

NATIONAL Assessment Centre Services. [Part 1 Job] SM092139000E

Date In: 9/3/21 14:17	Job description	Date & Time Completed	Done by
Ref No MA/TMI 21093100164	SAS e-Ming		
Veh No SDR 983X	E-mail (within 3hrs, AIG 2hrs)		
DDA 8/3/21 08:40	I-Motor Claim Form		
OT: (TP) Reporting Only	I-Motor W/O (within 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKK 8873G. 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 ( )

( ) 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: ( )

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

Injury: \_\_\_\_\_

Date	Action

Particulars	Amount	Balance
1) AR: Accident Reporting (\$30)		30
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$43		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For estimate against INC Only (w/c 10 Jan 2022)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
OT:		
*N5: Courtesy Car / Tpt Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$23		
*N8: DV / Collect Excess Coordination \$3		
TP (NI1): TP (In INC) against INC \$20		
9) NI2: Idao Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MA21092064

# 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 ..... 09/03/2021 14:17 (SGT)  
Date of Accident ..... 08/03/2021 08:40 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDR983X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MR WONG TOON LIAM  
NRIC No ..... SXXXX324J  
Email Address ..... ADEN.1111@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-96405687  
Alternative Phone No ..... +65-96405687

### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Is 250  
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-MU010309-R03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MR WONG TOON LIAM  
NRIC No ..... SXXXX324J  
Date Of Birth ..... 15/09/1968  
Occupation ..... Indoor

Date Of Driving Pass .....	17/07/1993
Driving experience .....	27 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96405687
Alt. Phone Number .....	+65-96405687
Email Address .....	ADEN.1111@YAHOO.COM
Address .....	BLK 532 BUKIT BATOK ST 51 #15-146
Address complement .....	-
Postcode .....	650532
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

REFER TO 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 .....	SKK8873G
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLT1589P  
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 ..... MR WONG TOON LIAM  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SDR983X  
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 workshp 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
 \* \_\_\_\_\_  
 Policyholder's Signature /Date & Time

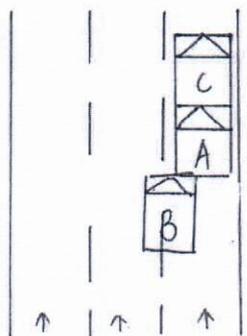
*[Signature]*  
 \* \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

PIE(Tuas) before Corporation Rd Exit

Vehicle A: SDR 983X  
 Vehicle B: SKK 8873G  
 Vehicle C: SLT 1589P



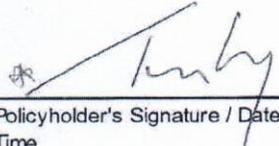
**Describe Circumstances of the Accident**

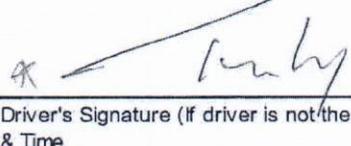
On the stated date & time, I, vehicle A (SOR9B3X) was travelling at the stated location on lane 1. As the vehicle in front slowed down and came to a stop, I followed suit and stay a safe distance from the vehicle in front of me. Suddenly, I felt a huge impact causing me to surge forward and collided onto vehicle C (SLT15B9P). I alighted and realised I was involved in a chain collision consisting of three vehicles.

Accident date : 08/March/2021  
Accident Time : 840 am

**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

  
Witnessed by Reporting Centre Personnel

# 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: tmsis@tokiomarine.com.sg W: www.tokiomarine.com



**TOKIO MARINE  
INSURANCE GROUP**

FORM MX1

A member of the  
Tokio Marine Group

## 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-MU010309-R03 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SDR983X **Chassis No.:** JTHBK262605157315
2. **Name of Policyholder** MR WONG TOON LIAM
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 30/09/2020
4. **Date of Expiry of Insurance** 29/09/2021
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: 1861DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	MALAYAN BANKING BERHAD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Date of Accident : 03/2021 Accident Time: 0640hrs (24-HR-FORMAT)

Accident Place : PIE towards Tuas before Corporation Rd Exit

Vehicle Reg. No (Car plate No.) : SDR983X Vehicle Make/Model: Lexus IS250

Insurance Company : Tokio marine Policy No. 20-MU010309-003

Name of Registered Owner : Company/ Individual Wong Toon Liam

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S6878324J

Co Contact No: - Owner's Contact No: 96405687

DRIVER'S Name : Wong Toon Liam DRIVER'S NRIC No: S6878324J

DRIVER'S Date of Birth : 15 Sep 1968 DRIVER'S License Pass Date 17 Jul 1993

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others

DRIVER'S Address : APT Blk 532 Bukit Batok Street 51 #15-146 Singapore 650532

DRIVER'S Contact No./ Alt No. : 1) 96405687 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : aden.1111@yahoo.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): 01 Passenger Name: \_\_\_\_\_ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Wong Toon Liam

Injured Name: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SKK8873G

Vehicle Reg No: SLT1589P

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

Other Party Driver's Particulars (if any)

Vehicle Reg No: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_