

NATIONAL Assessment Centre Services

[weF 1 Jan'05]

MNA 200476

Date In: 3/2/20-11: 28	Job description	Date & Time Completed	Done by
Ref No: HA 17M7200173824	SAS e-filing		
Veh No: 6x 20617	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/1/20-14: 20	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: 6W33286	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

<p>HA 200476</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Int Bill	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) FT: 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 (N:n 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	03/02/2020 11:28
Date Of Accident	27/01/2020 14:00
Exact Location Of Accident	BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX7061T
Insured/Policyholder	
Name Of Registered Owner	OUTBOARD AND MARINE (PTE) LTD
Co Reg No	1XXXXX629G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90235970
Alternative Phone No	OFFICE-90235970

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MB015811-R09
Cover Note Number	

Driver

Name of Driver	CHEW CHIOU MENG
NRIC No	SXXXX902E
Date Of Birth	06/07/1943
Occupation	INDOOR
Date Of Driving Pass	04/04/1967
Driving Experience	52 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90235970
Fax Number	
Contact Number	OFFICE-90235970
EMail Address	NOEMAIL

Address	39 JALAN BELANGKAS
Postcode	369402
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 - HEAD TO REAR
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?	
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: : LEE SOK SIANG GENDER: : FEMALE
Passenger 2	NAME: : CHEW SOO LIAN GENDER: : FEMALE
Passenger 3	NAME: : CHEW KIM HONG GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW3328G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO
NRIC/Passport Number	
Contact Number	96163328

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

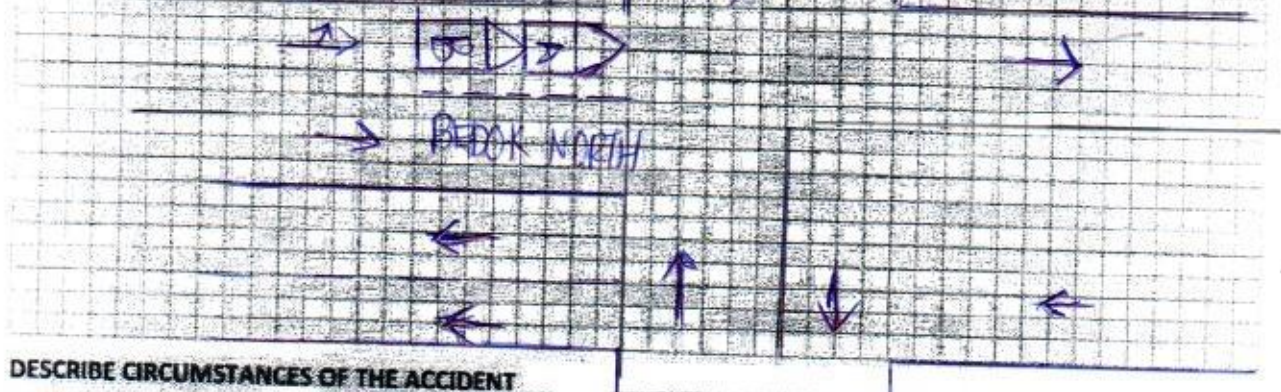
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A: GX7061T

VEHICLE B: GW3328G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONERY. VEHICLE B GW3328G
HIT ONTO MY REAR.

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:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 27/01/2020 Time 1401 Hrs
 Exact Location Of Accident * BEDOK North RD

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number

* GR 7061 T

Insured Policyholder

Name of Registered Owner

* DULBOARD & MARINE Pte Ltd

NRIC/FIN/Passport Number

* 196800629G

Vehicle Particulars

Manufacturer

TOYOTA

Model

LITEACE

Exact Purpose for which vehicle was being used at time of accident

* Private use ☐ Commercial use ☒ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

* Yes ☐ No ☒ Others

If No, please state action to be taken

* Third Party Claim ☒ Reporting Only ☐

Vehicle Category

* Private ☐ Commercial ☒ Motorcycle ☐

Insurance Company

Name of Insurance Company

* TOKIO MARINE

Type of Coverage

* THIRD PARTY COVER

Fleet Policy

Yes ☐ No ☐

Policy Number

* 14-MBU/5811-RD9

Cover Note Number

Driver

Name of Driver

* CHEW CHOW MENG

NRIC/FIN/Passport Number

* S 0892902E

Date of Birth

* 06-07-1943

Occupation

* DIRECTOR

Date of Driving Pass

* 04 APR 1967

Gender

* Male ☒ Female ☐

Mobile Number

* 9023 5920

Address

Email Address

Was driver an employee of the Insured's Company?

* Yes ☒ No ☒

If no, Relationship of the Driver with the Insured

* DIRECTOR (owner)

1 driver

SAS 1

3 passenger - LEE SOK SIANG (WIFE)

- CHEW SOO LIAN (SISTER)

- CHEW KIM HUNG (SISTER)

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)		<input type="text"/>
General Information of the Accident		
Type of Accident	* <input type="text"/>	
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>	
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>	
Other Information		
Was any body injured in the Accident?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Details of Injured Persons		
Name	* <input type="text"/>	
Address	<input type="text"/>	
Approximate Age	* <input type="text"/>	
Injuries Sustained	* <input type="text"/>	
If vehicle Occupants, state in which vehicle?	<input type="text"/>	
Were seat belts worn?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of Police Action		
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, please state which Police Station	<input type="text"/>	
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, against whom?	<input type="text"/>	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)		
Vehicle Registration Number	* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Vehicle Make / Model / Colour	<input type="text"/>	
Detail Of Properties	<input type="text"/>	
Name of Driver	* <input type="text"/>	
NRIC/Passport Number	<input type="text"/>	
Contact Number	* <input type="text"/>	
Email Address	<input type="text"/>	
Address	<input type="text"/>	
Insurance Company Name	<input type="text"/>	
Nature of Damage	<input type="text"/>	
Details Of Witness		
Name	<input type="text"/>	
Phone Number	<input type="text"/>	
Email Address	<input type="text"/>	

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: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MZ300

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-MB015811-R09 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GX7061T **Chassis No.:** CR425009966
2. **Name of Policyholder** OUTBOARD AND MARINE (PTE) LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 23/08/2019
4. **Date of Expiry of Insurance** 22/08/2020

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with their 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*

- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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

Insurance Plan: Third Party Cover Only

Account: 2214DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature