

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA0067361

Date In: 11/12/14:16	Job description	Date & Time Completed	Done by
Ref No: HFM212008252/24	SAS e-filing		
Veh No: SLR6611K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/12/16:32	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: 53490293	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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	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

HA206418	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	11/08/2020 14:16
Date Of Accident	08/08/2020 16:30
Exact Location Of Accident	PIE TWDS TUAS AFTER KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6611K
Insured/Policyholder	
Name Of Registered Owner	MR HUANG JINGZHI
NRIC No	SXXXX884I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98562966
Alternative Phone No	OFFICE-98562966
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5 LX CVT
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-MU011230-R02
Cover Note Number	
Driver	
Name of Driver	HUANG JINGZHI
NRIC No	SXXXX884I
Date Of Birth	31/08/1989
Occupation	INDOOR
Date Of Driving Pass	09/10/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98562966
Fax Number	
Contact Number	OFFICE-98562966
EEmail Address	NOEMAIL

Address	BLK 210 BUKIT BATOK STREET 21 #13-214
Postcode	650210
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	CHAIN COLLISION
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	3
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: : HUANG JINGYU GENDER: : FEMALE
Passenger 2	NAME: : CHANEL NEO WEN FANG GENDER: : FEMALE
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SJY9029J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG WEI ZHEN
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG8664B
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 HUANG JINGZHI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR6611K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HUANG JINGYU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR6611K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CHANEL NEO WEN FANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR6611K
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:

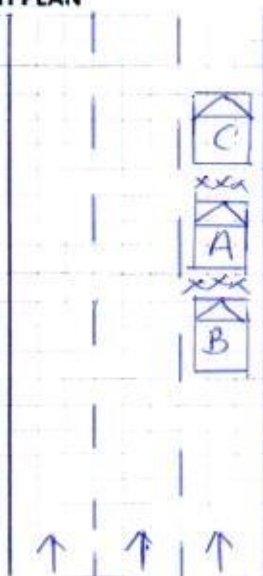
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Veh A: SLR6611K
Veh B: SJY9029J
Veh C: SJG8664B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLR6611K) traveling along PIE Tuas Tuas on first lane of a 3-lanes, expressway. Somewhere after Kallang ^{Bahru} exit, vehicle C (SJG8664B) ahead made an emergency brake and stopped. As such, I applied brake and stopped. At the point of time, before my vehicle completely stop, vehicle B (SJY9029J) came from rear and collided onto the rear portion of my vehicle. Due to the impact, my vehicle was surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

DECLARATION

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

2

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.:

Vehicle No.	SLR66HK	Model / Make	Honda Vezel
Date of Accident	8/8/2020		
Time of Accident	1630	HRS	
Location of Accident	Along PIE towards Tuas after Kallang Bahru Exit		
Exact purpose use during accident	Private use		
Name of Owner	Huang Jingzhi		
Telephone No.	H/P: 98562966	Home :	Office :
NRIC	S8929884I		
Address	BLK 210 Bukit Batok Street 21 #13-214 S(650210)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	Tokio Marine		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	19-MU011230-R02		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	5(F)
Date of birth	31/8/1989		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	9/10/2009		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address	BLK 210 Bukit Batok Street 21 #13-214 S(650210)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Huang Jingzhi 98562966		
Name And Contact No.	Huang Jingyu 98528798, Chanel Neo Wen Fang 91276228		
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJY9029J	Any Passengers :	
Name of Driver	Ong Wei Zhen	Contact No. :	
Vehicle C No.	SJG8664B	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Front & rear portion		
Camera Recorder	Yes / No		
Email Address	kyanich@live.com		
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

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-MU011230-R02 (Private Motor Car)

- | | | |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLR6611K | Chassis No.: JHMRU1830GX203240 |
| 2. Name of Policyholder | MR HUANG JINGZHI | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 31/10/2019 | |
| 4. Date of Expiry of Insurance | 30/10/2020 | |
| 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: 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:	DBS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature