

NATIONAL Assessment Centre Services. [ver 1 Jan 00] **MAA2003039**

Date In: 09/03/2020 18:40	Job description	Date & Time Completed	Done by
Ref No: NA2003039	SAS e-illing		
Veh No: SKF 2967D	E-mail (by date time, AIC time)		
D.O.A: 07/03/2020 12:35	I-Motor Claim Form		
O/D TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Witness		

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

TP Particulars: Vch No: **SKY 7485Z** 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 ()

() 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: _____

NA2001	1) AIC Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40245	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$10	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 200)	
	6) TR: Re-inspection \$75	
Additional comments:	7) NI: Ideal DA + SMRT Survey \$100	
	8) NIUC Additional Services:	
Tel: ()	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
Invoice dated	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
Invoice dated	*N8: DV / Collect License Coordination \$5	
	TP (NI) / TP (Non-INC) against INC \$20	
	*N12: Idea Mobile \$30	

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	09/03/2020 18:40
Date Of Accident	07/03/2020 13:35
Exact Location Of Accident	115 FRANKEL AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF3967D
Insured/Policyholder	
Name Of Registered Owner	NG SOON WEE (HUANG SONGWEI)
NRIC No	SXXXX627I
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-86133166
Alternative Phone No	OTHERS-86133166
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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-MV004533-R03
Cover Note Number	
Driver	
Name of Driver	NG SOON WEE (HUANG SONGWEI)
NRIC No	SXXXX627I
Date Of Birth	06/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86133166
Fax Number	
Contact Number	OTHERS-86133166
EMail Address	INFO@CARSMITH.BIZ

Address	BLK 275B JURONG WEST STREET 25 #06-113
Postcode	642275
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)	3
Passenger 1	NAME: : LOK WAI LENG, SHARON GENDER: : FEMALE
Passenger 2	NAME: : NG ZHUN WEI, ETHAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200308/2053

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGY7485Z
Vehicle Make/Model/Colour	MERCEDES BENZ
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 NG SOON WEE (HUANG SONGWEI)
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SKF3967D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOK WAI LENG, SHARON
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SKF3967D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NG ZHUN WEI, ETHAN
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SKF3967D
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:

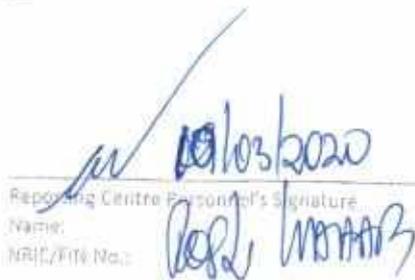
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



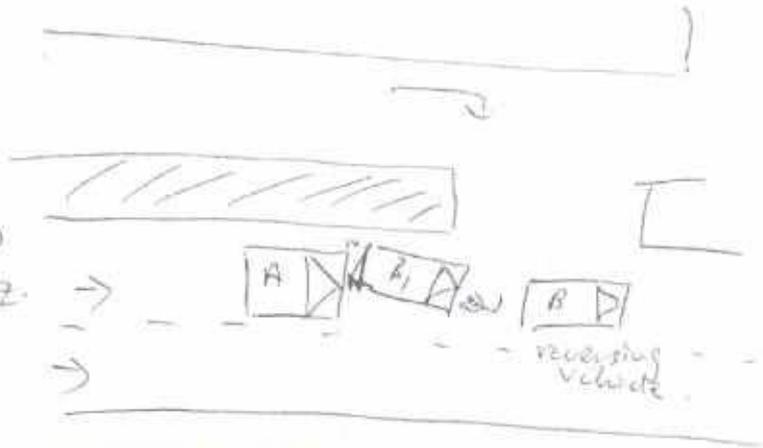
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Person's Signature
Name: *Joseph*
NRIC/FIN No.: *123456789*

veh A: SKF 39670

veh B: SGY 7485Z



115 FRANKEL AVENUE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. T/20200308/2053

DECLARATION

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

Mik

Policyholder's Signature
Date & Time:

Mik

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

18/03/2020
[Signature]

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

Date of Accident : 7-3-2020 Accident Time: 135pm (24-HR-Format)

