

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA000844**

Date In: 12/1/20-12:45	Job description	Date & Time Completed	Done by
Ref No: NA/12/20000844	SAS e-filing		
Veh No: SLA1338M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/1/20-12:45	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 / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: **SLA1338M**

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:

(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

NA200442

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Ant (\$)

1st Bill

Ant (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*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 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 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	13/01/2020 17:45
Date Of Accident	12/01/2020 14:40
Exact Location Of Accident	STADIUM DR ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1008R
Insured/Policyholder	
Name Of Registered Owner	MR SENG HOO WEE
NRIC No	SXXXX194I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90691015
Alternative Phone No	OFFICE-90691015

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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-MU006462-R01
Cover Note Number	

Driver

Name of Driver	SENG HOO WEE
NRIC No	SXXXX194I
Date Of Birth	04/01/1981
Occupation	INDOOR
Date Of Driving Pass	30/03/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90691015
Fax Number	
Contact Number	OFFICE-90691015
Email Address	NOEMAIL

Address	BLK 302 CANBERRA ROAD #12-25
Postcode	750302
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 - ROUNDABOUT
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)	4
Passenger 1	NAME: : TI KWEI THING GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

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

REFER TO STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ1338M
Vehicle Make/Model/Colour	VOLSWAGEN
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 SENG HOO WEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLQ1008R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TI KWEI THING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLQ1008R

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 willful 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:

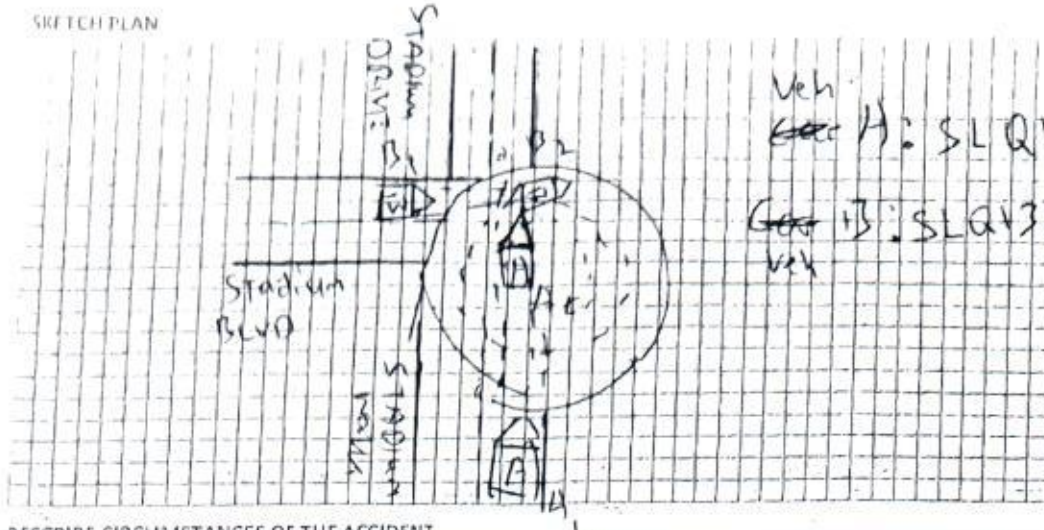
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



Veh A: SLQ1008R

Veh B: SLQ1338M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

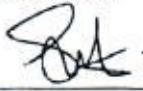
ON THE stated date, time and Venue, I was traveling along Stadium drive roundabout, when I was about to exit onto Stadium Drive. Suddenly, Veh B (SLQ1338M) travel straight from my left and collided into the front of my vehicle. I wish to state that before impact, my vehicle was stationary. I also have in-car camera has saved the video.

DECLARATION

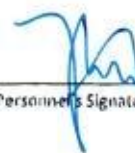
(We declare the foregoing particulars are true in every respect.)



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: 12/1/2020 Accident Time: 1443 (24-HR-Format)
Accident Place: STADIUM DRIVE ROUNDABOUT.
Vehicle Reg. No. (Car Plate No.): SLQ1008R
Vehicle Make/Model: HONDA JAZZ
Insurance Company: TOKIO MARIAGE Policy No.:
Owner or Company Name / IC No.: SENG HOO WEE 581761941
Owner or Company Contact No.: ~~921775993~~ 90691015 Owner's Hp: Company Tel:
DRIVER'S Name / IC No.: Seng Hoo Wee 581761941
DRIVER'S Date Of Birth: 04/01/1981 DRIVER'S License Pass Date: 30/03/2009
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address: BIK 302 Canberra Rd #11-25
DRIVER'S Contact No. / Alt No.: 1) 90691015 2)
DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address:
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 04 - Passenger 1 male 2 Female
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private Use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLQ1338M
Vehicle Make/Model: Volkswagen
Name Driver:
IC No. Driver:
Driver's Contact & Add:

Vehicle Reg. No.:
Vehicle Make/Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

T. Kwei
Thing

Driver MC 2 Days ; Female passenger 1 Day

4:14



MU006462_05310147_00002...

PDF - 420 KB



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014AB) (GST Reg. No. M3-0000021-0)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

FORM MX1

A member of the
Tokio Marine 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-MU006462-R01 (Private Motor Car)

1. Index Mark and Registration Number SLQ1008R Chassis No.: JHMGR5850HX201935
2. Name of Policyholder MR SENG HOO WEE
3. Effective date of the Commencement of Insurance for the purposes of the Act 07/06/2019
4. Date of Expiry of Insurance 06/06/2020

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 regulations 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 restricted inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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 condition 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: E2316DDA

Insurance Plan: Comprehensive Approved Workshop Plan
Limit for total loss or theft: Prevailing Market Value
Policy Excess: Own Damage Claims: SGD 600
Windscreens Excess: SGD 100
Financial Interest: OCBC BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed: 31.05.2019



List of Approved Workshops (With 24 Hours Towing Service)
24-hour Hotline - 1800 225 8647 (in Singapore)
- +65 6225 8647 (in Malaysia/Thailand)

Zone	Area	Name of Workshop	Address	Contact No.
Central	Ang Mo Kio	W Lim Motor Company	No. 10 Ang Mo Kio Ind Park Dr, #01-08 ABB, Singapore, S700047	Tel: 6463 1444 Fax: 6463 0408
		Cheng Hoe Motor Service	No. 10 Ang Mo Kio Ind Park Dr, #01-08 ABB, Singapore, S700047	Tel: 6461 3021 Fax: 6461 3021
		Kan Motor Co. Sdn Bhd (Excluding Honda's Parallel Import Vehicles)	201 Alexandra Road, S700047	Tel: 6461 3021 Fax: 6461 3021
	Bukit Merah	Movad Automotive Pte Ltd	No. 100B Bukit Merah Lane 1, #01-04, S710022	Tel: 6372 3932 Fax: 6789 6688
		PLAN'S LIMITED Auto	Box 7, 3rd Ming Road, 3rd Ming Industrial Estate, #01-19, S757043	Tel: 6452 9598 Fax: 6452 9598
		SH Auto Services Pte Ltd	Box 1, 3rd Ming Industrial Estate, Sector C, #01-11, S757043	Tel: 6452 9598 Fax: 6452 9598
	Sin Ming	City Auto Trading Centre Pte Ltd	Box 8, 3rd Ming Road, 3rd Ming Industrial Estate, #01-01/02, S757043	Tel: 6452 9598 Fax: 6452 9598
		Falcon Air Auto Services Pte Ltd	116 3rd Ming Drive, 3rd Ming Industrial Estate, #01-01/11, S757521	Tel: 6452 9598 Fax: 6452 9598
		K Kim Han Auto Pte Ltd	140 3rd Ming Drive, #02-02 3rd Ming Industrial Estate, S757521	Tel: 6452 9598 Fax: 6452 9598
		Lai Hui (Hong Kuo) Motor Pte Ltd	140 3rd Ming Drive, #04-01, #04-02 and #07-01, 3rd Ming Industrial Estate, S757521	Tel: 6452 9598 Fax: 6452 9598
		HBM Workshop Pte Ltd	140 3rd Ming Drive, #04-02 3rd Ming Industrial Estate, S757521	Tel: 6452 9598 Fax: 6452 9598
		Eden Motor Pte Ltd	140 3rd Ming Drive, #07-02 3rd Ming Industrial Estate, S757521	Tel: 6452 9598 Fax: 6452 9598
		Yong Motor	140 3rd Ming Drive, #07-02 3rd Ming Industrial Estate, S757521	Tel: 6452 9598 Fax: 6452 9598

