

NATIONAL Assessment Centre Services. Part 1 Job Card. SM0921280001

Date In: 8/2/21 15:05	Job description	Date & Time Completed	Done by
Ref No: NA1TMZ 21901828144	SAS e-Call		
Veh No: SLQ 445T	E-mail (within 2hrs, AIC 2hrs)		
DDA: 6/2/21 16:00	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'l Report by Fax / Hand to Owner/Wksp		

Profund Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: SKQ 4517E 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: ()

Item	Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

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

NA2101574	1) AR: Accident Reporting (\$30);	20
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
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	
Assessors/Commission:	For claimant against INC Only (wef 10 Jan 2021)	
Call:	6) TR: Re-inspection \$75	
2/3:	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD*	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NJ: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TE (Nil); TP (Non INC) against INC \$20	
	9) NI: Idan 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 08/02/2021 15:05 (SGT)
Date of Accident 06/02/2021 16:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ445T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN SWEE HUP
NRIC No SXXXX536H
Email Address HENSLEYTANYANHAO@GMAIL.COM
Mobile Phone No (Phone) +65-92259560
Alternative Phone No +65-92259560

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
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 MR003187
Cover Note Number -

DRIVER

Name of Driver HENSLEY TAN YAN HAO
NRIC No SXXXX593A
Date Of Birth 11/11/1996
Occupation Indoor

Date Of Driving Pass	18/09/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82221888
Alt. Phone Number	-
Email Address	HENSLEYTANYANHAO@GMAIL.COM
Address	BLK 357 TAMPINES ST 33 #07-612
Address complement	-
Postcode	520357
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT E/20210207/7019

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	SKQ4517E
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	HENSLEY TAN YAN HAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLQ445T
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.
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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.

Wwcl

Drive

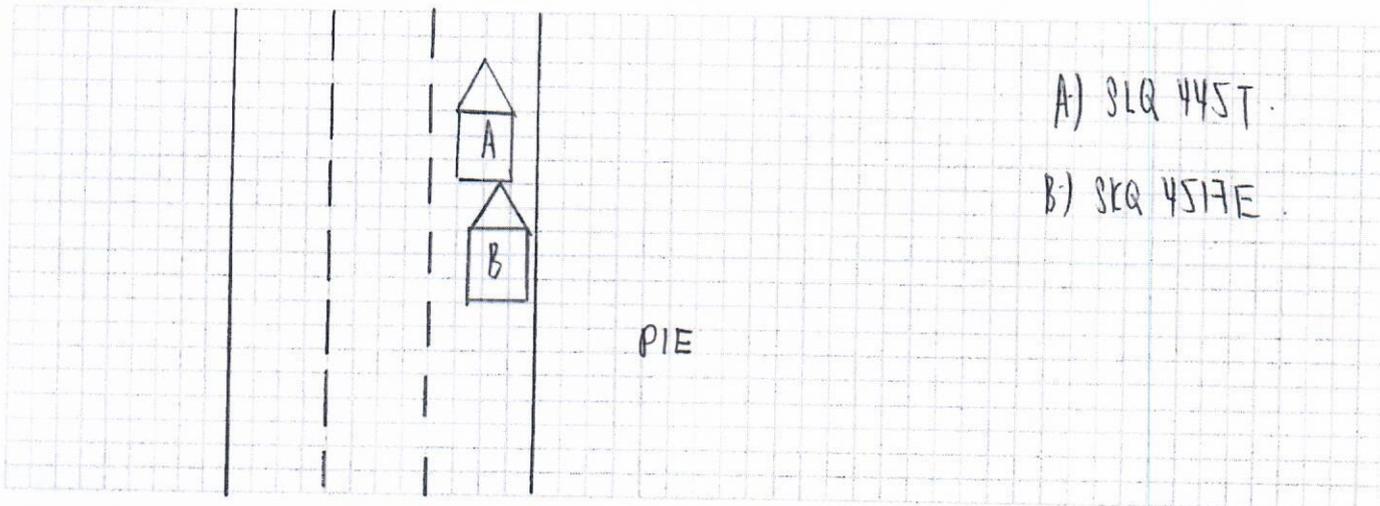
Policyholder's Signature / Date & Time

Wwcl

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 06.02.2021 at about 4pm. I was travelling along PIE Towards changi
(Before Toa payoh Exit 16A). The front Vehicle slow down and stopped I follow.
Suddenly Vehicle B hit on my Vehicle .

Declaration

We declare the foregoing particulars are true in every respect.

Owner

Driver



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



E/20210207/7019

1 of 3

POLICE REPORT (NP299)

Report No. E/20210207/7019

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 07/02/2021 18:57	Vide Report No.	Station Diary No.
Name Of Informant HENSLEY TAN YAN HAO	Address 357 TAMPINES STREET 33 #07-612 SINGAPORE 520357	
ID Type / ID No. NRIC NO / S9641593A	Contact No. Home/Office:	Mobile: 82221888
Nationality SINGAPORE CITIZEN	Email Address HENSLEYTANYANHAO@GMAIL.COM	
Occupation Student	Sex Male	Age 24
Institution/School Name	Date of Birth 11/11/1996	Race Chinese
Date/Time Of Incident 06/02/2021 16:00 - 06/02/2021 16:10	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

I was involved in a car accident when I was travelling home along PIE towards Changi. (Before Toa Payoh Exit 16A).

Because the accident occurred, a car before me was slowing down and stopped due to the traffic, and I followed to avoid crashing.

However, the driver driving behind me, SKQ4517E, failed to react accordingly and collided with my car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2021 18:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20210207/7019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210207/7019

Due to the accidently, I visited the doctor the next day at Mt Alvernia Hospital as I was not feeling well, and was given a 3 days MC by the doctor.

Subjects Involved			
Suspect			
Person Name	Meagan Jennifer Douglas		
ID Type	FIN NO	ID No	G5084082X
Gender	Female	Age	44-45
Race	Canadian	Language	English
Complexion	Fair	Build	Medium
Height About	168cm	Attire Last Worn	Sports Attire
Hair Colour	Blonde	Hair Style	Long-Straight
Relation To Informant	NIL	Habits & Oddities	NIL
Victim			
Person Name	HENSLEY TAN YAN HAO		
ID Type	NRIC NO	ID No	S9641593A
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Student	Address	357 TAMPINES STREET 33 #07-612 SINGAPORE 520357
Mobile No	82221888	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
07/02/2021 18:57

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20210207/7019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210207/7019

Person Name	HENSLEY TAN YAN HAO (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2021 18:57
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

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.: MR003187 (Private Car)

- | | | |
|---|--|----------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLQ445T | Chassis No.: ZYX102013968 |
| 2. Name of Policyholder | TAN SWEE HUP | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/06/2020 (00:00:00) | |
| 4. Date of Expiry of Insurance | 26/06/2021 | |
| 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

Insurance Plan:	Comprehensive Approved Workshop Plan	Account No: 2193DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800.00
	Additional Excess for Unnamed Driver(s)	SGD 500.00
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00
	WindScreen Excess	SGD 100.00
Financial Interest:	UNITED OVERSEAS BANK LIMITED	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Date of Accident : 06.02.2021 Accident Time: 4 PM (24-HR-Format)
 Accident Place : PIE Towards Changi (Before Toa Payoh Exit 16A)
 Vehicle No. (Car Plate No.) : SLQ 445T Make/Model: Toyota C-HR Hybrid 1.8
 Insurance Company : Tokio Marine Policy No: MR003187
 Owner or Company Name /IC No. : Tan Swee Hup (S7417536H)
 Owner or Company Contact No. : 9225 9560 Owner's Hp - Company Tel
 DRIVER'S Name / IC No. : Hensley Tan Yan Hao (S9841593A)
 DRIVER'S Date Of Birth : 11.11.1996 DRIVER'S License Pass Date 18.09.2015
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: relative
 DRIVER'S Address : Blk 357 Tampines Street 33 #07-612 (S) 520357
 DRIVER'S Contact No./ Alt No. : 1) 8222 1888 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : hensleytanyanhao@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 Driver
 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: <u>SLQ 4517E</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

~~SLQ 4517E~~ X