair. I have both front and rear camera in my vehicle.

On 05/01/2020, I woke up and felt pain at wrist and neck area. I am also feeling pain in my chest when I cough. I am also given a letter of referral to the specialist. My wife, who is my passenger, is also feeling pain on her back. However, as of now, she have not decided if she should visit the doctor.





**SINGAPORE  
POLICE FORCE**



T/20200105/2045

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Report No. T/20200105/2045

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 3 NUR AMERA KHAIRYANI BINTE ALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 65476172

Authentication Stamp  
NP188

Signature Of Informant:

Date/Time:  
05/01/2020 12:41

Classification Of Case:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300145) (MCA Reg No. M2-000023-4)

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)

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.: 19-MU011202-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SLT6106S Chassis No.: MRHGM6660JT000170
2. Name of Policyholder: MR SIEW YUE CHOON
3. Effective date of the Commencement of Insurance for the purposes of the Act: 02/11/2019
4. Date of Expiry of Insurance: 01/11/2020
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 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 189).

#### ADDITIONAL INFORMATION

Account: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims: SGD 600
	Windscreen Excess: SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed: 01/10/2019