

NATIONAL Assessment Centre Services [wef 1 Jan'05] NA 20002184

Date In: <u>18/1/05 - 09:34</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA 20002184/24</u>	SAS e-filing		
Veh No: <u>5004924</u>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <u>17/1/05 - 10:15</u>	i-Motor Claim Form		
OD <u>(TP)</u> 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/Wksp		

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

TP Particulars: Vch No: 5ma 705A 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:	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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100);	INC (\$80)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$30		
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat 2 / 3:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OD*			
	*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	\$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	18/02/2020 09:34
Date Of Accident	17/02/2020 12:10
Exact Location Of Accident	WOODLANDS AVE 5 TWDS WOODLANDS DR 50
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4792H
Insured/Policyholder	
Name Of Registered Owner	MS SIOK POH ENG
NRIC No	SXXXX863C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96386384
Alternative Phone No	OFFICE-96386384

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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-MV005221-R03
Cover Note Number	

Driver

Name of Driver	SIOK POH ENG
NRIC No	SXXXX863C
Date Of Birth	03/02/1955
Occupation	INDOOR
Date Of Driving Pass	17/05/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96386384
Fax Number	
Contact Number	OFFICE-96386384
EMail Address	NOEMAIL

Address	160 JOO CHIAT TERRACE #05-05
Postcode	427305
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: : TAN KOON YEOW GENDER: : MALE
Passenger 2	NAME: : TAN WEI BOON GENDER: : MALE
Passenger 3	NAME: : TEO YAM CHOON 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ2105A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

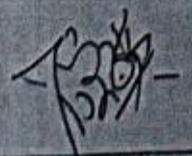
No. Of Passenger (Including Driver)

1

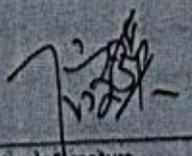
SKETCH PLAN

IMPORTANT NOTICE

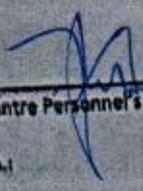
- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- I. 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:

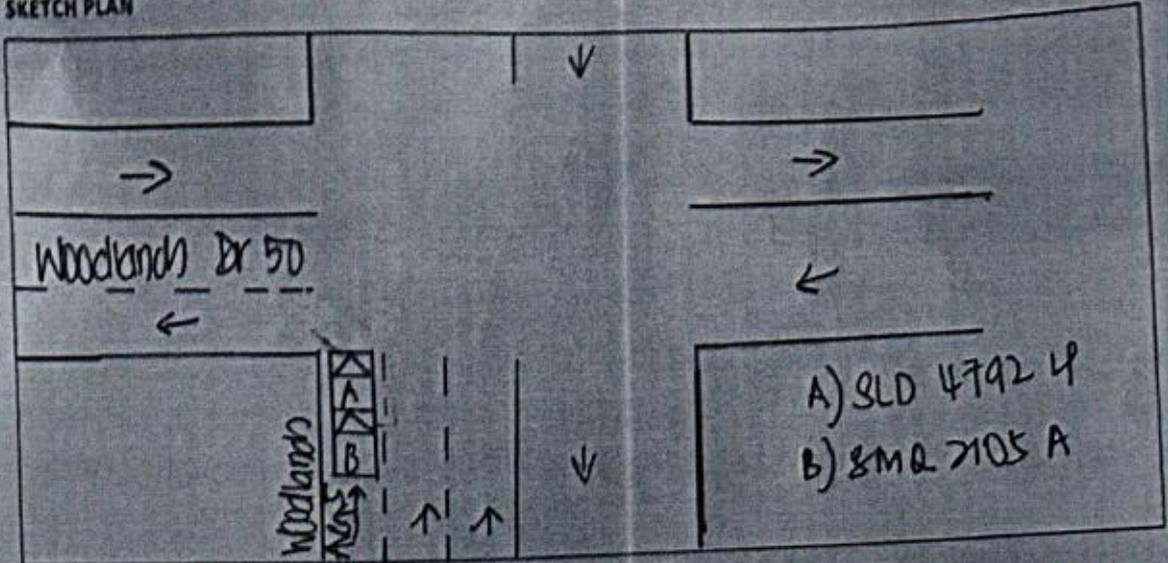


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at the junction Woodlands Ave 5 to give way to pedestrian crossing. Suddenly vehicle B from behind collided into the rear of my vehicle.

[Handwritten signature]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Handwritten signature]

Policyholder's Signature
Date & Time:

[Handwritten signature]

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

[Handwritten signature]

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

VEHICLE NO:	SID 4792 H		MAKE & MODEL:	Hyundai Elantra	
DATE OF ACCIDENT	14 / 02 / 2020				
TIME OF ACCIDENT	12:10 hrs			AM/PM	
LOCATION OF ACCIDENT	Woodlands Ave 9 Turn Left Woodlands Dr 50				
EXACT PURPOSE USE DURING ACCIDENT					
NAME OF OWNER	Side Poh Eng				
TEL NO	96386384				
NRIC	S1115863 C				
CLAIM TYPE	OD /		THIRD PARTY /	REPORTING ONLY	
INSURANCE CO	Tokio Marine				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	19-MV00524-203				
NAME OF DRIVER	As Above /		If No:		
NRIC	S1115863 C				
DATE OF BIRTH	03 / 02 / 1955		Any Passengers: 3 + 1		
OCCUPATION	Outdoor /		Indoor		
DATE OF DRIVING PASS	14 / 05 / 1999		① Tan Koon Yew (M)		
GENDER	Male /		Female		
CONTACT NO.	96386384		Office:		Home:
ADDRESS	160 Joo Chiat Terrace S (427305)				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIES	NO / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / If yes: Where?				
VEHICLE B NO.	SMA 2105A		Any Passenger: NO		
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.				
	1 Kaki Bukit Ave 6, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyl				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

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 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-MV005221-R03 (Private Motor Car)

- | | | |
|---|-----------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLD4792H | Chassis No.: KMHD841CMHU160881 |
| 2. Name of Policyholder | MS SIOK POH ENG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 20/06/2019 | |
| 4. Date of Expiry of Insurance | 19/06/2020 | |
| 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 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: 2095DDA

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
Financial Interest:	OCBC BANK LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature