

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2001. **2X109215V0008**

Date In: 31/05/2001 M:06	Job description	Date & Time Completed	Done by
Ref No: NBA/TM22006261/y	SAS e-filing		
Veh No: SGK 2005M	E-mail (to Julia Sims, AIC 2hrs)		
D.O.A: 29/05/2001 09:45	I-Motor Claim Form		
OID: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by PNX/Hnd to Owner/VKSN		

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

TP Particulars: () Veh No: **SGK 2958A** 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: ()

Repairer's Function / Location: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

Location: ()

Vehicle: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

2X109215V0008

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

And/or Comments: ()

Ref: ()

Invoice dated () Fee Charged ()

Invoice dated () Fee Charged ()

Item	Amount	INC ()	Non-INC ()
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee (\$40/\$45)			
4) PT: Follow-Through Survey (\$120)			
5) PT: Follow-Through Survey (Resurvey) (\$30)			
For claim against INC Only (over 10 Jan 2005)			
6) TR: Re-inspection (\$75)			
7) NI: Idas DA + SMRT Survey (\$160)			
8) NTUC Additional Service			
ON:			
• N5: Courtesy Car / Tpl Allowance	\$35		
• N6: Repair Co-ordination	\$10		
• N7: Post Repair Inspection	\$25		
• N8: DV / Collect Wastes Coordination	\$35		
TP (NI): TP (Non INC) against INC	\$30		
9) NI: Idas Mobile	\$30		

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	31/05/2021 17:06 (SGT)
Date of Accident	29/05/2021 09:45 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2005M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH SOOK YEE
NRIC No	SXXXX784E
Email Address	shawnteojc@gmail.com
Mobile Phone No	(Phone) +65-97433339
Alternative Phone No	+65-84866548

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2353

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MW004694-R06
Cover Note Number	-

DRIVER

Name of Driver	TEO JIN CHIET SHAWN (ZHANG NENGJIE SHAWN)
NRIC No	SXXXX146C

Date Of Birth	20/12/1979
Occupation	Indoor
Date Of Driving Pass	27/12/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84866548
Alt. Phone Number	-
Email Address	shawnteojc@gmail.com
Address	35 KOVAN ROAN #02-43
Address complement	-
Postcode	545019
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	LOH SOOK YEE
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

PLEASE REFER TO SKETCH PLAN

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	SGK7958A
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	WONG MUI ENG
NRIC No	SXXXX386E
Contact Number	(Phone) +65-96170779
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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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

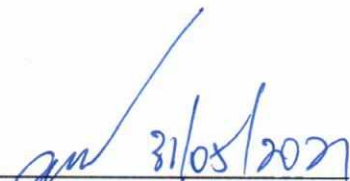
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



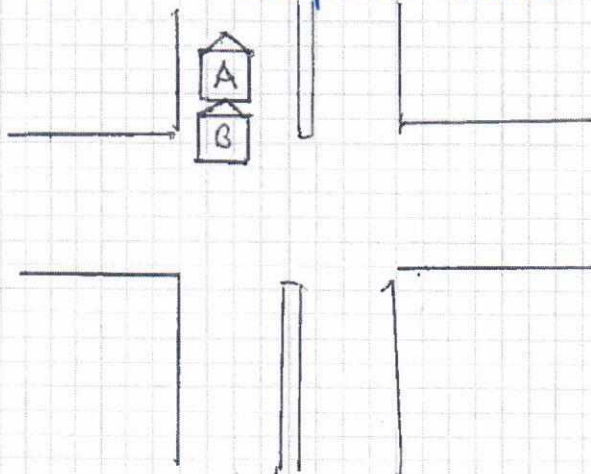
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Along Tampines Road



A - SKT 2005 M


B - SGK 7958 A


Describe Circumstances of the Accident

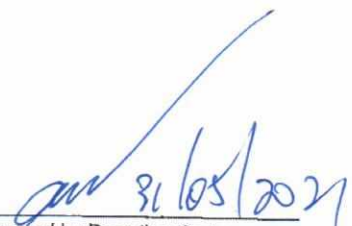
AS PER STATED TIME & DATE, I WAS DRIVING ALONG CAMPINESE ROAD, THE TRAFFIC WAS SLOW MOVING, I WAS INITIALLY AT A STATIONARY POSITION AT THE CROSS JUNCTION AND MOVING OFF UPON THE TRAFFIC LIGHT TURNS GREEN, JUST WHEN MY VEHICLE WAS MOVING INTO THE OTHER SIDE OF THE JUNCTION, I NOTICE THAT THE VEHICLE IN FRONT OF ME HAD SLOW DOWN AND STOP. THEREFORE I ALSO SLOW DOWN MY VEHICLE, SUDDENLY I FELT AN IMPACT FROM THE BACK AS VEHICLE B HAD REAR ENDED MY VEHICLE A. AFTER THAT, BOTH OF US PROCEEDED TO SHIFT OUR VEHICLE TO THE BUSTOP JUST IN FRONT OF US THEN ALIGHT AND ACCESS OUR VEHICLE DAMAGE. WE BOTH HAD EXCHANGED OUR PARTICULAR AND THEN PROCEEDED TO LEFT THE AREA.

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

 31/05/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

Date of accident: 29/5/2021 Time: 0945H
 Location of accident: ALONG TAMPING 56 ROAD CROSS

Details of Own Vehicle

Vehicle Number: SKT 2003M Make/Model: HONDA 00YSS64
 Insurer: TOKIO MARINE Passenger (incl. Driver): 2
 Policy No: 21-MW004694-R06 Policy Type: C/TPFT/TPO

Policyholder

Name: JOH SOK YEE NRIC/FIN no.: S8074784E
 Contact no.: 9026 9743 3339

Driver

Name: TEO JIN CHIEF SHAWN NRIC/FIN no.: S7940146C
 Contact no.: 84686548 D.O.B: 20/12/1979
 Email: SHAWNTEO5C@GMAIL.COM Occupation: TRADER
 Address: 35 KOVAN ROAD #02-43 S545019
 Driving pass date: 27/12/2007 Relationship with Policyholder: HUSBAND

General Information

Weather conditions: Clear Raining Road surface: Dry Wet
 Police report: Yes/ No Video Footage: Yes/ No
 Prosecution Letter: Yes/ No If Yes against whom: _____
 Injuries: Yes/ No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SKK 7958A</u>	
Driver name:	<u>WONG MUI ENG</u>	
NRIC/ FIN no.:	<u>36947386E</u>	
Contact no:	<u>9617 0779</u>	
Insurance Co:		
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage Third Party Reporting Only
 Workshop: _____
 Policyholder/ driver Signature: [Signature]

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: tmls@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-MW004694-R06 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SKT2005M Chassis No.: JHMRC1880EC200997
2. Name of Policyholder MS LOH SOOK YEE
3. Effective date of the Commencement of Insurance for the purposes of the Act 20/05/2021
4. Date of Expiry of Insurance 19/05/2023
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

Account: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,000
	Windscreen Excess SGD 100
Financial Interest:	OCBC BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature