

NATIONAL Assessment Centre Services. [ver 1 Jan 09] SM 0920 CS 0008

Date In: 28/12/20 14:47	Job description	Date & Time Completed	Done by
Ref No: NAL TMZ 20014576/h4	SAS e-filing		
Veh No: SMT 37562	E-mail (within 3hrs, AIC 2hrs)		
IPDA: 27/12/20 13:25	I-Motor Claim Form		
IP: 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 / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLV 9626 Y 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	Date	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date	Action

Claimant's Particulars	Invoice Description	Amount	Hand/Bit
	1) AIL: Accident Reporting (\$30)		30
	2) DA: Damage Assessment (\$100); INC (\$30)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJ:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idco Mobile \$0		
	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 ..... 28/12/2020 14:47 (SGT)  
Date of Accident ..... 27/12/2020 13:25 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT3756Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KAH POH  
NRIC No ..... SXXXX138B  
Email Address ..... TANKAHPOH2110@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97271648  
Alternative Phone No ..... +65-97271648

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Hr-v  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 20-MR001694-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KAH POH  
NRIC No ..... SXXXX138B  
Date Of Birth ..... 21/10/1964

Date Of Driving Pass .....	28/01/1985
Driving experience .....	35 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97271648
Alt. Phone Number .....	+65-97271648
Email Address .....	TANKAHPOH2110@GMAIL.COM
Address .....	BLK 25 TECK WHYE LANE #10-158
Address complement .....	-
Postcode .....	680025
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201227/7022

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

Was there any audio recorded? ..... No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLW9626Y  
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 ..... TAN KAH POH  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SMT3756Z  
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 **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 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.

**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

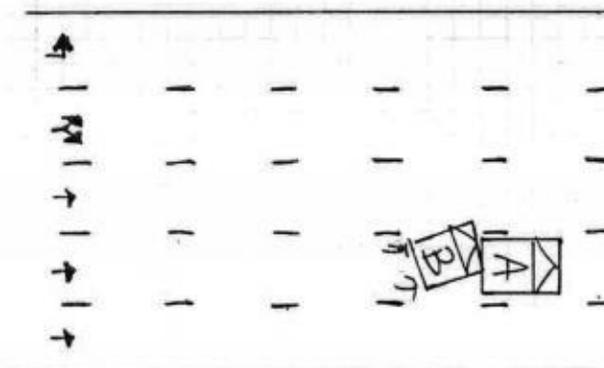
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Vehicle A: SMT 3756 Z

Vehicle B: SLW 9626 Y

CTE TWDS City B4 Balestier Rd Exit







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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT3756Z	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR001694	02/06/2020	01/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KAH POH	ID No.	S1662138B
Related Vehicle	SMT3756Z (Car)	Contact No.	97271648
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/12/2020	Date	27/12/2020
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED LOCATION ON THE SECOND LANE. AS THE VEHICLE INFRONT OF ME SLOWED DOWN AND CAME TO A STOP, I FOLLOWED SUIT. SUDDENLY, A VEHICLE BEARING CAR PLATE NUMBER SKW9626Y COLLIDED ONTO THE REAR PORTION OF MY VEHICLE CAUSING DAMAGES. I FELT UNWELL AFTERWARDS THUS PROCEED TO CONSULT A DOCTOR AND WAS GIVEN 5 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20201227/7022

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

3 of 3  
Report No. T/20201227/7022

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

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:  
27/12/2020 21:10

Classification Of Case:


**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.: 20-MR001694-R00 (Private Motor Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMT3756Z   | Chassis No.: JHMRU1810JX202549 |
| 2. Name of Policyholder  | TAN KAH POH  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 02/06/2020   |                                |
| 4. Date of Expiry of Insurance   | 01/06/2021   |                                |
| 5. Persons or Class of Persons entitled to drive*                              | Any person who is driving on the Policyholder's order or with their permission.<br>The hirer.<br>Any other person who is driving on the hirer's order or with his/ their 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.

\* 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

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan		
<b>Limit for total loss or theft:</b>	Prevailing Market Value		
<b>Policy Excess:</b>	Own Damage Claims	SGD 2,500	
	Excess-Third Party (Sect II)	SGD 2,500	
	Young/Inexperienced Driver	SGD 1,500	(In Addition To Own Damage Claims Excess)
	Windscreen Excess	SGD 100	
<b>Financial Interest:</b>	HONG LEONG FINANCE LTD		

Date of Accident : 27/12/2020 Accident Time: 1325 (24-HR-FORMAT)

Accident Place : CIE TWOS City 84 Balestier Rd Exit

Vehicle Reg. No (Car plate No.) : SMT 3756 Z Vehicle Make/Model: Honda Herzet HRV

Insurance Company : Tokio Marine Policy No. 20-MR001694-R00

Name of Registered Owner : Company / Individual Tan Kah Poh

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S16621388  
 Co Contact No: - Owner's Contact No: 97271648

DRIVER'S Name : Tan Kah Poh DRIVER'S NRIC No: S16621388

DRIVER'S Date of Birth : 21-10-1964 DRIVER'S License Pass Date 28 Jan 1985

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address : APT BIK 25 Teck Whye Lane #10-15B Singapore 680055

DRIVER'S Contact No / Alt No. : 1) 97271648 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : tankahpoh2110@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): 4 Passenger Name: Unknown Gender: M/F Unknown

Was the accident reported to the police? YES \ NO Passenger Name: Unknown Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Driver

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SW 9626 Y</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____