

NATIONAL Assessment Centre Services.

[ver 1 Jan 02]

MNA/20044370

Date In: 30/04/2020 15:30	Job description	Date & Time Completed	Done by
Ref No: NBN/TM/20005504/Y	SAS e-Milling		
Veh No: SKM 3321E	E-mail (Update Status, AIC Status)		
Q.O.A. 30/04/2020 12:30	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Withfor OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wreck / INC Assign Wreck / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBB 5509H	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 ()	
() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of reporter.		
() 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: ()	
Damage: ()	
Other: ()	

NA2002814	
Driver/Owner:	
Contact No:	
Damage Portion:	
QC Checked by (Engr-In-Charge):	
Sub 1:	
Sub 2:	

1) AIC: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (110)
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$10
5) FT: Follow-Through Survey (Resurvey)	\$10
For claiming against INC Only (over 10 Jan 200)	\$75
6) TR: TR Inspection	\$160
7) NI: IDAO DA + SMRT Survey	
8) NIUC: Additional Services	
9) NIUC: Additional Services	
10) NIUC: Additional Services	
11) NIUC: Additional Services	
12) NIUC: Additional Services	
13) NIUC: Additional Services	
14) NIUC: Additional Services	
15) NIUC: Additional Services	
16) NIUC: Additional Services	
17) NIUC: Additional Services	
18) NIUC: Additional Services	
19) NIUC: Additional Services	
20) NIUC: Additional Services	

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	30/04/2020 15:54
Date Of Accident	30/04/2020 12:30
Exact Location Of Accident	ANG MO KIO AVENUE 6 TOWARDS LENTOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM3321E
Insured/Policyholder	
Name Of Registered Owner	CHUA NGAK HOW
NRIC No	SXXXX348H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96824101
Alternative Phone No	OTHERS-96824101
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.5 TURBO VTI-S SR (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-MS001803-R00
Cover Note Number	

Driver

Name of Driver	CHUA NGAK HOW
NRIC No	SXXXX348H
Date Of Birth	27/03/1962
Occupation	INDOOR
Date Of Driving Pass	07/09/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96824101
Fax Number	
Contact Number	OTHERS-96824101
EMail Address	NOEMAIL

Address	7 FERNVALE CLOSE #12-16
Postcode	797488
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)	2
Passenger 1	NAME: : LIM LAY GEK (WIFE) GENDER: : FEMALE

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 - SINGAPORE CITY
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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200430/7008

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	FBB5509H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 CHUA NGAK HOW

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKM3321E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM LAY GEK

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKM3321E

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:

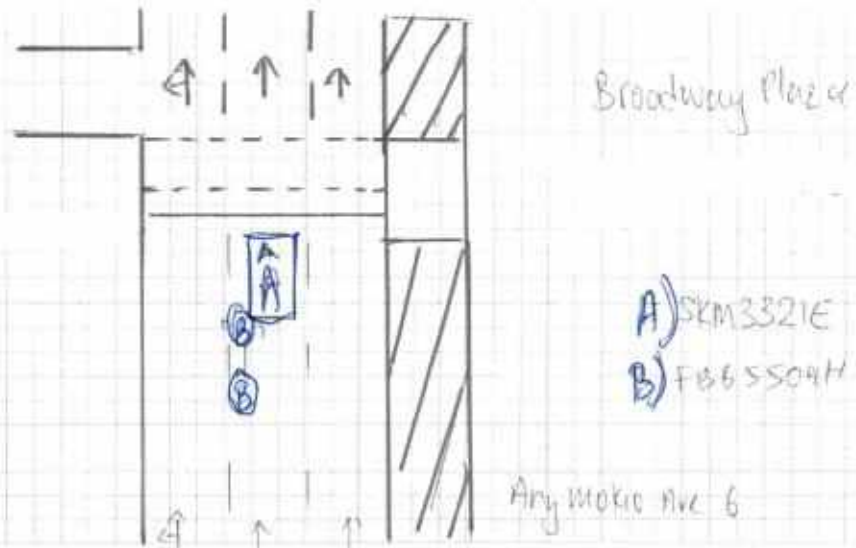
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Roshan Kumar
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle "A" SKM3321E was travelling on the stated venue I was stationary in my lane as traffic was red. While waiting, I suddenly felt an impact on my vehicle rear left portion shortly I got out of my vehicle and I realised it was FBB5509H collided against my stationary vehicle rear portion.

POLICE REPORT T/20200430/7008

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:

20/04/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Email: smi@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/04/2020 (dd/mm/yy) Time of Accident: 12 30 (24-HR-FORMAT)
Vehicle No.: SKM 3321 E Vehicle Make & Model: HONDA CIVIC 1.5 TURBO VTIS SR
Exact location of Accident: ANG MO KIO AVE 6 TOWARDS LENTOR
Policyholder's Name / IC No.: CHUA NGAK HOW S1560348H
Driver's Name / IC No.: CHUA NGAK HOW S1560348H (As Above) ☐
Driver's Contact No.: 9682 4101 Company Contact No.: _____
Driver's Address: 7 FERNVALE CLOSE #12-16 S'PORE 797488
Insurance Company: Active Tokio Marine Email address (if any): _____

Relationship between Owner & Driver: OWNER

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?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 02

Passenger Name: Lim Lay Gek (wife)

Gender: Female

Passenger Name: _____

Gender: _____

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: 10 UBI AVE 3.

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: FBB 5509 H

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

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

Preferred Workshop Name: _____ Contact No: _____

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



SINGAPORE POLICE FORCE



T/20200430/7008

1 of 3

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

Report No. T/20200430/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2020 14:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA NGAK HOW			Address: 7 FERNVALE CLOSE #12-16 SINGAPORE 797488		
ID Type / ID No.: NRIC NO / S1560348H			Contact No.: Home/Office:		Mobile: 96824101
Nationality: SINGAPORE CITIZEN			Email: cnhcon@gmail.com		
Sex: Male	Age: 58	Date of Birth: 27/03/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: others			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/04/2020 12:30	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 6 TOWARDS LENTOR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB5509H (Not Accurate)	Motorcycle				Slightly Damaged	0
SKM3321E	Car	HONDA	CIVIC 1.5 TURBO VTIS SR	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM3321E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS001803	27/02/2019	26/02/2021



**SINGAPORE
POLICE FORCE**



T/20200430/7008

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

2 of 3

Report No. T/20200430/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM LAY GEK	ID No.	NIL
Related Vehicle	SKM3321E (Car)	Contact No.	NIL
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	CHUA NGAK HOW	ID No.	S1560348H
Related Vehicle	SKM3321E (Car)	Contact No.	96824101
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	Slight

Brief Details:

ON THE 30/04/2020 I WAS DRIVING MY VEHICLE SKM3321E ALONG ANG MO KIO AVE 6 WITH MY WIFE AS A PASSENGER. AS TRAFFIC WAS RED, I SLOWED DOWN MY VEHICLE AND CAME TO A STOP. WHILE STATIONARY, I FELT AN IMPACT ON MY VEHICLE REAR LEFT PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND REALISED IT WAS FBB5509H HAD COLLIDED AGAINST MY STATIONARY VEHICLE REAR LEFT PORTION. THE TRAFFIC POLICE AND AMBULANCE CAME TO THE SCENE SHORTLY. I THEN CALLED TOW TRUCK TO ASSIST AND WILL BE SEEKING MEDICAL ATTENTION LATER WITH MY WIFE.



**SINGAPORE
POLICE FORCE**

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



T/20200430/7008

3 of 3

Report No. T/20200430/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/04/2020 14:54

Classification Of Case:

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, 1989 (MALAYSIA)

Policy No.: 19-MIS001803-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle SKM3321E Chassis No.: MRJHFC1660JT000151
2. Name of Policyholder CHUA NGAK HOW
3. Effective date of the Commencement of Insurance for the purposes of the Act 27/02/2019
4. Date of Expiry of Insurance 26/02/2021
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 3 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 whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost or 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 600
Windscreen Excess SGD 100

Financial Interest: UNITED OVERSEAS BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature