

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

SN0917R0005

Date In: 27/07/2021 16:14	Job description	Date & Time Completed	Done by
Ref No: N38/7M221007984/4	SAS e-filing		
Veh No: SMK 7860B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 23/07/2021 09:45	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:	Veh No: SGR 787K	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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>U. 1:</p> <p>U. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N11) INC against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>		<p>Ant (\$)</p> <p>Int Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

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	27/07/2021 16:14 (SGT)
Date of Accident	23/07/2021 07:45 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS ECP BEFORE AIRPORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7860B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIU JIANFENG
NRIC No	SXXXX479F
Email Address	liujianfeng611@gmail.com
Mobile Phone No	(Phone) +65-90267569
Alternative Phone No	+65-90267569

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS004690-R01
Cover Note Number	-

DRIVER

Name of Driver	LIU JIANFENG
NRIC No	SXXXX479F

Date Of Birth	11/06/1984
Occupation	Indoor
Date Of Driving Pass	01/12/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90267569
Alt. Phone Number	+65-90267569
Email Address	liujianfeng611@gmail.com
Address	138 PUNGOL WALK #09-31
Address complement	-
Postcode	828700
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 vehicle 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

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	SGR787K
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	SHD5309C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	LIU JIANFENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMK7860B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

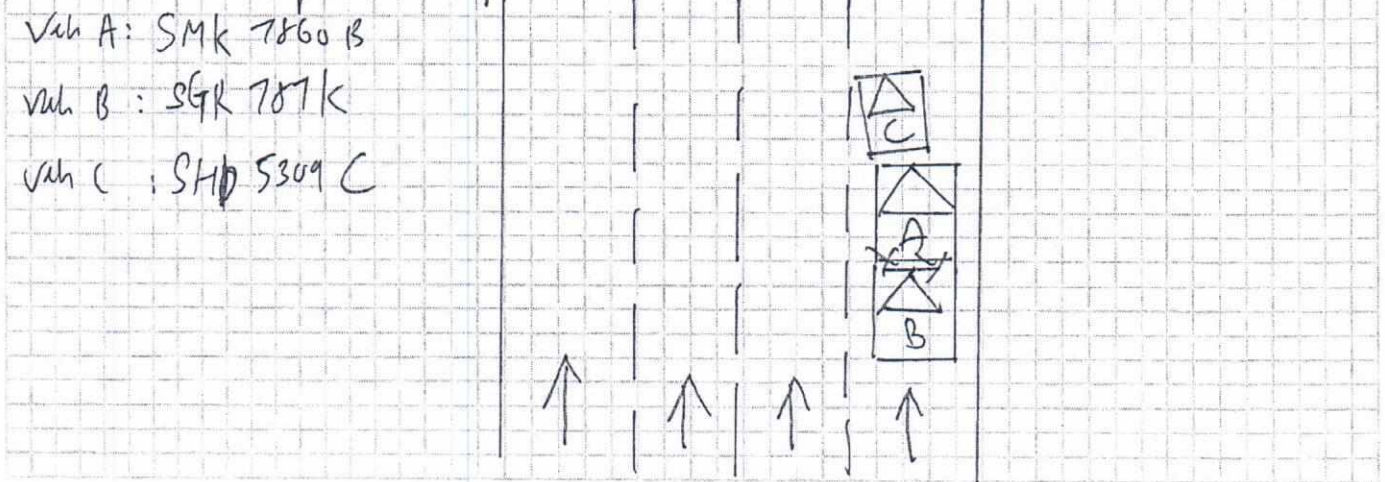
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

21/23 Jul 2021
Policyholder's Signature / Date & Time

21
Driver's Signature (If driver is not the policyholder) / Date & Time

21/07/2021
Witnessed by Reporting Centre Personnel

Sketch Plan KPE Bep towards Airport Road




Describe Circumstances of the Accident


ON The Stated time and Date

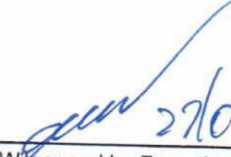
I was travelling my vehicle bearing car plate Vch A: Sunk 7860B on Lane 1
at CPE / ECP before ~~to~~ Airport Road. The traffic was moderate. Suddenly I felt an
Great Impact From my Rear. I alighted and realise a vehicle bearing car plate
(Vch B: SGR 787K) was collided onto my Rear. The Impact was so huge that
Cause me Surge Forward and collided onto a vehicle (Vch C: SHD 53096)

Declaration

We declare the foregoing particulars are true in every respect.

 23/07/2021
Policyholder's Signature / Date &
Time

 23/07/2021
Driver's Signature (If driver is not the policyholder) / Date
& Time

 23/07/2021
Witnessed by Reporting Centre
Personnel

VEHICLE NO: SMK 78608		MAKE & MODEL: Honda Vixion		AUTO / MANUAL	
DATE OF ACCIDENT		23 / 07 / 2021		*C.C. 1.5	
TIME OF ACCIDENT		0745		(AM) / PM	
LOCATION OF ACCIDENT		CPE ECP before Airport Road			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		LIU Jian Feng			
EMAIL: LIUJianFeng611@gmail.com		Office:		MOBILE: 90267569	
NRIC S8478479F					
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY:		YES / <u>NO</u> ?			
INSURANCE CO.		TOKIO MARINE			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		21-MS004690-R01			
NAME OF DRIVER		<u>AS ABOVE</u> / IF NO:			
NRIC		S8478479F			
DATE OF BIRTH		11 / 06 / 1984			
ANY PASSENGER		YES / <u>NO</u>			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / <u>Indoor</u> X			
DATE OF DRIVING PASS		01 / 12 / 2012			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: 90267569		Office: / Home: /	
EMAIL:					
ADDRESS		138 Punggol Walk #09-31 SG 828700			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes, Reg No.		INSURER:	
RELATIONSHIP		Employee / If No: <u>SELF</u>			
WEATHER CONDITION		<u>Clear</u> / Raining / Other:			
ROAD SURFACE		<u>Dry</u> / Wet / Other:			
ANY INJURIES		No / If yes: Who? <u>LIU JIANFENG (M)</u>			
CONTACT NO.					
POLICE REPORT		<u>No</u> / If yes: Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES: WHO?			
VEHICLE B NO.		SGR 787K		Any Passenger: -	
NAME					
CONTACT NO.					
VEHICLE C NO.		SHD 5309C		Any Passenger: -	
VEHICLE D NO.		Any Passenger: -			
VEHICLE E NO.		Any Passenger: -			
VEHICLE F NO.		Any Passenger: -			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO			
**WORKSHOP:		REVOLUTION AUTOMOTIVE.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES <u>NO</u>			

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



TOKIOMARINE
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-MS004690-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMK7860B Chassis No.: JHMRU1830JX201217
2. Name of Policyholder LIU JIANFENG
3. Effective date of the Commencement of Insurance for the purposes of the Act 24/04/2021
4. Date of Expiry of Insurance 23/04/2022
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: UNITED OVERSEAS BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature