

# NATIONAL Assessment Centre Services

[A.M. / Jan'03]

Date In: 07/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/MI21000310/13	SAS e-filing		
Veh No: SBN2005	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 06/01/21 1415	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBE3167H	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:
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Date/Time	Actions

NA2101100	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: 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		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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 \$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	07/01/2021 16:49 (SGT)
Date of Accident	06/01/2021 14:15 (SGT)
Exact Location of Accident	Bukit Batok Central, Singapore
Additional Location Information	BLK 125 CARPARK LOT 388
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN200S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MS CHUA KIM LIEW
NRIC No	SXXXX459B
Email Address	jacksoncj.tan@gmail.com
Mobile Phone No	(Phone) +65-96496370
Alternative Phone No	+65-96195129

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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-MT001017-R02
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHONG JIN
NRIC No	SXXXX748G
Date Of Birth	03/07/1961
Occupation	Indoor

Date Of Driving Pass	08/08/1979
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96496370
Alt. Phone Number	-
Email Address	jacksoncj.tan@gmail.com
Address	BLK 121 BUKIT BATOK CENTRAL
Address complement	#06-437
Postcode	650121
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	GBE3167H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) .....	-



## SKETCH PLAN

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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:

7/1/21 1245

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7/1/21

T245

Reporting Centre Personnel's Signature

Name:

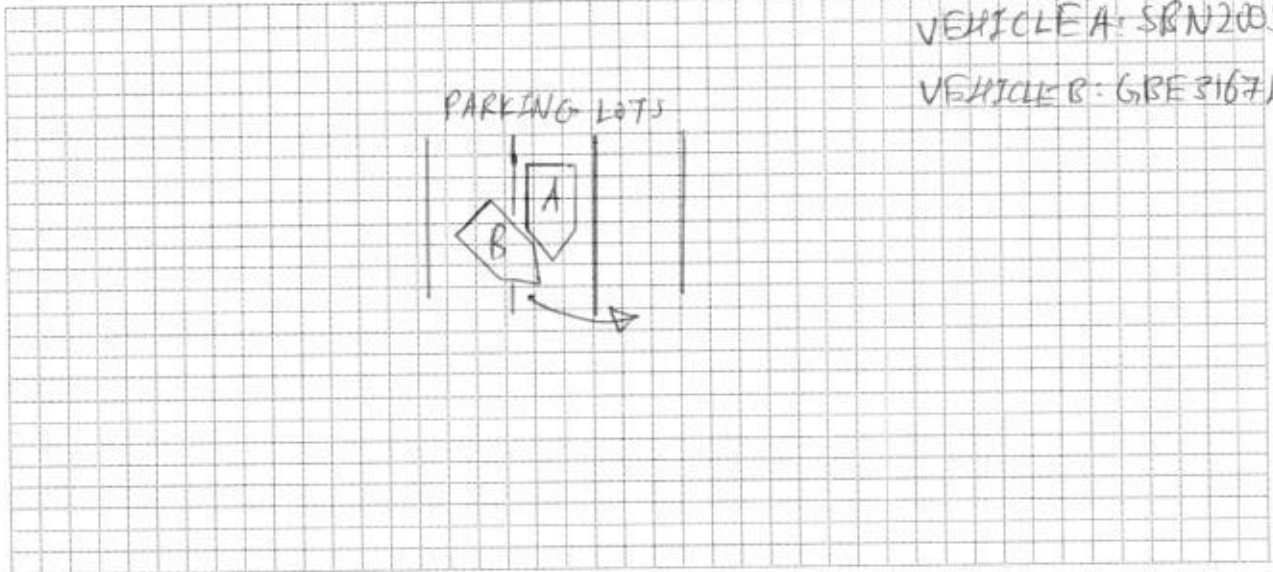
NRIC/FIN No.:

SKETCH PLAN:

BLK 125 BUKIT BATOK CENTRAL CARPARK LOT 388

VEHICLE A: SRN2005

VEHICLE B: GRE31674





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS PARKED ALONG BLK 125 BUKIT BATOK CENTRAL CARPARK LOT 388.  
WHEN I RETURNED TO MY VEHICLE, I NOTICED THE FRONT RIGHT PORTION OF  
MY VEHICLE WAS DAMAGED. OWNER OF VEHICLE B ADMITTED TO THE DAMAGE.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 7/1/21  
1245

  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 7/1/21  
1245

 07/01/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC / FIN No.:



## Accident Reporting Draft

VEHICLE NO: SBN200S

MODEL: MERCEDES BENZ E200 CGI AUTO/MANUAL

DATE OF ACCIDENT	6/1/21	C.C:
TIME OF ACCIDENT	1415	HRS AM/PM
LOCATION OF ACCIDENT	BLK 125 BUKIT BATOK CENTRAL CARPARK LOT 388	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	CHUA KIM LIEW	
CONTACT NO.	96496370, 96195129 EMAIL: JACKSONCJ.TAN@GMAIL.COM	
NRIC	S1533459B	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	TOKIO MARINE	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: TAN CHONG JIN	
NRIC	S1476748G ANY PASSENGER: 0	
DATE OF BIRTH	3/7/1961	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	96496370, 96195129 EMAIL: JACKSONCJ.TAN@GMAIL.COM	
ADDRESS	BLK 121 BUKIT BATOK CENTRAL #06-437 S(650121)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: RAINY	
ROAD SURFACE	DRY / WET/ OTHER: WET	
ANY INJURIES	NO / IF YES:	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	GBE3167H ANY PASSENGER:	
NAME		
CONTACT NO.		
VEHICLE C NO.	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;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: ryderautoworkshop@gmail.com                  Tel: 67418277 Fax: 67468277             </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		

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 MX1

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-MT001017-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SBN200S Chassis No.: WDD2120482A119265
2. Name of Policyholder MS CHUA KIM LIEW
3. Effective date of the Commencement of Insurance for the purposes of the Act 09/02/2020
4. Date of Expiry of Insurance 08/02/2021
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: 1460DDA

Insurance Plan: Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

Policy Excess: Own Damage Claims SGD 1,500

Windscreen Excess SGD 100

Financial Interest: MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

雙華保險專業公司  
SUN HWA INSURANCE AGENCY  
BLK 256 JURONG EAST ST 24  
#01-383 SINGAPORE 600256  
H/P: 9763 9933 TEL: 6560 9933