

# NATIONAL Assessment Centre Services. [ver 1 Jan 09] MMA 120025623

Date In: 27/12/20 09:54	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/TMI 20003259/h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: 8GT 54J	I-Motor Clinin Form		
D.O.A: 26/12/20 16:30.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
Ch: <input checked="" type="radio"/> Reporting Only	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: SJN 2700H. 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Actions: ( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

MA 2001689

Invoice Particulars	Amount (\$)	PAID (\$)
1) AR: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (w/c 10 Jan 2009)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Coordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (INC) against INC \$20		
9) N12: Idao Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Bug-In-Charge):
Auditors Comments:
Signature:
Date:



## 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	27/02/2020 09:54
Date Of Accident	26/02/2020 16:30
Exact Location Of Accident	PIE TWDS TUAS B4 CLEMENTI RD EXIT LANE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ54J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN BOON HAI
NRIC No	SXXXX284D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94775454
Alternative Phone No	OTHERS-94775454

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	MS003898
Cover Note Number	

### Driver

Name of Driver	TAN BOON HAI
NRIC No	SXXXX284D
Date Of Birth	10/02/1973
Occupation	INDOOR
Date Of Driving Pass	08/06/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94775454
Fax Number	
Contact Number	OTHERS-94775454
Email Address	NOEMAIL

Address	54 PARK VILLAS RISE
Postcode	545354
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?	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)	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

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	SJN2700H
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)	

#### DETAILS OF INJURED PERSON 1

Name	TAN BOON HAI
------	--------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ54J
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 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

PIE twds Tuas  
before Clementi  
Ad Exit

A: SGJ 54J  
B: SJN 2700H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.02.2020 at about 16.30pm, I was travelling along PIE Towards.  
Tuas Before Clementi Road Exit Lane 2. In front the vehicle slow down  
and stopped. I follow. Suddenly Vehicle B hit on my rear portion.

## 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.:

Date of Accident : 26.02.2020 Accident Time: 16.30pm (24-HR-Format)  
Accident Place : PIE Towards Tuas Pefero Clementi Road Exit lane 2.  
Vehicle, No. (Car Plate No.) : SGJ 54J Make/Model: Toyota Altis.  
Insurance Company : Tokio Marine Policy No: MS003898  
Owner or Company Name /IC No. : Tan Boon Hai (S73042840).  
Owner or Company Contact No. : Owner's Hp 9477 5454 Company Tel  
DRIVER'S Name / IC No. : as above.  
DRIVER'S Date Of Birth : 10.02.1973 DRIVER'S License Pass Date 08.06.2006.  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.  
DRIVER'S Address : 54 Park Villas Rise Singapore 545354.  
DRIVER'S Contact No./ Alt No. : 1) - 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): 1 Driver.  
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  
Any Injury (If YES, Pls state): YES .

Other Party Driver's Particular (if any)

Vehicle, No: <u>SGJ 2700 H</u>	Vehicle, No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

14



# 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: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

## Certificate of Insurance

FORM MX1

**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.:** MS003898 (Private Car)

- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1. <b>Index Mark and Registration Number of Vehicle</b>                                 | SGJ54J                | <b>Chassis No.:</b> MR053ZEE106101972 |
| 2. <b>Name of Policyholder</b>  | TAN BOON HAI          |                                       |
| 3. <b>Effective date of the Commencement of Insurance for the purposes of the Act</b>   | 29/03/2019 (00:00:00) |                                       |
| 4. <b>Date of Expiry of Insurance</b>   | 28/03/2020            |                                       |
| 5. <b>Persons or Class of Persons entitled to drive*</b>                                |                       |                                       |
| (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 No:** 0996DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan			Account No:
<b>Limit for total loss or theft:</b>	Prevailing Market Value			
<b>Policy Excess:</b>	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)	
	Additional Excess for Unnamed Driver(s)	SGD 500.00		
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00		
	WindScreen Excess	SGD 100.00		
<b>Financial Interest:</b>	NIL			
<b>Additional Terms:</b>	MC19 Waiver of Excess is NOT applicable.			

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature