

# NATIONAL Assessment Centre Services

[Ref: J2192]

Date In: 29/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/MI20014630/13	SAS e-filing		
Veh No. SJZ2811H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/12/20 1520	i-Motor Claim Form		
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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	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% F: 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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2009)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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 Submission	29/12/2020 11:02 (SGT)
Date of Accident	28/12/2020 15:20 (SGT)
Exact Location of Accident	Middle Rd, Singapore
Additional Location Information	MIDDLE RD TWDS VICTORIA ST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ2811H

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HANG SENG CONTAINER & TRANSPORT SERVICES
Company Reg No	XXXXX500J
Email Address	kalvin@hslog.com.sg
Mobile Phone No	(Phone) +65-62223346
Alternative Phone No	(Office) +65-62223346

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	20-MV012697-R03
Cover Note Number	-

#### DRIVER

Name of Driver	TOH KAI PENG(DU KAIPING)
NRIC No	SXXXX074Z
Date Of Birth	17/04/1980
Occupation	Indoor

Date Of Driving Pass .....	24/06/2000
Driving experience .....	20 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98807223
Alt. Phone Number .....	-
Email Address .....	kalvin@hslog.com.sg
Address .....	BLK 266 TAMPINES STREET 21
Address complement .....	#09-02
Postcode .....	520266
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Change/cross lane
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

PLS REFER TO THE ATTACHED 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 .....	SMN7926E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG WEI LONG
NRIC No .....	SXXXX328B
Contact Number .....	(Phone) +65-93894892
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	TOH KAI PENG(DU KAIPING)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SJZ2811H
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.



*[Signature]*

28/12/2020

*[Signature]* 29/12/20

Policyholder's Signature / Date & Time

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

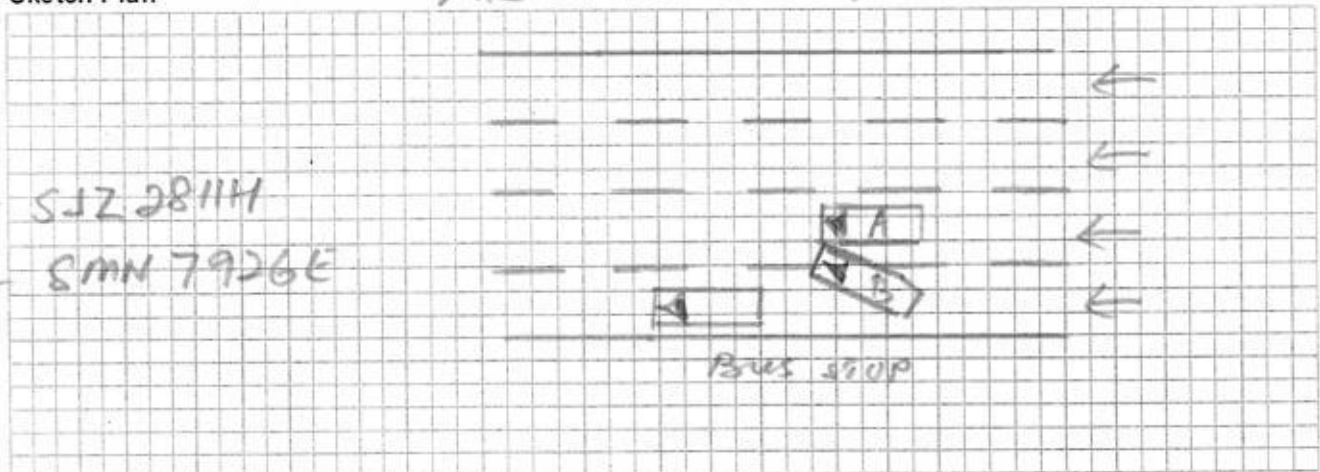
Witnessed by Reporting Centre Personnel

### Sketch Plan

MIDDLE RD TWDS VICTORIA ST

A - SJZ 2811H

B - SMN 7926E





STRAIGHT

I WAS TRAVELLING ALONG MIDDLE RD TWOS VICTORIA STREET. SUDDENLY VEH B FROM MY LEFT LANE CUT INTO MY LANE AND COLLIDED ONTO MY LEFT SIDE PORTION OF MY VEH.

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

*[Handwritten signature]*

28/12/2020

Apr 29/12/20

Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (28/12/20) (DD/MM/YYYY), TIME: (15:20) (HH:MM)

LOCATION: MIDDLE RD TWAS VICTORIA ST

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ22811H  
 b) INSURANCE COMPANY: TOKIO MARINE  
 c) POLICY NUMBER: 20-MV012697-R03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA HR-V (A) 1500  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: HANG SENG CONTAINER & TRANSPORT SERVICES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 62223346  
 c) ADDRESS:

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

## DRIVER

- a) NAME: TOH KAI PENG (DU KAIRING) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80110742 CONTACT: 98807223  
 c) ADDRESS: BLK 266 TAMPAINES ST 21  
 H09-02 (520266)

\*d) DATE OF BIRTH: (17/04/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/06/2000

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES/NO) BACK

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN 7926E MODEL:  
 b) DRIVER'S NAME: WONG WAI LONG  
 c) NRIC/FIN/PASSPORT: S7928328B CONTACT: 98894892

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
 (1)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

28/12/20

waiting for  
 company stamp

Email =

fax =

video =

**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 MX4

**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-MV012697-R03 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJZ2811H **Chassis No.:** JHMRU1830GX201645
2. **Name of Policyholder** HANG SENG CONTAINER & TRANSPORT SERVICES
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 23/12/2020
4. **Date of Expiry of Insurance** 22/12/2021
5. **Persons or Class of Persons entitled to drive\***  
Any person who is driving on the policyholder's order or with 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 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 1,000  
Windscreen Excess SGD 100  
**Financial Interest:** MALAYAN BANKING BERHAD

**Tokio Marine Insurance Singapore Ltd.**

**Authorised Signature**