

NATIONAL Assessment Centre Services

[Part 1 Jan 03]

MMA 120076715

Date In: 5/9/20 16:19	Job description	Date & Time Completed	Done by
Ref No: MAI TMZ 2000 9477/h4	SAS e-illing		
Veh No: SGR 933 E	E-mail (within 3hrs, A/C 2hrs)		
D.F.A: 5/9/20 10:50	I-Motor Claim Form		
Q1: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wken		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: YM 5439 R	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 repolar.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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:	Action:

MA2004677	Invoice Preparation Checklist	Amount
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: 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	
Verifiers' Comments:	For claiming against INC Only (w/c 10 Jan 2003)	
	6) TR: Re-Inspection \$75	
	7) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	Q1:	
	*N5: Courtesy Car / Tpt 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: Idao Mobile \$0	
	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	05/09/2020 16:19
Date Of Accident	05/09/2020 10:50
Exact Location Of Accident	PIE TWDS CHANGI SLIP RD OF SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR933E
Insured/Policyholder	
Name Of Registered Owner	NG MENG LIANG
NRIC No	SXXXX821H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83183212
Alternative Phone No	OTHERS-97858365

Vehicle Particulars

Manufacturer	KIA
Model	CARENS
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MR003604
Cover Note Number	

Driver

Name of Driver	NG YE XUN
NRIC No	SXXXX467B
Date Of Birth	20/04/1997
Occupation	INDOOR
Date Of Driving Pass	31/08/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83183212
Fax Number	
Contact Number	OTHERS-97858365
EMail Address	NOEMAIL

Address	BLK 171 LOR 1 TOA PAYOH #03-1136
Postcode	310171
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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)	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	YN5439R
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ8410C
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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

NG YE XUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGR933E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

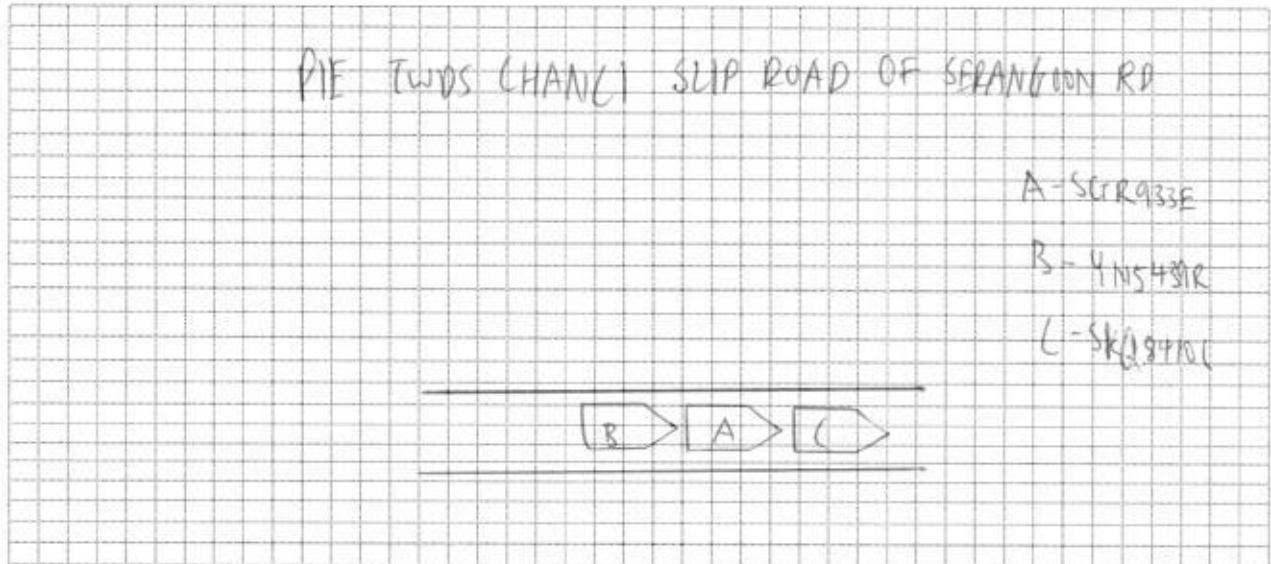
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS TRAVELLING ALONG PIE TOWARDS CHANGI SLIP ROAD OF SERANGOON RD. VEHICLE AHEAD SLOW DOWN AND STOPPED AND I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE. THE FORCE WAS SO GREAT THAT MY VEHICLE SURGE FORWARD AND HIT ONTO VEHICLE C.

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.:


TOKIO MARINE
 INSURANCE GROUP

 A member of the
 Tokio Marine Group

Certificate of Insurance

FORM MX1 H

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.: MR003604 (Private Car)

1. Index Mark and Registration Number of Vehicle

SGR933E

Chassis No.: KNAHU813MG7126110

2. Name of Policyholder

NG MENG LIANG

3. Effective date of the Commencement of Insurance for the purposes of the Act

30/06/2020 (00:00:00)

4. Date of Expiry of Insurance

29/06/2021

5. Persons or Class of Persons entitled to drive*
The Policyholder

Any person who is driving on the Policyholder's order or with the Policyholder's 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.

3) Use for the carriage of passengers for hire or reward by any person except for private hire services.

4) Use for hire or reward except for (3) and rental by the Policyholder.

* 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: 1328DDA

Insurance Plan:

Comprehensive

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

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
Section I (Incl. Fire & Theft)	SGD 2,500.00
Excess-Third Party (Sect II)	SGD 2,500.00

Financial Interest:

MAYBANK SINGAPORE LIMITED

Additional Terms:


- 1.Private Hire Usage Vehicle Endorsement is included.
- 2.Unnamed Driver Excess is not applicable
- 3.Car is licensed for private hire (PH) by LTA.
- 4.Only PH licenced Named Drivers can use car for PH in Spore only
- 5.No rental to unnamed driver.
- 6.YID of \$3,500 excess on Section 1 & 2 separately.
- 7.Approved workshop plan only
- 8.Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable

TOKIO MARINE INSURANCE SINGAPORE LTD.

Accident Reporting Draft

VEHICLE NO: SGR933E

MODEL: KIA CARENS

DATE OF ACCIDENT	5/9/2020		
TIME OF ACCIDENT	1050	HRS	AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS CHANGI SLIP ROAD OF SERANGOON RD		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	NG MENG LIANG		
CONTACT NO.	83183212,97858365		
NRIC	S1700821H		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	TOKIO MARINE		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: NG YE XUN		
NRIC	S9714467B	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	<u>OUTDOOR</u> / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	83183212,97858365	OFFICE:	HOME:
ADDRESS	APT BLK 171 LORONG 1 TOA PAYOH #03-1136 S(310171)		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE / IF NO:		
WEATHER CONDITION	CLEAR / <u>RAINY</u> / OTHER: RAINY		
ROAD SURFACE	DRY / <u>WET</u> / OTHER: WET		
ANY INJURIES	NO / IF YES: <u>Owner</u>		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	YN5439R	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SKQ8410C	ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			