

# NATIONAL Assessment Centre Services

Date In: 04/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/TM/20001946/13	SAS e-filing		
Veh No: SMP2332R	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 04/02/20 0030	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/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PMD BICE	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%. F: 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

NA2001045	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$80)		
Contact No:	3) TF: 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		
Additors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) NI: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	OD:			
	*N5: Courtesy Car / Tp Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N-in INC) against INC	\$20		
	9) N12: Idno 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	04/02/2020 17:12
Date Of Accident	04/02/2020 00:30
Exact Location Of Accident	YISHUN ST 22 BESIDE BLK 280
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMP2332R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Co Reg No	2XXXXX883W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	SIENTA
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000854-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHONG NAM LOK
NRIC No	SXXXX357H
Date Of Birth	24/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1981
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96360170
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 133 EDGEDALE PLAINS #13-60
Postcode	820133
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : AH CHUAN GENDER: : MALE

#### 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

PLS REFER TO THE POLICE REPORT: T/20200204/2039

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	PMD BIKE
Vehicle Category	NA/UNKNOWN
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 UNKNOWN  
Approximate Age  
Injuries Sustain SERIOUS(PMD BIKE)  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
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:

04/02/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

BIK 280  
Yishun St 22

B 68° A



Yishun St 22



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No:-

T/20200204/2039

A: SMPD332R

B: PMD BIKE



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## 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.:

*ofym* 04/02/20





# SINGAPORE POLICE FORCE



T/20200204/2039

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

1 of 3

Report No: T/20200204/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2020 12:07		Vide Report No.: L/20200204/0010		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHONG NAM LOK			Address: 133 EDGEDALE PLAINS #13-60 SINGAPORE 820133		
ID Type / ID No.: NRIC NO / S1573357H			Contact No.: Home/Office: Mobile: 96360170		
Nationality:			Email:		
Sex:	Age: 56	Date of Birth: 24/05/1963	Type of Informant: Driver		
Race:		Language:	Institution / School Name:		
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/02/2020 00:30	Type of Location: Straight Road
Location: Along Road 1 YISHUN STREET 22  YISHUN ST 22 -> YISHUN AVE 6 L/P4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: STATIONARY VEHICLE AGAINST MOVING PMD				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SMP2332R	Car	TOYOTA	SIENTA 1.5G CVT	White	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20200204/2039

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

2 of 3

Report No. T/20200204/2039

**CONTINUATION OF REPORT**

**Brief Details.**

On the 04/02/2020 at about 12.30am I had stop and alight my passenger at Blk 280 Yishun St 22 when suddenly I heard a very loud bang from the rear of my vehicle. It was right after my passenger alighted. I then proceeded and took a look and noticed a PMD lying on the road with a male rider lying on the road with blood on his head. I also noticed my vehicle seriously damaged with my vehicle rear windscreen totally smashed and rear portion dented. I then made a check on the rider, a passerby assisted me to call for the ambulance and police. The ambulance and subsequently the traffic police. The rider was then conveyed to Khoo Teck Phuat Hospital. Immediately after the rider was conveyed, the PMD was no longer at scene and passerby informed that a female subject related to the rider had already pushed the PMD away from the accident scene. The TP officers then pursue the female subject and managed to detain the PMD. I was then given a case card and was advised to lodge an accident report. I have yet to see a doctor for my injuries and will be seeing one soon.





**SINGAPORE  
POLICE FORCE**



T/20200204/2039

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

3 of 3

Report No. T/20200204/2039

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:

F /  
Staff Sgt RAIDY FARIZ BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/02/2020 12:07

Officer In Charge Of Case:

TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Classification Of Case:

SN 085

Authentication Stamp  
NP168



Signature:

Singapore Police Force

Pls email to  
mg3solution@gmail.com.

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	4/2/2020	Time: 00:30	(hh:mm) 24 hr format
Location	YISHUN ST 22 beside BK 580		
Vehicle Number	SMP 2332R		
Insured Name	PRIME CAR Limu Pte Ltd		
NRIC / FIN	201826883W	Contact Number	
Make	TOYOTA	Model	SIENNA 1.5 PETROL
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes If No, Pls select: ( ) Third Party ( / ) Reporting			
Insurance Company	Tokio		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number	19-MK000854 - R00		
Name of Driver	CHONG NAM LOK	( ) Same as Insured	
NRIC / FIN	S1523357H	Contact Number	9636 0170
Date of Birth	24-05-1963		
Driving Pass Date	27-FEB-1981		
Occupation ( ) Indoor ( / ) Outdoor			
Gender ( / ) Male ( ) Female			
Email Address	( ) NO EMAIL		
Address of Driver	BLE 133 EDGE DALE PLAINS #13-60 82 0133		
Was driver an employee of the Insured's Company? ( ) Yes ( ) No			
If No, Relationship of the Driver with the Insured Hire			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling			
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions ( / ) Clear ( ) Raining ( ) Others			
Road Surface ( / ) Dry ( ) Wet ( ) Others			
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No			
Was anybody injured in the accident? ( ) Yes ( / ) No			
If yes, injured detail			
Was there any video captured by Car Camera? ( ) Yes ( / ) No			
Was the Accident reported to the Police? ( / ) Yes ( ) No If yes attach police report			
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact			
Veh B	PMD BIKE		
Veh C			
Veh D			
Veh E			
Veh F			

Include Driver 2 person only  
(NAME) AH CHUAN - 8757 0831





## 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-MK000854-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMP2332R Chassis No.: NSP1707197906
2. Name of Policyholder PRIME CAR LIMO PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 15/10/2019
4. Date of Expiry of Insurance 14/10/2020
5. Persons or Class of Persons entitled to drive\*  
 Any person who is driving on the Policyholder's order or with their permission.  
 The hirer.  
 Any other person who is driving on the hirer's order or with his/ 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\***

- Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
 Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.  
 The Policy does not cover:-  
 1) Use for racing, pace-making, reliability trial or speed-testing.  
 2) Use whilst drawing a trailer except the towing (other than for reward) 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**

Account: 2500DDA

Insurance Plan: Comprehensive Approved Workshop Plan  
 Limit for total loss or theft: Prevailing Market Value  
 Policy Excess: Excess - All Claims SGD 1,800  
 Financial Interest: PRIME MOTOR & LEASING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature