

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) SM 0921410004

Date In: 11/4/21 20 10:10	Job description	Date & Time Completed	Done by
Ref No: NA/TMJ 21004199/h4	SAS e-filing		
Veh No: SMH 2106 U	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 3113/21 08:00	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: SLV 7379 D. 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 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

NA 210 2499	<b>Invoice Preparation Checklist</b>	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
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		
	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		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

at 1:

at 2 / 3:

## 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	01/04/2021 10:10 (SGT)
Date of Accident	31/03/2021 08:00 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2106U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIANG WAI CHIEN
NRIC No	SXXXX470A
Email Address	LIANGBROTHERCEO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96712644
Alternative Phone No	+65-96712644

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS000084-R01
Cover Note Number	-

#### DRIVER

Name of Driver	LIANG WAI CHIEN
NRIC No	SXXXX470A

Date Of Birth	31/12/1972
Occupation	Indoor
Date Of Driving Pass	27/11/1998
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96712644
Alt. Phone Number	+65-96712644
Email Address	LIANGBROTHERCEO@HOTMAIL.COM
Address	BLK 450A SENGKANG WEST WAY #25-329
Address complement	-
Postcode	791450
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	NG WAI SIM
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

#### 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	SLV7379D
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	LIANG WAI CHIEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMH2106U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	NG WAI SIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMH2106U
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 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

Witnessed by Reporting Centre Personnel

### Sketch Plan

KPE Towards ECP Before Entering Tunnel

Veh(A) - SMH 2106U

Veh(B) - SLV 7379 D




### Describe Circumstances of the Accident

I was driving along KPE towards ECP on the most extreme right lane, lane 1. Vehicles in front of me slowed down due to heavy traffic ahead. Therefore, I applied brake and stopped. Out of sudden reb (B) collided onto my vehicle rear portion.

### 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

  
\_\_\_\_\_  
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: 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.:** 21-MS000084-R01 (Private Motor Car 24 Months)

- |   |                 |                                       |
|---|-----------------|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                                 | SMH2106U        | <b>Chassis No.:</b> JHMRU1810JX200983 |
| <b>2. Name of Policyholder</b>  | LIANG WAI CHIEN |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b>   | 15/01/2021      |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 14/01/2023      |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                                |                 |                                       |
| (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:** E2316DDA

<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 600	
	Windscreen Excess	SGD 100	
<b>Financial Interest:</b>	OCBC BANK LIMITED		

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	470A
<b>Vehicle Details</b>	
Vehicle No.:	SMH2106U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	01 Apr 2021
Vehicle Make:	HONDA
Vehicle Model:	HRV 1.5 DX CVT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	L15B5670983
Chassis No.:	JHMRU1810JX200983
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,654.00
Original Registration Date:	15 Jan 2019
First Registration Date:	15 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$19,654.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2029
PARF Rebate Amount:	\$14,740.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,556.00
COE Rebate Amount:	\$19,895.00
<b>Total Rebate Amount:</b>	<b>\$34,635.00</b>

The information contained herein is correct as at 31 Mar 2021

OK



VEHICLE NO:	SMH 2106 U	MAKE & MODEL:	Honda H-RV	AUTO / MANUAL	
DATE OF ACCIDENT:	31 / 12 / 21	CC:	1.5		
TIME OF ACCIDENT:	0800 HRS				
LOCATION OF ACCIDENT:	KPE Towards ECP				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Liang Wai Chien				
TEL NO:	H/P: 9671 2644	OFFICE:		HOME:	
NRIC:	S7277470 A				
ADDRESS:	450A Seng Kang West way #25-329 (791450)				
EMAIL:	liangbrotherceo@hotmail.com				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO ?				
INSURANCE COMPANY:	Tokio Marine				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	21-MS000084-R01				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:		ANY PASSENGER:	1 (FEMALE)		
DATE OF BIRTH:	31 / 12 / 1972	LICENCE PASSED DATE:	27 / 11 / 1998		
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P:	OFFICE:		HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:			
RELATIONSHIP:	owner				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?	Liang Wai Chien (Driver)			
NAME & CONTACT:	Liang Wai Chien (Driver)	9671 2644			
NAME & CONTACT:	Ng Wai Sim (Passenger)				
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SLV 7379 D	ANY PASSENGERS:	N.A.		
NAME OF DRIVER:	Xu Yan Xiang	CONTACT NO:	8125 9047		
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?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Rear portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO			
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun Ming				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				