

NATIONAL Assessment Centre Services. [ver 1 Jan 03]

Date In: 09/02/21	Job description	Date & Time Completed	Done by
Ref No NA/7me21001934/13	SAS e-illing		
Veh No SMG 8952J	E-mail (within 3hrs, AIC 2hrs)		
DDA 08/02/21 1820	I-Motor Claim Form		
OT: TP 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		

Professed Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLT7671Y 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: ()

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

Injury: _____

Date/Time: _____

NA 2101623	Invoice No: _____	Amount (\$)	Adj (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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 obtaining against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (NIL): TP (Non INC) against INC \$20		
	9) NI2: 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	09/02/2021 14:37 (SGT)
Date of Accident	08/02/2021 18:20 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	TWDS UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8952J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH WEE MENG
NRIC No	SXXXX808B
Email Address	wm_koh72@hotmail.com
Mobile Phone No	(Phone) +65-98463677
Alternative Phone No	+65-98463677

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	21-MT111669-R01
Cover Note Number	-

DRIVER

Name of Driver	KOH WEE MENG
NRIC No	SXXXX808B
Date Of Birth	26/09/1972
Occupation	Indoor

Date Of Driving Pass	26/03/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98463677
Alt. Phone Number	+65-98463677
Email Address	wm_koh72@hotmail.com
Address	BLK 10 HOUGANG STREET 32
Address complement	#04-26
Postcode	534037
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	SHINA KOH YEN
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ7671Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO SIN YAN MARK
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 KOH WEE MENG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SMG8952J
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SHINA KOH YEN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SMG8952J
 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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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

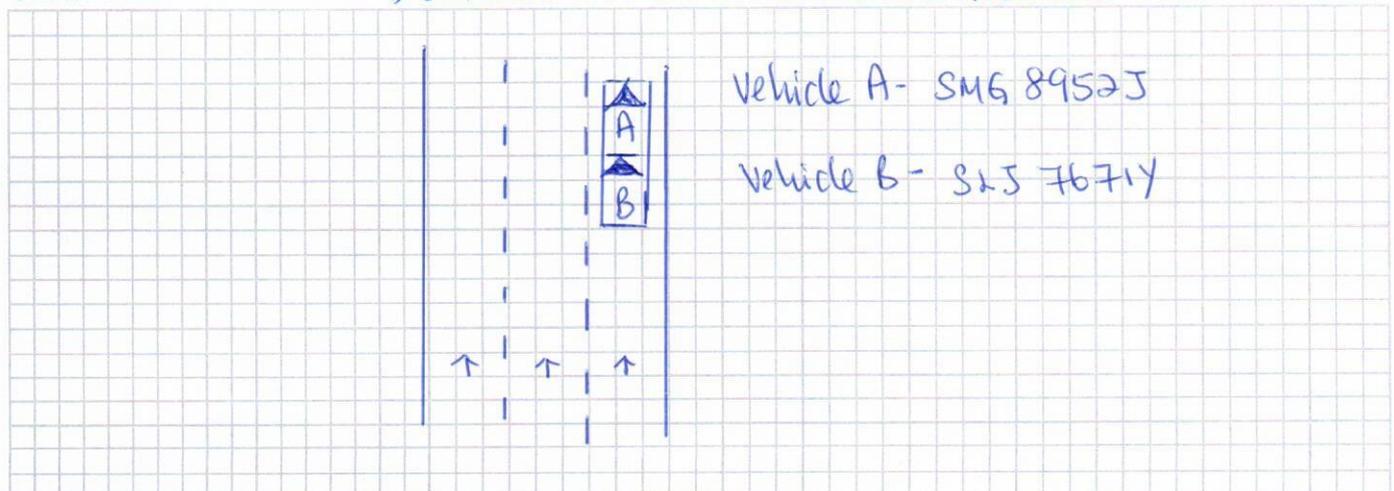


Driver's Signature (if driver is not the policyholder) / Date & Time

sgm 09/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan

COMPIRES RD TWAS UPP SERANGUON RD



Describe Circumstances of the Accident

On the stated date and time, at the stated venue my vehicle 'A' SMG 8952J was stationary on the extreme right lane waiting for the traffic to turn green. Suddenly I felt a great impact on the rear portion of my stationary vehicle. Vehicle 'B' SLJ 7671Y failed to stop, hence collided onto my vehicle rear portion.

Declaration

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

 09/02/24
Witnessed by Reporting Centre Personnel

Date of Accident : 08/02/2021 Accident Time: 1820 (24-HR-Format)

Accident Place : Tampines Road towards Upper Serangoon Road

Vehicle. No. (Car Plate No.) : SMG 8952J Make/Model: Honda Jazz

Insurance Company : Tokio Marine Insurance Group Policy No: 21-MT111669-R01

Owner or Company Name /IC No. : Koh Wee Meng S7235808B

Owner or Company Contact No. : _____ Owner's Hp 98463677 Company Tel _____

DRIVER'S Name / IC No. : As Above

DRIVER'S Date Of Birth : 26/09/1972 DRIVER'S License Pass Date 26/03/1993

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : Blk 10 Hougang Street 32 #04-26 S(534037)

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

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : WM_koh72@hotmail.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): Two Shina Koh Yen

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): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLS 7671Y</u>	Vehicle. No: _____
Vehicle Make/Model: <u>Honda Vezel</u>	Vehicle Make/Model: _____
Name Driver: <u>Teo Sin Yan Mark</u>	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW - Passenger's name & gender:**

① SHINA KOH YEN ② F

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg No. M2-000023-4)
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
FORM MXI

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.: 21-MT111669-R01 (Private Motor Car 24 Months)

- | | | |
|---|--------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMG8952J | Chassis No.: JHMGK3850KS200163 |
| 2. Name of Policyholder | KOH WEE MENG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 03/01/2021 | |
| 4. Date of Expiry of Insurance | 02/01/2023 | |
| 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	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
Financial Interest:	DBS BANK LTD	

Account: E2316DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	808B
Vehicle Details	
Vehicle No.:	SMG8952J
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.3 CVT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	L13B14100049
Chassis No.:	JHMGK3850KS200163
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$15,594.00
Original Registration Date:	03 Jan 2019
First Registration Date:	03 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$5,594.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jan 2029
PARF Rebate Amount:	\$4,195.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,997.00
COE Rebate Amount:	\$25,081.00
Total Rebate Amount:	\$29,276.00

The information contained herein is correct as at 09 Feb 2021

OK