NATIONAL Assessment C	Toure Services	144				
Date In. 07/10/21		ion	Date & Line Con	spleted	Done	· by
Rel No NA / TM 21010339	1/13 SAS e-filir	ng	1			
Veli No SMF4938H		dun Shas, ADC 2lars,				
DOA 07/10/21		laim Form				
		7/O (Within: ∪E 2h	rs. TP 41(rs)			
OD (P) Peporting Only	i-Photo U					
TP Insurer:	Assessment	/Survey Report	1			
1103131	Ass't Repor	t by <u>Fax / Hand</u>	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QV	W: (		Tel:	Fax:		
TP Particulars: Veh No:	GW6401	4 INC (	)/Non-INC (	)		
Owner / Driver: (			Tel:		)	
Policy No: ( )	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: (	%) [Note-Est Status		20%; P. 21-79%.	F: 80-100%	6]	
Year of Registration: (	) Warranty: YES		)			
	(: \$1,000 ( ) / \$2,0	00 ( )				
General Remarks:-		Pacific Court	ASSESSABLE PAREN.			
( ) Walk-In Customer : Customer			trictly NO rater of re	pairer.		
( ) Total Loss Case : to e-mail						
Drive-In ( ) / Towed-In ( ); I	nvoice: YES ( ) /	NO( );	Fowing Co. (			)
Remarks:- (INC horline: 6788 66	616)		Date&Time Comp	ole*ed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car (	)				
2) QC Check / Post Repair Inspection	(	)				
3) Upload Resurvey Photo [Repair Co	st > \$3000] (	)				
Injury:		*********				
Date/Time Actions			religion of the			
2. Control of the second						
					-	155
					-1-51157//2	
2027	04153	Invoice Pre	eparation Checklis		Anit (\$)	Amt (S
	K. 187	1) AR : Acciden			Ist Bill	Add Bi
Claimant's Particulars :-		2) DA : Damage	e Assessment (\$100);	INC (\$80) \$40/\$45		
Priver/Owner:		3) TF : Towing 4) FT : Follow-	Through Survey	\$120		
Contact No:	5) FT : Follow-	Through Survey (Resurve against INC Only (wef D	y) \$30 ) Jan 2005)			
Pamaged Portion:	6) TR : Re-inspe	ection	\$75 \$160			
	1	7) N1 : Idae DA 8) NTUC Addit	+ SMRT Survey ional Services:-	2100		
C Checked by (Engr-In-Charge):	OD*  *NS: Courtes	y Car / Tpt Allowance	\$5			
		*N6. Repair (	Co-ordination	\$10		
Auditors' Comments :-		the second fine at all the second respective	pair Inspection officet Excess Coordination	\$25		
at. L:		TP (N11) : T	P (N=n INC) against INC	\$20		
at 2/3.		9) N12: Idac Mo Invoice dated		30 Chargea		15 15 1
		Invoice dated			<b>國語</b> [基]	

SN0921A70003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/10/2021 15:57 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (07/10/2021 15:57 (SGT))



# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding of material facts may allow insurance companies to repudiate 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

07/10/2021 15:57 (SGT) 07/10/2021 10:33 (SGT) Singapore JUNC OF CLEMENCEAU AVE & RIVER VALLEY RD Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMF4938H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No

Alternative Phone No

No

TONG KHING KIA

SXXXX028E

tongvincent16@gmail.com

(Phone) +65-96171332

+65-96171332

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Toyota

Prius

Private hire

No - Claiming third party

Private hire

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number Tokio Marine Insurance Singapore Ltd

Comprehensive

No

MR005763

DRIVER

NRIC No

Name of Driver

SXXXX028E

Accident report SN0921A70003

TONG KHING KIA

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number Email Address Address

Address complement Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Yes

Vehicle Registration Number Vehicle Manufacturer

GW6401H

Accident report SN0921A70003

Page 2 of 18

BLK 795 YISHUN RING ROAD #10-3394 750795 Yes

24/10/1961

04/05/1979

+65-96171332

42 YEARS AND 5 MONTHS

(Phone) +65-96171332

tongvincent16@gmail.com

Outdoor

Male

No

Collision - Head to Rear

Dry

No

2 No

> Yes 3

No

PASSENGER Male

PASSENGER Female

No

No

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver RAMAKRISHNA RAO S/O CHAMASALAM NRIC No SXXXX594H Contact Number (Phone) +65-81607103 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

#### SKETCH PLAN

# IMPORTANT NOTICE

- Pfease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 who have insured vehicle(s) involved in this accident (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 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
- (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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholders/Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel		
Sketch Plan				
	ATT HEP			



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					MATERIAL PROPERTY.							
								100000				

#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Tirre

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

Witnessed by Reporting Centre Personnel

## ACCIDENT STATEMENT

ACC	DENT DATE: (07/10/2	(DD/MM/YYY), TIME:	(/6:33)(HH:MM)	*
			River Willey . R	4
	DETAILS OF VEHICLE  a) VEHICLE NUMBER: SM			
	b)INSURANCE COMPANY:	TORE MARINE		÷
	C)POLICY NUMBER: MRO d)POLICY TYPE: [COMPRE]	ENSIVE / THIRD PARTY / THI	IRD PARTY FIRE &THEFT)	٠
	STYPE (SALOOME )	UTA PRIUS (A) 1	800	81
	h) PURPOSE OF USING AT A	IVALE / COMMERCIAL / MC CCIDENT TIME:	DTORCYCLE) PRIVATE	HIRE
2	I) ARE YOU CLAIMING UNDI IF NO, PLEASE STATE (THIRI INSURED / POLICY HOLDER	PARTY CLAIM / REPORTIN	(YES/NO)) IG ONLY)	
	A) NAME: TONG KHI	NG KIA	MALE & FEMALE	E3
0	b) NRIC/FIN/PASSPORT: S c) ADDRESS: BCC 795	415618E CON 41544N RING RD	TACT: 96/7/332	
AND of passing &	* CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HOLDER		***
(Induding driver)	DINAME: AS ABO DINRIC/FIN/PASSPORT:		(MALE / FEMALE)	
Na 800	c)ADDRESS:		-	*
1 - 1	d)DATE OF BIRTH: (24/ )OCCUPATION: (INDOOR /	QUTDOOR)	• •	
4. 1	YEARS OF DRIVING EXPRER WAS DRIVER AN EMPLOYE FOR THE ATTOMSHIP OF	E OF THE INSURED'S CO	MPANY? (VES / NO)	*
5. 0	F NO, RELATIONSHIP OF DIWEATHER CONDITION: (CI PIROAD SURFACE: (DRY) W	EAR / RAINING / OTHERS	RED: OWNER	
6. V	VAS ANYBODY INJURED (YES 1)REPORTED TO POLICE (YES	(ON)		
0 **	IF YES, PLEASE STATE WHICH	POLICE STATION:		
(Including driver) 1	D) VEHICLE NUMBER: GW	AKLISHNA RAU SIO	CHAMASALAM	٠.
9. Th	NRIC/FIN/PASSPORT: S			
	DRIVER'S NAME:	MODE	*	*
$C \rightarrow C$	NRIC/FIN/PASSPORT:	CONT	ACT: <u>:-</u>	99
#		(4)		9

cinail = tongvincent/6 @ gma/con fax =

# Marine Insurance Singapore Ltd.

pany Reg. No.: 192300014Mr (GST Reg No.: M2-0000023-4) McCallum Street #09-01 Tokio Marine Centre Singapore 069046

(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



# Certificate of Insurance

FORM MX1 H

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.: MR005763 (Private Car)

Index Mark and Registration Number of Vehicle

SMF4938H

Chassis No.: ZVW506137735

2. Name of Policyholder

TONG KHING KIA

Effective date of the Commencement of Insurance for the purposes of the Act

14/11/2020 (00:00:00)

Date of Expiry of Insurance

13/11/2021

Persons or Class of Persons entitled to drive\*

The Policyholder

Any person who is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the Person driving is permitted in accordance with the locarising or other less or regulation and any enactment or regulation in that behalf from driving the Motor. Vehicle, And provided the Person and September 1 and 1 and

Limitations as to use\*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

Use for racing, pace-making, reliability trial or speed-testing.

Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 Use for the carriage of passengers for hire or reward by any person except for private hire services.

4) Use for hire or reward except for (3) and rental by the Policyholder.

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 Venicles. (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 whatspeed reason, you must return the Certificate to Tokoo Marine Insurance Singapore Ltd. worm 7 days inerect or, if the Certificate has been lost destroyed, you must make a statutory declaration to that leffect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Faity Risks and Compensation

ADDITIONAL INFORMATION Account No: 2712DDA Insurance Plan: Comprehensive Limit for total loss or theft: Prevailing Market Value Policy Excess: Own Damage Claims SGD 2,000.00 (Original Excess : SGD 2.000.00) Additional Excess for Unnamed SGD 500.00 Driver(s) Additional Excess for Young or SGD 1,500.00 Inexperience Driver(s) WindScreen Excess SGD 100 00 SGD 2 000 00 Excess-Third Party (Sect II) Financial Interest-Additional Terms: 1. Unnamed Driver Excess is not applicable 2. Vehicle is licensed for private hire (PH) by LTA 3. Only Named Drivers with PH licence can use car for PH 4. No rental to unnamed driver YID excess applied on Section 1 & Section 2 separately
 Notwithstanding anything to the contrary in the policy. MC19 Waiver of Excess is NOT applicable Private Hire Usage Vehicle Endorsement is applicable 8. PH service in Singapore only 9. Approved workshop plan only

TOKIO MARINE INSURANCE SINGAPORE LTD.