

NATIONAL Assessment Centre Services

NAF Jan 2005

Date In: 05/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/TM121001149/13	SAS e-filing		
Veh No: SMP9856A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 22/01/21 1440	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: QBA6556U	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 (\$)
			In Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$80)		
	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) N1: Idao DA + SMRT Survey	\$160		
Driver/Owner:	8) NTUC Additional Services:-			
	ON:			
	*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	\$0		
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge): _____

Auditors' Comments: _____

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	25/01/2021 14:58 (SGT)
Date of Accident	22/01/2021 14:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9856A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH BOON LEONG
NRIC No	SXXXX708J
Email Address	gohbl76@gmail.com
Mobile Phone No	(Phone) +65-96945619
Alternative Phone No	+65-96945619

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	MR005707
Cover Note Number	-

DRIVER

Name of Driver	GOH BOON LEONG
NRIC No	SXXXX708J
Date Of Birth	13/05/1976
Occupation	Outdoor

Date Of Driving Pass	20/09/2000
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96945619
Alt. Phone Number	+65-96945619
Email Address	gohbl76@gmail.com
Address	BLK 25 PASIR RIS LINK
Address complement	#05-14
Postcode	518150
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA6556U
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH BOON LEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP9856A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

Signature: _____

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:

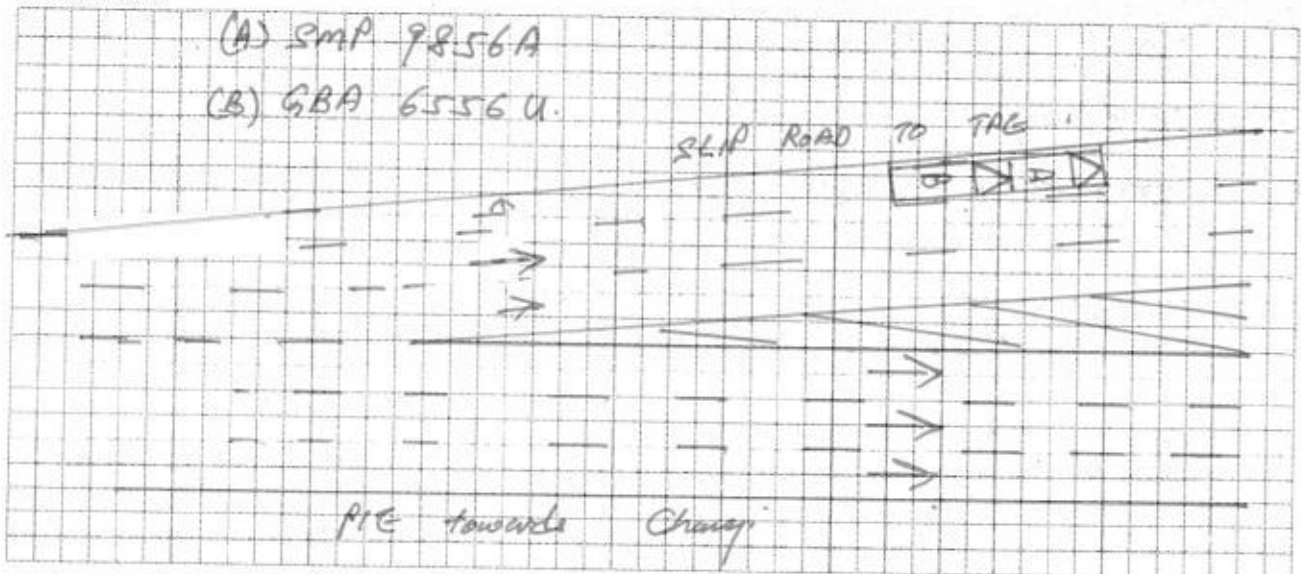
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN




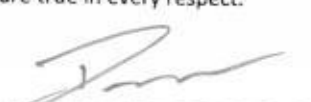
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/01/2021 at @ 1440hrs, I was travelling in my vehicle (SMP 9856A) along PIE towards Changi, slip road to TPE on the extreme left lane. The traffic volume was very heavy ^{at} the said slip road. Vehicles were moving and stopped. Suddenly, a lorry from behind collided onto the rear portion of my vehicle.

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:

 25/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO:	SMP 9856A			MAKE & MODEL:	Toyota Vaux			AUTO / MANUAL
DATE OF ACCIDENT:	22/01/2021			CC:	2.0			
TIME OF ACCIDENT:	1440 HRS							
LOCATION OF ACCIDENT:	PTE towards Changi (Slip road to TPE)							
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE							
NAME OF OWNER:	Goh Boon Leong							
TEL NO:	H/P: 9694 5619			OFFICE:	HOME:			
NRIC:	S 7613708J							
ADDRESS:	BLK 25 Azeir Rze Link #05-14 (8) 518150							
EMAIL:	gohb176@gmail.com							
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY							
FLEET POLICY:	YES / <u>NO</u> ?							
INSURANCE COMPANY:	Tokio Marine							
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft							
POLICY NO:	MR005707							
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:							
NRIC:				ANY PASSENGER:	01 (F)			
DATE OF BIRTH:	13/05/1976			LICENCE PASSED DATE:	20/09/2008			
OCCUPATION:	<u>OUTDOOR</u> / INDOOR							
GENDER:	<u>MALE</u> / FEMALE							
CONTACT NO:	H/P:			OFFICE:	HOME:			
ADDRESS:								
EMAIL:								
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			<u>INSURER:</u>				
RELATIONSHIP:	Owner							
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:							
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:							
ANY INJURIES:	NO / IF YES, WHO?							
NAME & CONTACT:	Goh Boon Leong (4/P. 9694 5619)							
NAME & CONTACT:								
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?							
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?							
VEHICLE B REG NO:	GBA 6556 U			ANY PASSENGERS:	01 (M)			
NAME OF DRIVER:	Rabal Johnsonilayanga			CONTACT NO:				
VEHICLE C REG NO:				ANY PASSENGERS:				
VEHICLE D REG NO:				ANY PASSENGERS:				
VEHICLE E REG NO:				ANY PASSENGERS:				
VEHICLE F REG NO:				ANY PASSENGERS:				
VEHICLE G REG NO:				ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:				WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO							
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO							
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO							
ACCIDENT PORTION:	Rear Portion							
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO								
WORKSHOP PARTICULAR:	Towcar							
CONTACT NO:	68420051 / 67440510							
CONTACT PERSON:	JOSEPH TAN							
FAX NO:	67410510							
WORKSHOP EMAIL:	sales@n51.com.sg							

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 MX1 H

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.: MR005707 (Private Car)

- | | | |
|---|--|----------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMP9856A | Chassis No.: ZWR800400201 |
| 2. Name of Policyholder | GOH BOON LEONG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/10/2020 (00:00:00) | |
| 4. Date of Expiry of Insurance | 24/10/2021 | |
| 5. Persons or Class of Persons entitled to drive* | The Policyholder
Any person who is driving on the Policyholder's order or with the Policyholder's 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.
 - 3) Use for the carriage of passengers for hire or reward by any person except for private hire services.
 - 4) Use for hire or reward except for (3) and rental by the Policyholder.

* 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: 1000DDA	
Insurance Plan:	Comprehensive		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,000.00	(Original Excess : SGD 2,000.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 1,500.00	
	WindScreen Excess	SGD 100.00	
	Excess-Third Party (Sect II)	SGD 2,000.00	
Financial Interest:	GOLDBELL FINANCIAL SERVICES PTE LTD		
Additional Terms:	1.Private Hire Usage Vehicle Endorsement is included.		
	2.Unnamed Driver Excess is not applicable		
	3.Car is licensed for private hire (PH) by LTA.		
	4.Only PH licenced Named Drivers can use car for PH in Spore only		
	5.No rental to unnamed driver.		
	6.YID excess on Section 1 & 2 separately.		
	7.Approved workshop plan only		
	8.Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable		

TOKIO MARINE INSURANCE SINGAPORE LTD.