

Date In: 15/04/2020 14:52	Job description	Date & Time Completed	Done by
Ref No: XBA/TM/20005218/Y	SAS e-illing		
Veh No: SMP 599/T	E-mail (by date time, AIC time)		
OOA: 14/04/2020 10:20	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (With: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: ()

TP Particulars: Vch No: GRG 1261X 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%; R: 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: _____

<p><u>MNA200269</u></p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Bugr-In-Charge): _____</p> <p>Additional Comments: _____</p> <p>Date: 15/4/20</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) All Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA1 Damage Assessment (\$100)</td> <td>INC (110)</td> </tr> <tr> <td>3) TP's Towing Fee</td> <td>\$10/\$45</td> </tr> <tr> <td>4) PT's Follow-Through Survey</td> <td>\$170</td> </tr> <tr> <td>5) PT's Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC/Only Govt (to Jan 2005)</td> </tr> <tr> <td>6) TR's Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI's Idas DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NIUC Additional Services</td> <td></td> </tr> <tr> <td>OD's</td> <td></td> </tr> <tr> <td>* NI's Courtesy Car / Tpl Allowance</td> <td>\$3</td> </tr> <tr> <td>* NI's Dispatch Coordination</td> <td>\$10</td> </tr> <tr> <td>* NI's Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>* NI's DV / Collect Excess Coordination</td> <td>\$3</td> </tr> <tr> <td>* NI's DV / Collect Excess Coordination</td> <td>\$25</td> </tr> <tr> <td>TP (NI) / TP (Govt INC) against INC</td> <td>\$0</td> </tr> <tr> <td>2) NI's Idas Mobile</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) All Accident Reporting (\$30)		2) DA1 Damage Assessment (\$100)	INC (110)	3) TP's Towing Fee	\$10/\$45	4) PT's Follow-Through Survey	\$170	5) PT's Follow-Through Survey (Resurvey)	\$30	For claiming against INC/Only Govt (to Jan 2005)		6) TR's Re-inspection	\$75	7) NI's Idas DA + SMRT Survey	\$160	8) NIUC Additional Services		OD's		* NI's Courtesy Car / Tpl Allowance	\$3	* NI's Dispatch Coordination	\$10	* NI's Post Repair Inspection	\$25	* NI's DV / Collect Excess Coordination	\$3	* NI's DV / Collect Excess Coordination	\$25	TP (NI) / TP (Govt INC) against INC	\$0	2) NI's Idas Mobile	
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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 willful 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 judgement 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	15/04/2020 14:52
Date Of Accident	14/04/2020 10:20
Exact Location Of Accident	SELETAR WEST LINK TURNING TO YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5991T
Insured/Policyholder	
Name Of Registered Owner	HENG FOCK TOON
NRIC No	SXXXX304F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98169639
Alternative Phone No	OTHERS-98169639

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 DX CVT (A)
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-MS010808-R00
Cover Note Number	

Driver

Name of Driver	HENG FOCK TOON
NRIC No	SXXXX304F
Date Of Birth	18/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98169639
Fax Number	
Contact Number	OTHERS-98169639
Email Address	NOEMAIL

Address	BLK 671B YISHUN AVENUE 4 #12-596
Postcode	762671
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	SIDE SWIPE
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?	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

PLEASE REFER TO SKETCH PLAN

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	GBG1261X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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)

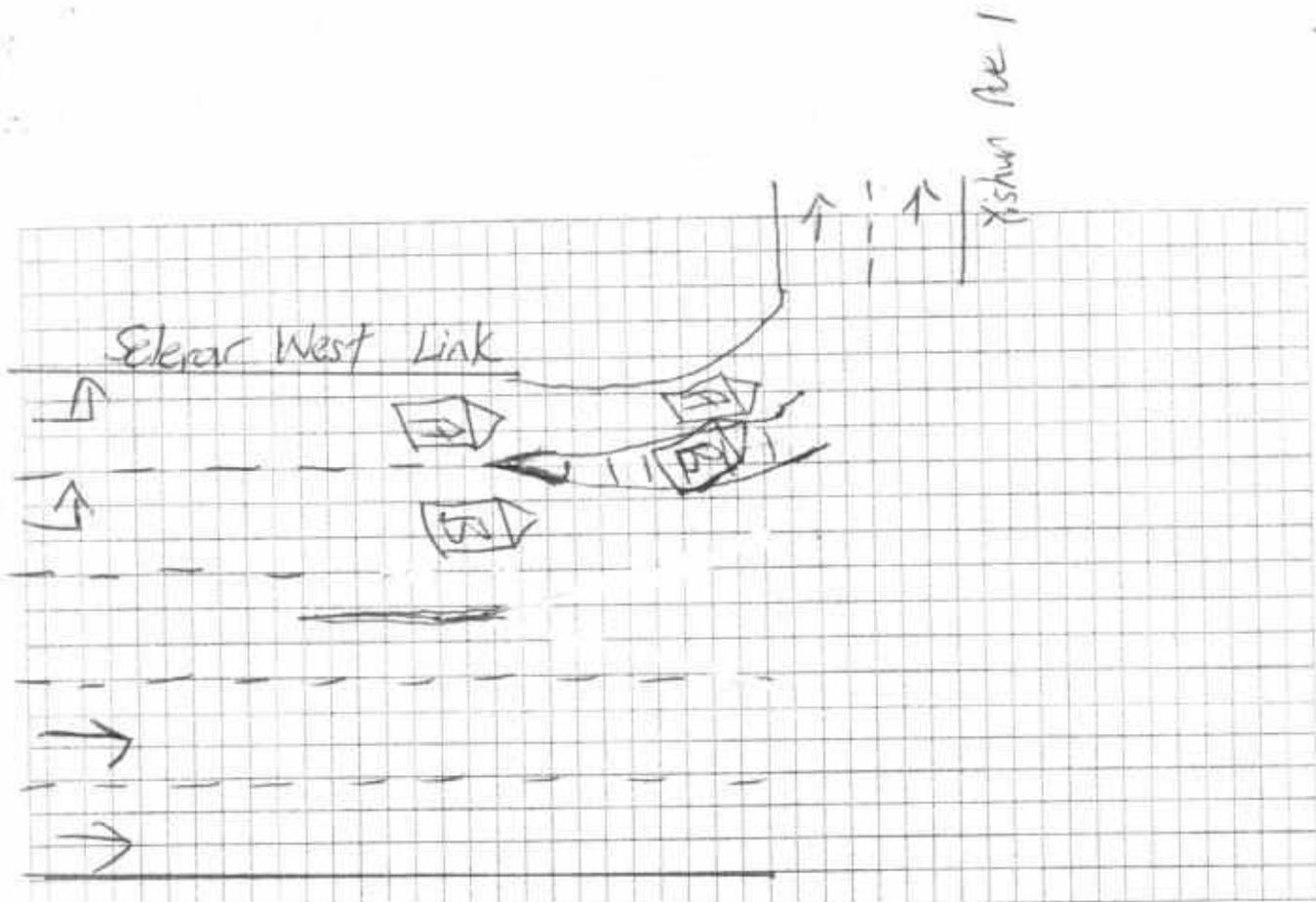
I understand, acknowledge, agree and consent that:

- (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 : *15 Oct 2020*
NRIC / Fin No : *123456789*



SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving along Selekar West Link, Suddenly vehicle (B) cut into CHEVRON and hit into my right portion, The other party skip and my vehicle Two Air bag deployed.

A: SMP 5991T

B: GGG 1261X

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.:

15/04/2020
Kardi Luthman

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14/04/2020 (dd/mm/yy) Time of Accident: 10 : 20 (24-HR-FORMAT)

Vehicle No.: SMP 5991T Vehicle Make & Model: _____

Exact location of Accident: Selenar West Link Turning Yishun Ave 1

Policyholder's Name / IC No.: Heng Fock Joon 50041304F

Driver's Name / IC No.: _____ (As Above)

Driver's Contact No.: 98169639 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: Tokio Marine

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

*No. of Passengers (Including Driver): 01

*Passanger Name: _____ Gender: Male / Female *Passanger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBG 1261X

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



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-MS010808-R00 (Private Motor Car)

- | | | |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMP5991T | Chassis No.: JHMRU1810JX202112 |
| 2. Name of Policyholder | HENG FOCK TOON | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/10/2019 | |
| 4. Date of Expiry of Insurance | 30/09/2020 | |
| 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: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,500	
	Excess-Third Party (Sect II)	SGD 2,500	
	Young/Inexperienced Driver	SGD 1,500	(In Addition To Own Damage Claims Excess)
	Windscreen Excess	SGD 100	
Financial Interest:	HONG LEONG FINANCE LTD		

Tokio Marine Insurance Singapore Ltd.

Authorised Signature