

NATIONAL Assessment Centre Services

DATE: 08/04/21

Date In: 08/04/21	Job description	Date & Time Completed	Done by
Ref No: NAT/MS21004497/13	SAS e-filing		
Veh No: SCL28285	E-mail (within 5hrs, A/C 2hrs)		
DOA: 08/04/21 1400	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: SBS8670P	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

11A2102546	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2/3:	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	08/04/2021 17:24 (SGT)
Date of Accident	08/04/2021 14:00 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	BESIDE BUS STOP B 05
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL2828S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG HEOK KWEE
NRIC No	SXXXX017F
Email Address	FREDDIE@NGS.COM.SG
Mobile Phone No	(Phone) +65-97363800
Alternative Phone No	+65-97363800

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	2000

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MJ000349-R02
Cover Note Number	-

DRIVER

Name of Driver	NG HEOK KWEE
NRIC No	SXXXX017F



Date Of Birth	18/11/1964
Occupation	Outdoor
Date Of Driving Pass	08/01/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97363800
Alt. Phone Number	+65-97363800
Email Address	FREDDIE@NGS.COM.SG
Address	49 MACKERROW ROAD
Address complement	-
Postcode	358616
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

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	SBS8670P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LIM JUAY CHENG
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

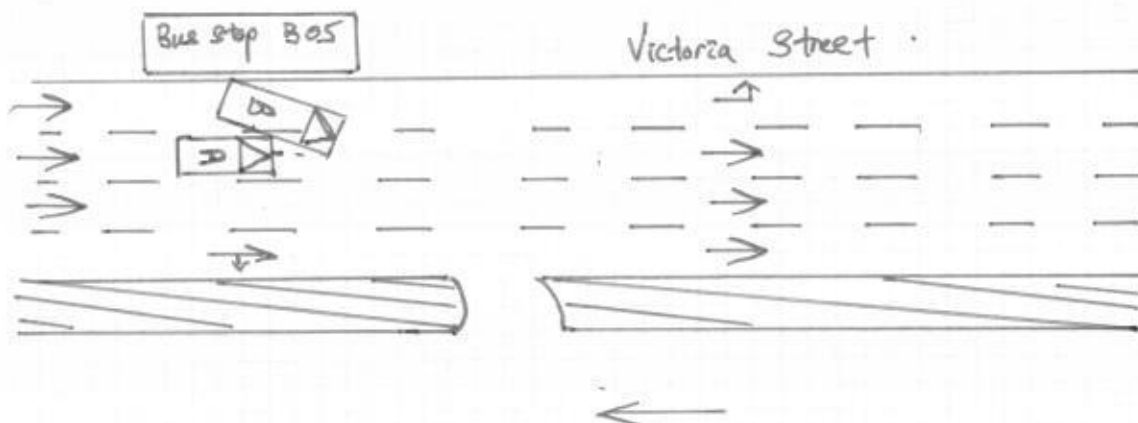
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 08/04/21
Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SCL 2828 S

(B) SBS 8670 P


Describe Circumstances of the Accident


On 08/04/2021 at @ 1400 hrs, I was travelling in my vehicle (SCL 98288) along Victoria Street towards the direction of Geylang beside the bus stop BAS on the 2nd lane from the left. The traffic volume were heavy and I was moving slowly. Suddenly, a bus (SB3 8670P) on the left lane cut into my path without any indication. As a result, my vehicle front left portion collided onto the right side of the said bus.

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

VEHICLE NO:	SCL 2828 S		MAKE & MODEL:	Mer. E250		AUTO / MANUAL
DATE OF ACCIDENT:	08 / 04 / 2021		CC:	2.0.		
TIME OF ACCIDENT:	1400 HRS					
LOCATION OF ACCIDENT:	Victoria Street beside Bus-stop 825					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	NG H20K KWEE.					
TEL NO:	H/P: 9736 3800		OFFICE:	HOME:		
NRIC:	S 1668017F.					
ADDRESS:	49 MacKerrow Road, Singapore 358616.					
EMAIL:	freddie@ngs.com.sg.					
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO?					
INSURANCE COMPANY:	TOKIO MARINE.					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	20-MJ000349-R02					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:			ANY PASSENGER:	N.A.		
DATE OF BIRTH:	18 / 11 / 1964		LICENCE PASSED DATE:	08 / 01 / 1985.		
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		<input checked="" type="checkbox"/> INSURER:			
RELATIONSHIP:	Owner.					
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / OTHERS:					
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:					
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?					
VEHICLE B REG NO:	SBS 8670 P.		ANY PASSENGERS: Not sure.			
NAME OF DRIVER:	Lim Juiy Cheng.		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:	N.A.		WITNESS CONTACT: N.A.			
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO					
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
ACCIDENT PORTION:	Front left Portion.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO					
WORKSHOP PARTICULAR:	N-51					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



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-MJ000349-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SCL2828S Chassis No.: WDD2120362A800362
2. Name of Policyholder NG HEOK KWEE
3. Effective date of the Commencement of Insurance for the purposes of the Act 23/07/2020
4. Date of Expiry of Insurance 22/07/2021
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: 0456DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,500 Windscreen Excess SGD 100
Financial Interest:	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature