

# NATIONAL Assessment Centre Services

|   |  |                       |         |
|---|--|-----------------------|---------|
| Date In: 22/09/21                                   | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/TM21009891/13                            | SAS e-filing                             |                       |         |
| Veh No: SGA6787K                                    | E-mail (Within 5hrs. Aft. 2hrs)          |                       |         |
| D.O.A: 18/09/21 1155                                | i-Motor Claim Form                       |                       |         |
| OD: <input checked="" type="radio"/> 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: 4J9044R  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |             |           |
|--|---|-------------|-----------|
| NA204023                               | <b>Invoice Preparation Checklist</b>            | Am't (\$)   | Am't (\$) |
|  |   | 1st Bill    | Add Bill  |
| <b>Claimant's Particulars :-</b>       | 1) AR : Accident Reporting (\$30);              |             |           |
| <b>Driver/Owner:</b>                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |           |
| <b>Contact No:</b>                     | 3) TF : Towing Fee \$40/\$45                    |             |           |
| <b>Damaged Portion:</b>                | 4) FT : Follow-Through Survey \$120             |             |           |
| <b>QC Checked by (Engr-In-Charge):</b> | 5) rT : Follow-Through Survey (Resurvey) \$30   |             |           |
| <b>Auditors' Comments :-</b>           | For claiming against INC Only (wef 10 Jan 2005) |             |           |
| <b>Cat. 1:</b>                         | 6) TR : Re-inspection \$75                      |             |           |
| <b>Cat. 2 / 3:</b>                     | 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 \$10                        |             |           |
|  | Invoice dated                                   | 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              | 22/09/2021 11:47 (SGT) |
| Date of Accident                | 18/09/2021 11:55 (SGT) |
| Exact Location of Accident      | Tuas Rd, Singapore     |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SGA6787K |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | No                     |
| Name Of Registered Owner | HONG GIM KHEONG        |
| NRIC No                  | SXXXX469H              |
| Email Address            | kchrist@singnet.com.sg |
| Mobile Phone No          | (Phone) +65-98167122   |
| Alternative Phone No     | +65-98167122           |

#### 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   | 2356                      |

#### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 21-MS001949-R01                      |
| Cover Note Number         | -                                    |

#### DRIVER

|                |                 |
|----------------|-----------------|
| Name of Driver | HONG GIM KHEONG |
| NRIC No        | SXXXX469H       |

|  |                                |
|--|--------------------------------|
| Date Of Birth  | 18/06/1957                     |
| Occupation   | Indoor                         |
| Date Of Driving Pass   | 22/05/1982                     |
| Driving experience   | 39 YEARS AND 4 MONTHS          |
| Gender   | Male                           |
| Mobile Number  | (Phone) +65-98167122           |
| Alt. Phone Number  | +65-98167122                   |
| Email Address  | kchrist@singnet.com.sg         |
| Address  | BLK 989C JURONG WEST STREET 93 |
| Address complement   | #13-675                        |
| Postcode   | 643989                         |
| 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   | 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?  | No  |
| Was any other vehicle 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   | KEK LOO GHUAT |
| Gender | Female        |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police?  | Yes   |
| Police Station Name                       | Jurong Division Headquarters                |
| Police Station Phone No                   | (Phone) +65-18007910000                     |
| Alt. Police Station Phone No              | (Fax) +65-68965647                          |
| Police Station Address                    | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No  |
| If yes, against whom?                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT :J/20210919/7015

#### 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 | YJ9044R |
| Vehicle Manufacturer        | -       |

|   |                    |
|---|--------------------|
| Vehicle Model                           | -                  |
| Vehicle Variant                         | -                  |
| Vehicle Colour                          | -                  |
| Vehicle Category                        | Commercial vehicle |
| 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                              | HONG GIM KHEONG |
| Gender  | Male            |
| Phone No  | -               |
| Address   | -               |
| Address Complement                                  | -               |
| Post Code   | -               |
| Approximate Age Years Old                           | -               |
| Injuries Sustained                                  | NECK & BACK     |
| Injured person in which vehicle?                    | SGA6787K        |
| Were seat belts worn?                               | Yes             |
| Was this injured conveyed to hospital by ambulance? | No              |

### INJURED 2

|   |               |
|---|---------------|
| Name of injured person                              | KEK LOO GHUAT |
| Gender  | Female        |
| Phone No  | -             |
| Address   | -             |
| Address Complement                                  | -             |
| Post Code   | -             |
| Approximate Age Years Old                           | -             |
| Injuries Sustained                                  | BACK & NECK   |
| Injured person in which vehicle?                    | SGA6787K      |
| 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

 22/09/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A = SGH 6787K  
B = YJ 9044R  
Turns ROAD

As per police report - J/20210919/7015

I/We declare the foregoing particulars are true in every respect.

Driver's Signature

Reporting Centre Personnel's Signature





**SINGAPORE  
POLICE FORCE**



J/20210919/7015

1 of 3

**POLICE REPORT (NP299)**

Report No. J/20210919/7015

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

|   |   |                     |                             |                 |
|---|---|---------------------|-----------------------------|-----------------|
| Date/Time Report Made<br>19/09/2021 15:47                         | Vide Report No.   | Station Diary No.   |                             |                 |
| Name Of Informant<br>HONG GIM KHEONG                              | Address<br>989C JURONG WEST STREET 93 #13-675<br>SINGAPORE 643989 |                     |                             |                 |
| ID Type / ID No.<br>NRIC NO / S1275469H                           | Contact No.<br>Home/Office:                                       | Mobile:<br>98167122 |                             |                 |
| Nationality<br>SINGAPORE CITIZEN                                  | Email Address<br>kchrist@singnet.com.sg                           |                     |                             |                 |
| Occupation<br>Operations officer (except transport<br>operations) | Sex<br>Male   | Age<br>64           | Date of Birth<br>18/06/1957 | Race<br>Chinese |
| Institution/School Name   | Language<br>English   |                     |                             |                 |
| Date/Time Of Incident<br>18/09/2021 11:55                         | Location Of Incident<br>TUAS ROAD                                 |                     |                             |                 |

**Brief details.**

On the stated date and time, I was driving my vehicle SGA6787K along PIE(Tuas) slip road towards Tuas Road.

My wife Kek Loo Ghuat was my front passenger and both of us are wearing our safety belts.

I was travelling straight along the middle of 3 lanes of the roundabout below Tuas Flyover and had exited

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this<br>report has been authenticated by Singpass.<br>No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>19/09/2021 15:47   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |



**SINGAPORE  
POLICE FORCE**



J/20210919/7015

2 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20210919/7015

the roundabout via exit towards Gul Circle.

Suddenly, I felt a huge impact from my left causing my vehicle to rock sideways violently.

The unexpected impact caused me to knock my left knee against the centre console of my vehicle while my wife knocked her left elbow against the front passenger door.

I looked to my left to realise that YJ9044R, which was on the extreme left lane of the roundabout had hit onto my vehicle.

I pulled over at a side road after exiting the roundabout along Tuas Road expecting the driver of YJ9044R to stop. However, said vehicle drove off after I stopped my vehicle.

I waited in the hopes that the errant driver would come back but to no avail.

After about 5 mins I left.

Later the same afternoon, my wife and I started experiencing stiffness over our neck and back areas as well as pain over the areas we suffered knocks.

Our neck and back areas got increasingly sore and as such, we proceeded to our family doctor at Unihealth 24-Hr Clinic Jurong East for treatment the same evening.

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/09/2021 15:47

Officer In-Charge Of Case:

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



J/20210919/7015

3 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20210919/7015

We were given painkillers and 3 days MC each for injuries suffered by the accident.

I am lodging this report as the driver of YJ9044R had committed hit & run.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
19/09/2021 15:47

Classification Of Case:

Date of Accident : 18/01/21 Accident Time: 1135 (24-HR-Format)  
 Accident Place : Tuas Road  
 Vehicle No. (Car Plate No.) : SGH 6787 K Make/Model: Honda Odyssey 24  
 Insurance Company : Tokio Marine Policy No: 21-MS001949-R01  
 Owner or Company Name / IC No. : Hong Gim Kheong / 5127546911  
 Owner or Company Contact No. : 98167122 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Hong Gim Kheong / 5127546911  
 DRIVER'S Date Of Birth : 18 Jun 1957 DRIVER'S License Pass Date 22/05/1982  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -  
 DRIVER'S Address : Block 989C Jurong West St 93 #15-675  
 DRIVER'S Contact No. / Alt No. : 1) 98167122 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Kchrist@singnet.com.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2, 1) DRIVER 2) KEK LOO GHUAT (P)  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Neck & Back

**Other Party Driver's Particular (if any)**

|                                     |                              |
|-------------------------------------|------------------------------|
| Vehicle No: YJ9044R                 | Vehicle No: _____            |
| Vehicle Make/Model: ISUZU / FTR 33F | Vehicle Make/Model: _____    |
| Name Driver: _____                  | Name Driver: _____           |
| IC No. Driver/Contact: _____        | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:

# 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: tms@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-MS001949-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SGA6787K **Chassis No.:** JHMRC1880KC200283
2. **Name of Policyholder** HONG GIM KHEONG
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 15/03/2021
4. **Date of Expiry of Insurance** 14/03/2022
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

|                                       |  |
|---------------------------------------|--|
| <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 1,000<br>Windscreen Excess SGD 100 |
| <b>Financial Interest:</b>            | OCBC BANK LIMITED  |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature