

# NATIONAL Assessment Centre Services

[ver 1 Jan 09]

SM 0920 CB 000 B.

Date In: 11/12/20 17:37	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ 200 13747144	SAS e-filing		
Veh No: SFG 1050 R	E-mail (within 3hrs, AIC 2hrs)		
IP: 10/12/20 18:50	I-Motor Claim Form		
OT: (P) 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/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (

Tel: (

Fax: (

TP Particulars:	Veh No: SFE 5766 T.	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 ( ) / Non-INC ( )	By: ( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Damage:	Location:

NA2100307	Invoice for Insurance Claim	Amount (\$)	Payable (\$)
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TF: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		
7) NI: Idea DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repair Coordination	\$10		
*NJ: Post Repair Inspection	\$25		
*NN: DV / Collect Excess Coordination	\$5		
TP (NI): TP (NI) INC against INC	\$20		
9) NI2: Idea 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 Submission	11/12/2020 17:37 (SGT)
Date of Accident	10/12/2020 18:50 (SGT)
Exact Location of Accident	Clementi Ave 2, Singapore
Additional Location Information	CLEMENTI AVE 2 BEFORE ENTERING CLEMENTI RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG1050R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIT BOO SENG
NRIC No	SXXXX673I
Email Address	J-ENN@LIVE.COM
Mobile Phone No	(Phone) +65-90059373
Alternative Phone No	+65-90059373

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	19-MS004872-R00
Cover Note Number	-

#### DRIVER

Name of Driver	HEIN HUI LANG
NRIC No	SXXXX921C
Date Of Birth	13/11/1962
Occupation	Indoor

Date Of Driving Pass .....	23/11/1982
Driving experience .....	38 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-93853813
Alt. Phone Number .....	-
Email Address .....	J-ENN@LIVE.COM
Address .....	19B HILLVIEW AVE #05-01
Address complement .....	-
Postcode .....	669555
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SFE5766T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

### INJURED PERSONS DETAILS


#### INJURED 1


Name of injured person .....	HEIN HUI LANG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SFG1050R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

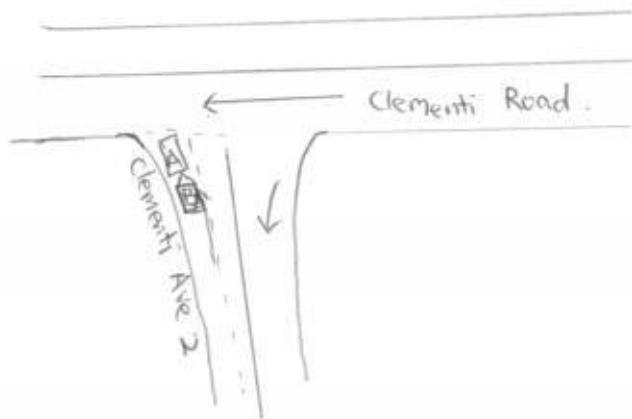
- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not policyholder)  
Date & Time:

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

SKETCH PLAN



Vehicle A : SFG 1050 R


Vehicle B : SFE 5766 T


at Clementi Ave 2

I stop at the stop line, when vehicle B suddenly hit me from the back.

**DECLARATION**

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

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/ FIN 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-MS004872-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle SFG1050R Chassis No.: JHMGK3850KS214220
2. Name of Policyholder YIT BOO SENG
3. Effective date of the Commencement of Insurance for the purposes of the Act 29/04/2019
4. Date of Expiry of Insurance 28/04/2021
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 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

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Date of Accident : 10/12/2020 Accident Time: 18:50 (24-HR-Format)

Accident Place : Clementi Ave 2 before entering Clementi Road.

Vehicle No. (Car Plate No.) : SFG 1050 R Make/Model:

Insurance Company : Tokio Marine Policy No: MS004872.

Owner or Company Name / IC No. : Yit Boo Seng S1768673 I

Owner or Company Contact No. : 90059373 Owner's Hp Company Tel

DRIVER'S Name / IC No. : Hein Hui Lang S1525921 C

DRIVER'S Date Of Birth : 13/11/1962 DRIVER'S License Pass Date 23/11/1982

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : 19B Hillview Avenue #05-01 (S) 669555

DRIVER'S Contact No. / Alt No. : 1) 93853813 2)

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : JENN@LIVE.COM , G13ACCIDENTREPORTING@GMAIL.COM

Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type : Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle No: SFE 5766 T

Vehicle No: \_\_\_\_\_

Vehicle Make/Model: Merc

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: 97962390

IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

Male

G13 accidentreporting @ gmail.com