

NATIONAL Assessment Centre Services

Date In: 23/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/TM/21006960/13	SAS e-filing		
Veh No: SMR1172G	E-mail (within 8hrs, Aft 2hrs)		
DOA: 22/06/21 2030	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: FN30T	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

NA2103271	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac 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: Idac Mobile 30		
	Invoice date/	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	23/06/2021 16:50 (SGT)
Date of Accident	22/06/2021 20:00 (SGT)
Exact Location of Accident	Changi N Cres, Singapore
Additional Location Information	BESIDE UNIT NO 30
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR1172G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG KIM TIONG
NRIC No	SXXXX813G
Email Address	DARRENONGGG24@GMAIL.COM
Mobile Phone No	(Phone) +65-91279043
Alternative Phone No	+65-91279043

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MS012417-R01
Cover Note Number	-

DRIVER

Name of Driver	ONG JING ZHI, DARREN
NRIC No	TXXXX310E

Date Of Birth	24/01/2000
Occupation	Indoor
Date Of Driving Pass	16/08/2018
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91804083
Alt. Phone Number	-
Email Address	DARRENONGGG24@GMAIL.COM
Address	BLK 707 TAMPINES STREE 71
Address complement	#08-78
Postcode	520707
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GLADWYN
Gender	Male

PASSENGER 2

Name	SEAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20210623/7009

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	FN30T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FN30T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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

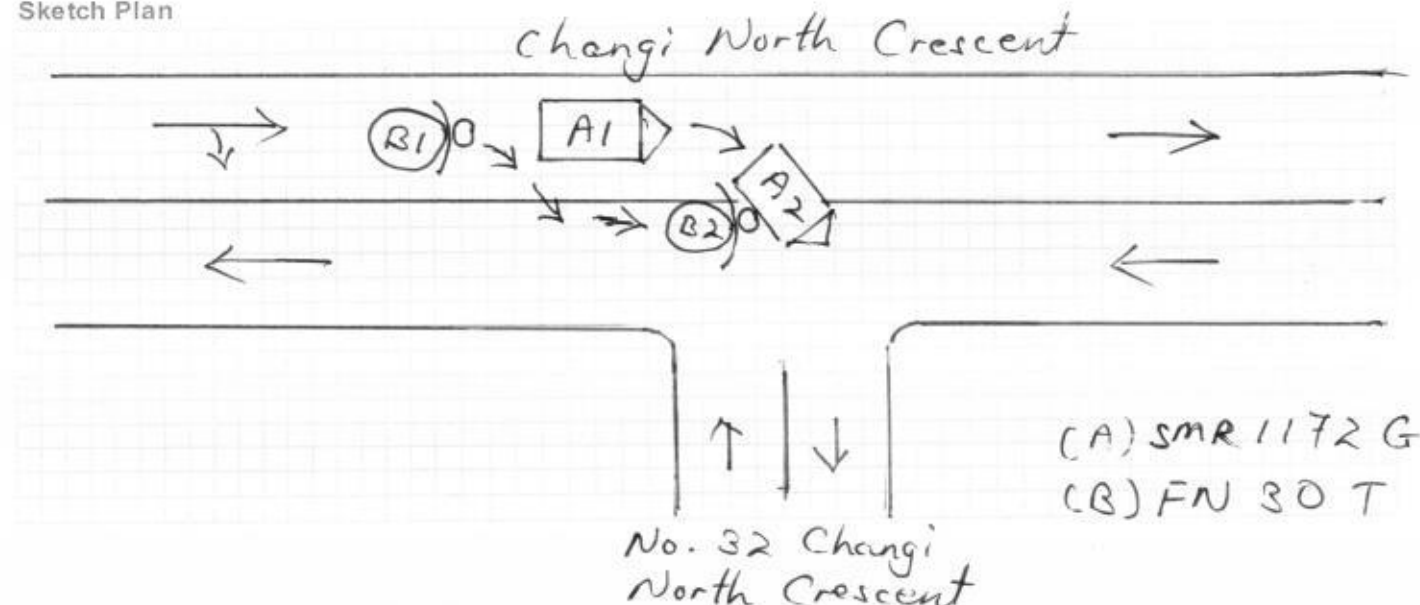
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

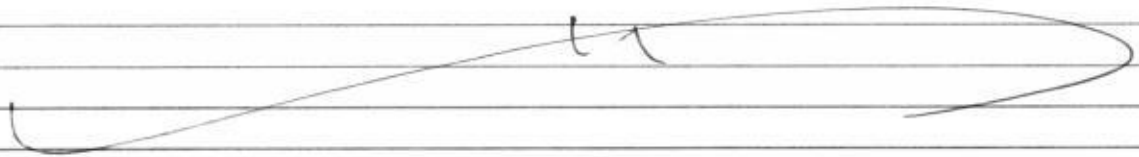
Refer to Police Report

Report No:-

T/20210623/7009

(A) SMR 1172 G

(B) FN 30 T



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Devin

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

afym 25/06/21

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210623/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2021 13:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG JING ZHI, DARREN			Address: 707 TAMPINES STREET 71 #08-78 SINGAPORE 520707		
ID Type / ID No.: NRIC NO / T0004310E			Contact No.: Home/Office: Mobile: 91804083		
Nationality: SINGAPORE CITIZEN			Email: DARRENONGGG24@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 24/01/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/06/2021 20:00	Type of Location: Straight Road
Location: CHANGI NORTH CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FN30T	Motorcycle					0
SMR1172G	Car					2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	FN30T (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Driver				
Name	ONG JING ZHI, DARREN		ID No.	T0004310E
Related Vehicle	SMR1172G (Car)		Contact No.	91804083
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

ON 22/06/2021 AT ABOUT 2000 HOURS AT ALONG CHANGI NORTH CRESCENT TOWARDS CHANGI NORTH RISE BESIDE UNIT NO. 32. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND WHILE MAKING A RIGHT TURN INTO UNIT 32, SUDDENLY A VEHICLE (B) FROM MY REAR OVERTAKE MY VEHICLE WITHOUT CAUTION AND HENCE COLLIDED ONTO MY RIGHT PORTION OF VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE . I HAVE 2 PASSENGERS INSIDE MY VEHICLE.

TP REFERENCE NO: G/20210622/154

- (A) SMR1172G
(B) FN30T



**SINGAPORE
POLICE FORCE**



T/20210623/7009

3 of 3

Report No. T/20210623/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/06/2021 13:42

Classification Of Case:

pls email to

mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date: 22/6/2021	Time: 2000hr (hh:mm) 24 hr format
Location: Changi North Crescent beside Unit No. 32	
Vehicle Number: SMR 1172G	
Insured Name: ONG Kim Tiong	
NRIC/FIN: S1332813G	Contact Number: 9127 9043
Make: HONDA	Model: CIVIC 1.6 VTI CVT
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No, Pls select: () Third Party (/) Reporting	
Insurance Company: Tokio	
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only	
Policy Number: 20-M501417-R01	
Name of Driver: ONG JIM ZHI, DARREN () Same as Insured	
NRIC/FIN: T0004317E	Contact Number: 9180 4083
Date of Birth: 24-01-2000	
Driving Pass Date: 16-AUG-2018	
Occupation (/) Indoor () Outdoor	
Gender (/) Male () Female	
Email Address: darrenanggs24@gmail.com () NO EMAIL	
Address of Driver: BLK 707 TAMPINES STREET 71 # 05-78 S (520707)	
Was driver an employee of the Insured's Company? () Yes (/) No	
If No, Relationship of the Driver with the Insured	
() Owner () Spouse () Friend () Relative (/) Children () Sibling	
Does the Driver Own Any Other Vehicle? () Yes (/) No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (/) Clear () Raining () Others	
Road Surface (/) Dry () Wet () Others	
Was any foreign vehicle involved in this accident? () Yes (/) No	
Was anybody injured in the accident? (/) Yes () No	
If yes, injured detail: 3rd Party convey ambulance	
Was there any video captured by Car Camera? () Yes (/) No	
Was the Accident reported to the Police? (/) Yes () No If yes attach police report	
DETAILS OF 3 rd party	Name / Nric Contact
Veh B: FW 30T	
Veh C:	
Veh D:	
Veh E:	
Veh F:	

passenger (M) GLADWYN
(M) SEAN

include Driver 3 person only.

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.: 20-MS012417-R01 (Private Motor Car)

- | | | |
|---|---------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMR1172G | Chassis No.: MRHFC5650KT001088 |
| 2. Name of Policyholder | ONG KIM TIONG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 19/12/2020 | |
| 4. Date of Expiry of Insurance | 18/12/2021 | |
| 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: E2316DDA

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	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



TOKIO MARINE
INSURANCE GROUP
ORIGINAL

POLICY SCHEDULE

RENEWAL

INSURED / ADDRESS

ONG KIM TIONG

707 TAMPINES STREET 71

TAMPINES SUNRISE

#08-78

SINGAPORE 520707

POLICY NO : 20-MS012417-R01

POLICY TYPE : PRIVATE MOTOR CAR

POLICY PERIOD : 19/12/2020 TO 18/12/2021

DATE OF ISSUE : 15/12/2020

ACCEPT DATE : 15/12/2020

PREMIUM DUE : SGD 1,147.00
(inclusive of GST)

ACCOUNT : E2316DDA

RISK NUMBER	: 0001 Private Motor Car
BUSINESS/PROFESSION OF INSURED	: SELF-EMPLOYED/OWN COMPANY
REGISTRATION NO	: SMR1172G
MAKE	: HONDA CIVIC VTI 1.6L
TYPE OF BODY	: Saloon
CUBIC CAPACITY	: 1600
YEAR OF MANUFACTURE	: 2019
YEAR OF REGISTRATION	: 2019
SEATING CAPACITY (INCLUDING DRIVER)	: 5
ENGINE NUMBER	: R16B25511199
CHASSIS NUMBER	: MRHFC5650KT001088
TYPE OF COVER	: Comprehensive Approved Workshop Plan
SUM INSURED	: Prevailing Market Value

EXCESS

Own Damage Claims	: SGD 600
Windscreen Excess	: SGD 100

ANNUAL PREMIUM (SGD)

Basic Premium	2,256.74
Less NCD (50.00%)	1,128.37
Less Safe Driver Discount	56.41
NCD Protector	0.00
TOTAL PREMIUM BEFORE GST	1,071.96

DRIVER'S PARTICULARS

NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
ONG KIM TIONG	S1332813G	62		42 YEARS

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-