

NATIONAL Assessment Centre Services.

(part 1 Jan 03)

19/01/2000 12951

Date In: 29/01/2000 15:44	Job description	Date & Time Completed	Done by
Ref No: N/A/TM/2000/15104	SAS e-filing		
Veh No: SCR 6311 H	E-mail (John 3hrs, AIC 2hrs)		
D.O.A: 29/01/2000 08:48	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKS 784VE	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 repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

2000/082	1) Alt: Accident Reporting (\$30)	INC (\$40)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$40
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PF: Follow-Through Survey	\$30
QC Checked by (Bug-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: IDao DA + SMRT Survey	
	8) NTUC Additional Services:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NS: Repairs Coordination	\$10
	• NS: Post Repair Inspection	\$23
	• NS: DV / Collect Excess Coordination	\$3
	• TP (NI) / TP (NS) INC: against INC	\$20
	9) NI: IDao Mobile	
	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	29/01/2020 15:13
Date Of Accident	29/01/2020 08:45
Exact Location Of Accident	ALONG ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR6311H
Insured/Policyholder	
Name Of Registered Owner	LIEN JOWN JING VINCENT
NRIC No	SXXXX419H
Email Address	ABJALIL16@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96703329
Alternative Phone No	OTHERS-90911669

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S300L-3.0 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MF000134-R05
Cover Note Number	

Driver

Name of Driver	AB JALIL BIN DALIB
NRIC No	SXXXX241Z
Date Of Birth	11/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-96703329
Fax Number	
Contact Number	OTHERS-90911669
Email Address	ABJALIL16@YAHOO.COM.SG

Address	BLK 7 TELOK BLANGAH CRESCENT #10-388
Postcode	090007
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS7844E
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BEREZHNAYA ELENA
NRIC/Passport Number	GXXXX268K
Contact Number	81382788
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

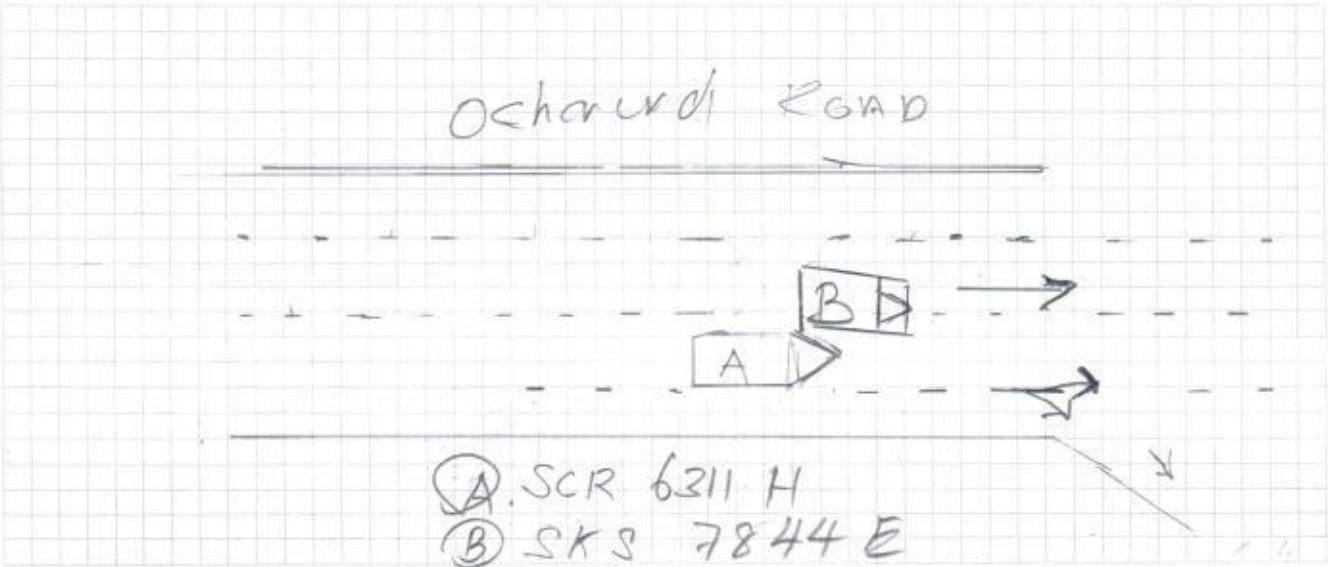
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE I WAS DRIVING VEHICLE SCR6311H AT ORCHARD ROAD TOWARDS CITY ON THE 2ND RIGHT LANE, SUBOENLY A CAR SKS 7844E A BLUE HONDA FIT, CUT INTO MY LANE & DAMAGE MY FRONT LEFT SIDE OF MY CAR SCR6311H & TRY TO RUN AWAY & I CHASE UNTIL CLAMMICKSON AVENUE.

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

HP 90911669

ACCIDENT STATEMENT

ACCIDENT DATE: 09/01/20 (DD/MM/YYYY), TIME: 08.45 (HH:MM)

LOCATION: Orchard Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCR 6311 H
 b) INSURANCE COMPANY: TOKO MARINE
 c) POLICY NUMBER: 19-MF00134-K05
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES BENZ S 360L
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 8.45 WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LIEAU JOWN JING VINCENT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S217949N CONTACT: 9670 3329
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AB JAIL B DAUB (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 175041-2 CONTACT: 90911669
 c) ADDRESS: 81K 7 TELUK BAHU CRK.
16-388

* d) DATE OF BIRTH: 11/02/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 YEN

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY

b) ROAD SURFACE: (DRY / WET / OTHERS) NO

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCR 6311 H MODEL: _____
 b) DRIVER'S NAME: AB JAIL B DAUB
 c) NRIC/FIN/PASSPORT: 175041-2 CONTACT: 90911669

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKS 7844 K MODEL: HONDA FI7
 b) DRIVER'S NAME: BEREDAHINAYA ELENA
 c) NRIC/FIN/PASSPORT: 9 627268K CONTACT: 8138 2788

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email: abjail16@yahoo.com.sg

VIDEO = yes

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A 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-MF000134-R05 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SCR6311H Chassis No.: WDD2211542A519641
2. Name of Policyholder MR LIEN JOWN JING VINCENT
3. Effective date of the Commencement of Insurance for the purposes of the Act 15/03/2019
4. Date of Expiry of Insurance 14/03/2020
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: 0009DDZ

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,500
	Windscreen Excess SGD 100
Financial Interest:	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Tay Pui Leng Katherine -

Printed 06/03/2019

The owner and vehicle particulars for Vehicle No. SCR6311H as at 15 Mar 2013 are as follows:

1.	Name	: LIEN JOWN JING VINCENT
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S2179419H
4.	Place Of Passport Issue	: -
5.	Registered Address	: 21 HOLLAND PARK #13-21 SINGAPORE 249476
6.	Mailing Address	: -
7.	Vehicle No.	: SCR6311H
8.	Effective Date of Ownership	: 15 Mar 2013
9.	Original Registration Date	: 15 Mar 2013
10.	First Registration Date	: 15 Mar 2013
11.	Vehicle Type	: P10 - Passenger Motor Car
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: With Sun Roof
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: MERCEDES BENZ
17.	Vehicle Model	: S 300L (HID SR DRL)
18.	Year of Manufacture	: 2012
19.	Primary Colour	: Silver
20.	Secondary Colour	: -
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: WDD2211542A519641 / -
23.	Propellant	: Petrol
24.	Engine No./Motor No.	: 27294632082922 / -
25.	Engine Capacity(cc)/Power Rating(kw)	: 2997 / -
26.	Unladen Weight(kg)	: 1850
27.	Maximum Laden Weight(kg)	: 2505
28.	Open Market Value	: \$84,996.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 14 Mar 2023
31.	Minimum PARF Benefit	: \$42,498.00
32.	IU Label No.	: -
33.	COE No.	: 2013020107000209E
34.	COE Expiry Date	: 14 Mar 2023
35.	COE Category	: E - Open Category
36.	Quota Premium/Prevailing Quota Premium	: \$96,101.00
37.	Actual Quota Premium/PQP Paid	: \$96,101.00
38.	Actual ARF Paid	: \$84,996.00
39.	CO2 Emission(g/km)	: 219.00
40.	Actual CEVS Rebate Utilised	: -
41.	CEVS Surcharge Paid	: -
42.	Actual Green Vehicle Rebate Utilised	: -
43.	Vehicle Lifespan Expiry Date	: -
44.	Road Tax Amount	: \$2,382.00
45.	Road Tax Start Date	: 15 Mar 2013
46.	Road Tax End Date	: 14 Mar 2014
47.	Remarks	: This vehicle is eligible for PARF. COE rebate, if applicable, will be based on the QP of \$96,101.00. This is the lower of QP from Category E and the corresponding Category B in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category B.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA120012951 Vehicle Registration No: SCR 6311H
Name (as shown in NRIC) : SCR 6311H NRIC/FIN/Passport No : SXXXXX241Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 90911669
Email Address : _____
Date of Accident : 29/01/2020 Time of Accident : 08:45
Place of Accident : HONG ORCHARD ROAD
Insurance Company : NIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY VEHICLE NUMBER TO SKS 7844E

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 29/01/2020