Accident Place : 115 Frankel Ave

Vehicle No. (Car Plate No.) : SKF 3967D Make/Model: Kia Corato Forte

Insurance Company : Toloia Marine Policy No: 19 - MV004533-RO3

Owner or Company Name / IC No : Ng Song Wee (S7631627I)

Owner or Company Contact No. : 8613 3166 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Ng Song Wee (S7631627I)

DRIVER'S Date Of Birth : 06-Oct-1976 DRIVER'S License Pass Date 02 Apr 2003

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : Blk 275B Jurong West St 25 #06-113 S(642275)

DRIVER'S Contact No./ Alt No. : 1) 86133166 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : wilsonng@gmail.com info@carsmith.biz

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): 02 - Passengers

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): Driver, body ache, Passenger (Lark) - body ache, Passenger (son) - body ache

Other Party Driver's Particular (if any)

Vehicle No: <u>SGY 7485Z</u>	Vehicle No: _____
Vehicle Make/Model: <u>Motors</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Passenger 1 - Lok Wai Leng, Sharon (S7832849E) - 42 yrs old, wife.

Passenger 2 - Ng Zhun Wei, Ethan (71009435B) - 10 yrs old, son



**SINGAPORE
POLICE FORCE**



T/20200308/2053

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 4

Report No. T/20200308/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2020 14:32	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars			
Name of Informant: NG SONG WEE		Address: APT BLK 275B JURONG WEST STREET 25 #06-113 SINGAPORE 642275	
ID Type / ID No.: NRIC NO / S7631627I		Contact No.: Home/Office: Mobile: 86133166	
Nationality: SINGAPORE CITIZEN		Email: milsonng@gmail.com	
Sex: Male	Age: 43	Date of Birth: 06/10/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Real estate agent		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2020 13:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 FRANKEL AVENUE EAST COAST ROAD In front No 115 Frankel Avenue				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY7485Z	Car	MERCEDES BENZ	E230	Grey	Slightly Damaged	1
SKF3967D	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 5DR	Blue	Totally Damaged	2



**SINGAPORE
POLICE FORCE**



T/20200308/2053

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200308/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKF3967D	TOKIO MARINE INSURANCE SINGAPORE LTD.	MV004533	28/05/2016	27/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHOONG CHEOW SAI	ID No.	S2539226D	
Related Vehicle	SGY7485Z (Car)	Contact No.	96707038	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	NG SONG WEE	ID No.	S7631627I	
Related Vehicle	SKF3967D (Car)	Contact No.	86133166	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	07/03/2020	Date Discharge	07/03/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Serious	
Passenger				
Name	LOK WAI LENG SHARON	ID No.	S7832849E	
Related Vehicle	SKF3967D (Car)	Contact No.	97671541	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	07/03/2020	Date Discharge	07/03/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Serious	



**SINGAPORE
POLICE FORCE**



T/20200308/2053

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200308/2053

CONTINUATION OF REPORT

Brief Details.

On 07/03/2020 at about 1335hrs, I was driving my Singapore registered car: SKF3967D with my wife and son onboard. I was driving on right lane of the 02 lanes road along Frankel Avenue towards East Coast Road. There was a Singapore registered car: SGY7485Z travelling in front of my car. The car suddenly without any signal made a left lane change. Out of the sudden, he slowed down and reversed into my car which was behind his car. The driver and I alighted the vehicle and exchange particulars. None of the drivers or passengers complain of any pain. My car suffered cracks on the left headlight, signal light, bumper and body kit . While the other car suffered slight scratches on the right rear corner of the bumper. My in-car camera had captured the entire incident.

After we left the location, both me and my wife started to feel unwell and decided to consult doctor at Changi General Hospital. We were both give 04 days outpatient leave.



**SINGAPORE
POLICE FORCE**



T/20200308/2053

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No: T/20200308/2053

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: J/ Sgt 3 CHEN JIANDA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: <i>Mikha</i>
Date/Time: 08/03/2020 14:32
Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

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



TOKIOMARINE
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-MV004533-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SKF3967D Chassis No.: KNAFW511MC5635162
2. Name of Policyholder MR NG SONG WEE
3. Effective date of the Commencement of Insurance for the purposes of the Act 28/05/2019
4. Date of Expiry of Insurance 27/05/2020
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: 2523DDA

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:	CITIBANK SINGAPORE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature