

# NATIONAL Assessment Centre Services. (ver 1 Jan 200)

NA20080985

Date In: 17/09/2020 18:11	Job description	Date & Time Completed	Done by
Ref No: N/A/9M7-20010014/4	SAS e-illing		
Veh No: SMO 8590S	E-mail (Mobile site, AIG 2hrs)		
O.O.A: 16/09/2020 17:00	I-Motor Claims Portal		
OD: TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/VHIS2		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLJ 677P	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: (\$	Landing: \$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 > \$9000) ( )		

Injury: \_\_\_\_\_


NA2004964	
Driver/Owner:	1) AIT Accident Reporting (\$30)
Contact No:	2) DA1 Damage Assessment (\$100) INC (\$10)
Damage Portion:	3) TP: Towing Fee \$40/45
	4) VT: Follow-Through Survey \$120
	5) VT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: I/O DA + SMRT Survey \$160
	8) NTUC Additional Services
	OD:
	*NI: Courtesy Car / Tpl Allowance \$3
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect License Coordination \$3
	TP (NI): TP QSA INC: replace VIG \$10
	5) NI: I/O Mobile
	Invoice dated
	Fee Charged
	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	17/09/2020 18:11
Date Of Accident	16/09/2020 17:00
Exact Location Of Accident	CAIRNHILL CIRCLE TOWARDS CTE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8590S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	2XXXXX910Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96268828
Alternative Phone No	OFFICE-96268828

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS012738
Cover Note Number	

### Driver

Name of Driver	NG PUAY SIONG
NRIC No	SXXXX284C
Date Of Birth	16/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1990
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96268828
Fax Number	
Contact Number	OTHERS-96268828
Email Address	NOEMAIL

Address	BLK 714 CLEMENTI WEST STREET2 #12-153
Postcode	120714
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200917/2044

#### 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	SLJ6177P
Vehicle Make/Model/Colour	HONDA
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 PUAY SIONG

Approximate Age

Injuries Sustain: SLIGHT INJURY

Injured person in which vehicle?: SMQ8590S

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.

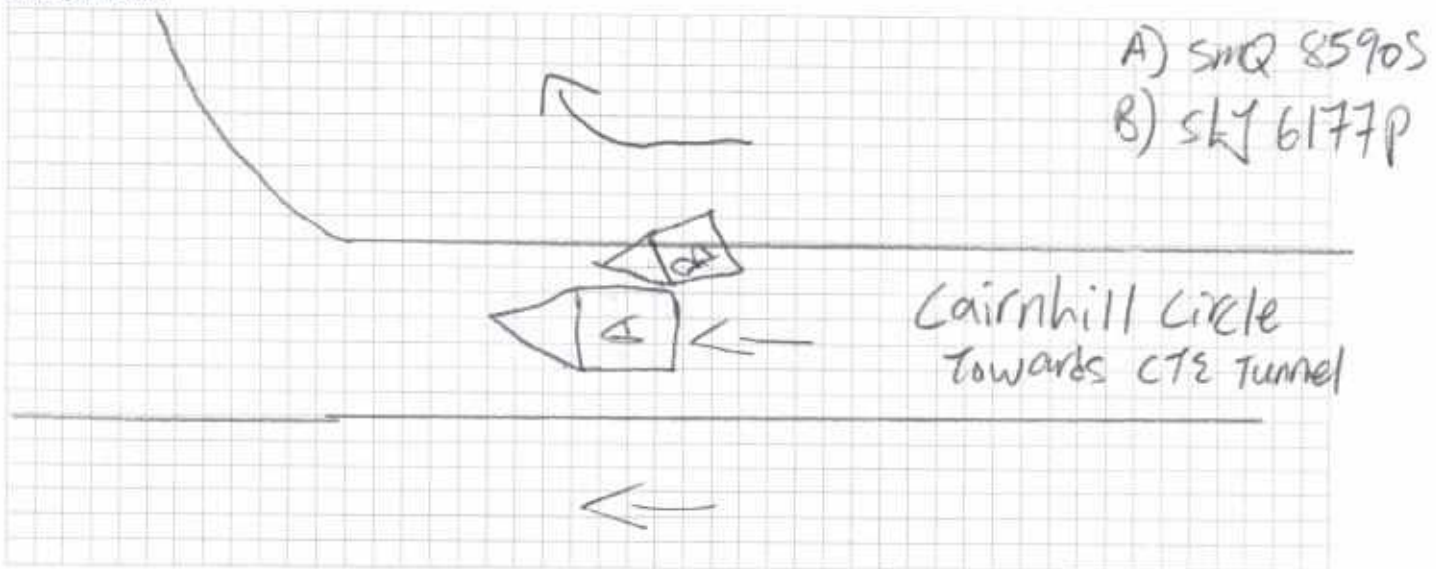


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/09/20 @ 162045

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200917/2064.

## 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: 17/09/2020 @ 1620 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### ACCIDENT STATEMENT

ACCIDENT DATE: (16/09/2020) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: CAIRNHILL CIRCLE

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMQ8590S  
b) INSURANCE COMPANY: TMI  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA & VELLFIRER  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~)

2. INSURED / POLICY HOLDER

A) NAME: AKS (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

**DRIVER**

a) NAME: NG PUAY SIONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: ST015284-C CONTACT: 96268828  
c) ADDRESS: BLK 714 CLEMENTI WEST ST 2 #12-153  
S(120714)

\*d) DATE OF BIRTH: (16/05/1970) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

DATE OF DRIVING PASS 04 AUG 1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIREE

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSB

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING  
b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / ~~NO~~)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Orchard NPC

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLJ 6177P MODEL: HONDA  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: NIL MODEL: NIL  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

VIDEO



# SINGAPORE POLICE FORCE



T/20200917/2044

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20200917/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2020 14:08	Vide Report No.:	Station Diary No.: 56
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<b>Informant's Particulars</b>		
Name of Informant: NG PUAY SIONG		Address: APT BLK 714 CLEMENTI WEST STREET 2 #12-153 SINGAPORE 120714
ID Type / ID No.: NRIC NO / S7015284C		Contact No.: Home/Office: Mobile: 96268828
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 50	Date of Birth: 16/05/1970
Type of Informant: Driver		
Race: Chinese		Language: English
		Institution / School Name:
Occupation: PRIVATE CHAUFFEUR		Driving Licence Information: Class: 3,4A,4,5 Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2020 17:00	Type of Location: Straight Road
Location:  CAIRNHILL CIRCLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ6177P	Car		Honda	Red	Slightly Damaged	1
SMQ8590S	Car		Toyota	Grey	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200917/2044

2 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20200917/2044

**CONTINUATION OF REPORT**

Driver			
Name	NG PUAY SIONG	ID No.	S7015284C
Related Vehicle	SMQ8590S (Car)	Contact No.	96268828
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4A,4,5 Date of Expiry: NIL
Date Treatment	17/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 16/09/2020 at around 1700hrs I was driving my vehicle (SMQ8590S) along Cairnhill Circle towards CTE Tunnel (After Mt Elizabeth link). I was travelling on a 3 lane road and my vehicle was travelling on the 2nd lane towards CTE. On the most right lane is a turn right lane. Subsequently a vehicle (SLJ6177P) make a wide turn from the most right lane and hit onto my right back passenger door. After the accident, I came out of my vehicle to exchange particular with the driver however the driver did not want to give his particular to me as such I took photo of his plate number.

My vehicle suffer scratch and dent from my right back passenger door to the driver door.

I wish to state that I have the CCTV footage and I will be downloading the footage for investigation purposes.

On 17/09/2020 I felt pain on the back of my body and I went to see a doctor. The doctor gave me 3 days medical Certificate.



**SINGAPORE  
POLICE FORCE**



T/20200917/2044

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

3 of 3

Report No. T/20200917/2044

**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:

E /

Sgt 3 JORDON NG BENG SIONG

Signature Of Interpreter:

Not applicable

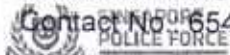
Officer In Charge Of Case:

TP / AEIT /

SIANG YI TING, STEPHANIE

Contact No: 65476414

SN 172



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

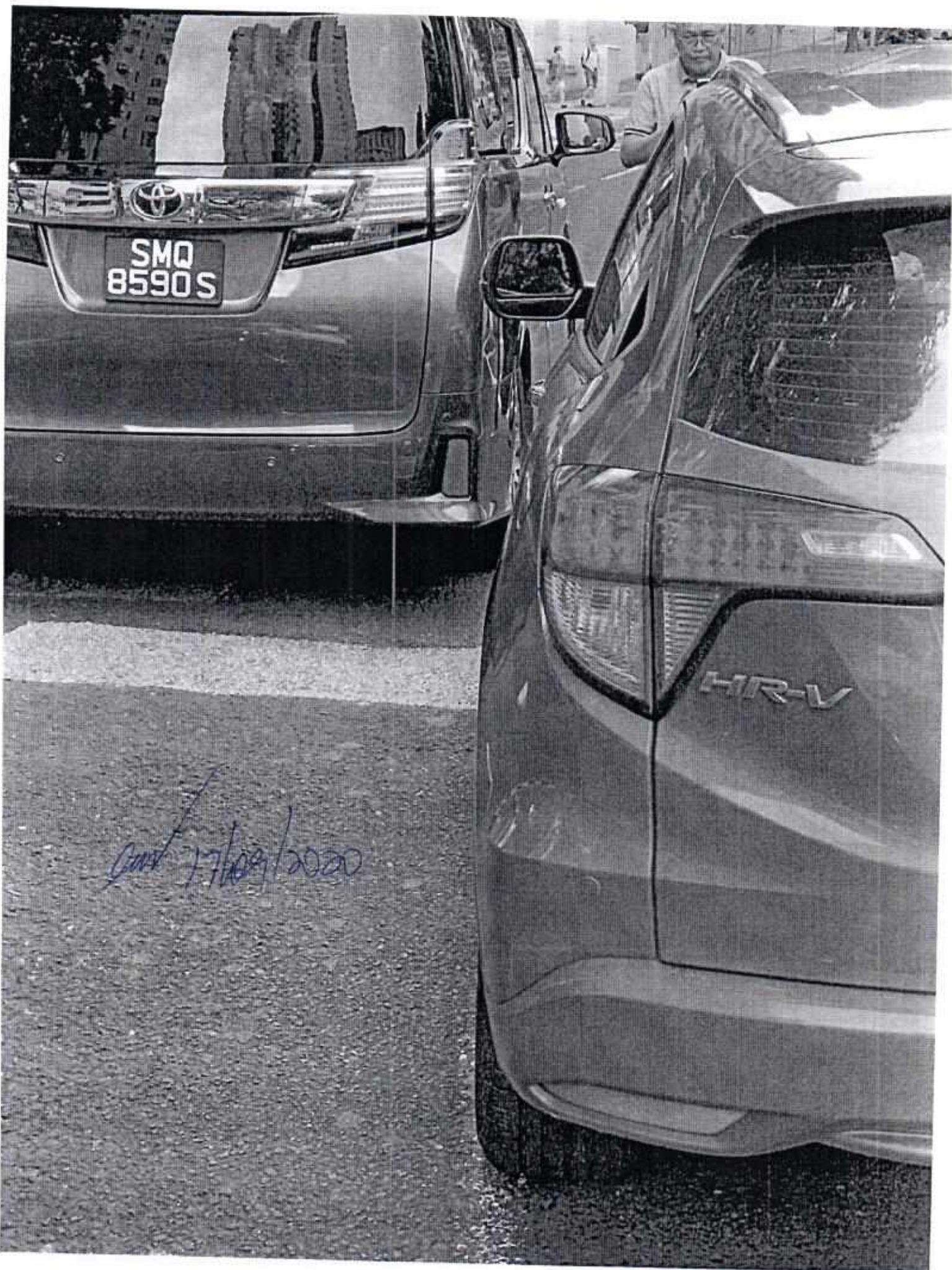
17/09/2020 14:08

Classification Of Case:











# 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

## Certificate of Insurance

FORM MX1RN

**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.: MS012738 (Private Car)

- |  |  |                           |
|--|--|---------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMQ8590S   | Chassis No.: GGH300008645 |
| 2. Name of Policyholder  | ABS RENTAL PTE LTD   |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 24/12/2019 (10:56:17)  |                           |
| 4. Date of Expiry of Insurance   | 23/12/2020   |                           |
| 5. Persons or Class of Persons entitled to drive*                              | Restricted named drivers: Any Authorised Employee Of The Company |                           |

\* 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 ge 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 No: 3043DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	WindScreen Excess	SGD 200.00
	All Claim (Incl. Fire & Theft)	SGD 2,000.00
Financial Interest:	MAYBANK SINGAPORE LIMITED	
Additional Terms:	(1) Restricted Named Driver basis- Teo Lee Wei (Zhang Li Wei) & Anthony Chan Hing Ka	
	(2) No cover for valet parking	
	(3) Excess All claims (including Fire & Theft) \$2,000	
	(4) Waiver of excess clause is not applicable	
	(5) Windscreen excess \$200	

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature