

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 11/10/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/TMIDW/0466/13 | SAS e-filing | | |
| Veh No: SJU19337 | E-mail (within 2hrs. After 2hrs) | | |
| DOA: 09/10/21 1855 | i-Motor Claim Form | | |
| OD: EP 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: SMQ4307K | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|--|---|-------------|-----------------------|-----------------------|
| NA2104165 | Invoice Preparation Checklist | | Am't (\$) 1st Bill | Am't (\$) 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 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | Q1: | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| Auditors' Comments :- | TP (N11): TP (Non INC) against INC \$20 | | | |
| Cat 1: | 9) N12: Idac Mobile \$30 | | | |
| Cat 2/3: | 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 | 11/10/2021 15:35 (SGT) |
| Date of Accident | 09/10/2021 18:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | STAMFORD RD TWDS FORT CANNING LINK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJU1933Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | SOH ZHI HUI |
| NRIC No | SXXXX520C |
| Email Address | s.zhihui.zh@gmail.com |
| Mobile Phone No | (Phone) +65-96917862 |
| Alternative Phone No | +65-96917862 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | ALTIS |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | MQ001937 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | SOH ZHI HUI |
| NRIC No | SXXXX520C |

| | |
|--|------------------------|
| Date Of Birth | 03/06/1991 |
| Occupation | Indoor |
| Date Of Driving Pass | 08/02/2010 |
| Driving experience | 11 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96917862 |
| Alt. Phone Number | +65-96917862 |
| Email Address | s.zhihui.zh@gmail.com |
| Address | BLK 103 WOODLANDS VIEW |
| Address complement | #02-05 |
| Postcode | 737709 |
| 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 | AMANDA LOH |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

| | |
|---|---------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH WORKSHOP |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMQ4507K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|----------------------|
| Vehicle Category | Private car |
| Name of Driver | ABDUL |
| Contact Number | (Phone) +65-88627744 |
| 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 | AMANDA LOH |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SJU1933Y |
| 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 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

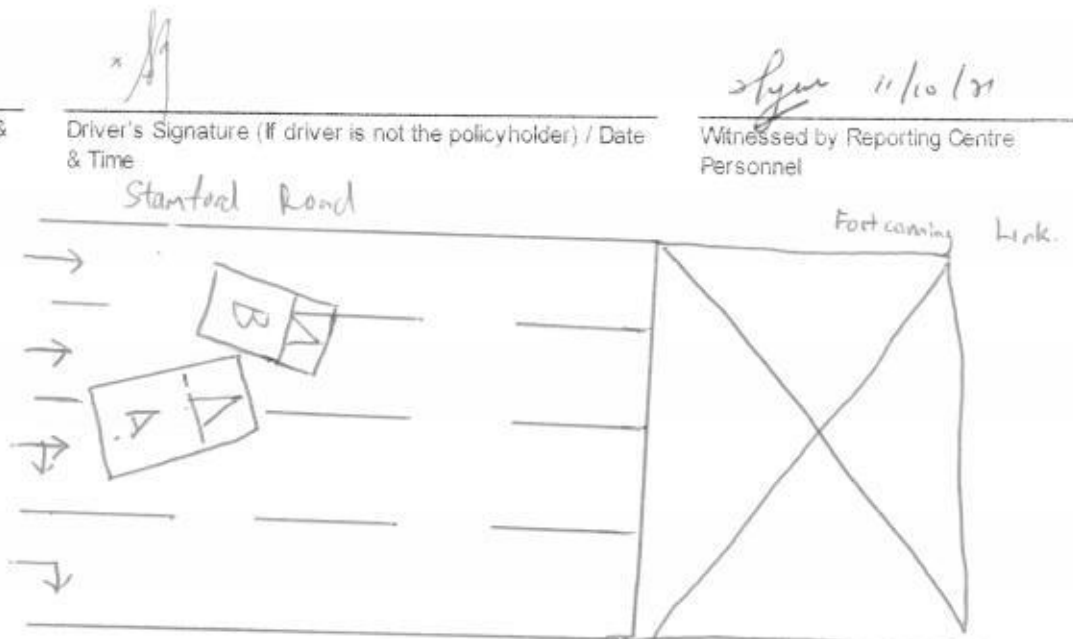

Driver's Signature (If driver is not the policyholder) / Date & Time

 11/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A - SJU 1933Y

Veh B - Sma 4507K



Describe Circumstances of the Accident

As per above date and time, I was driving my vehicle (SJU1933Y) along Stamford road towards Fort Canning Link on the second lane from the right. Somewhere before Fort Canning Link junction, as there were vehicles slowing down to make a right turn I filtered my vehicle onto lane 3. While filtering, suddenly veh (B) from the extreme left lane filtered onto lane 3 as well. As such, my vehicle grazed against veh (B) right side portion. We exchanged particulars and left the scene.

Veh A - SJU1933Y

Veh B - SMA4507K

Declaration


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

x 

Policyholder's Signature / Date & Time

x 

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

 11/10/20

Witnessed by Reporting Centre Personnel

| | | | | | | |
|--|--|--|---------------------------------|-------------|--|---------------|
| VEHICLE NO: | SDU1933Y | | MAKE & MODEL: | Toyota AH15 | | AUTO / MANUAL |
| DATE OF ACCIDENT: | 09/10/2021 | | CC: | 1.6 | | |
| TIME OF ACCIDENT: | 1855 HRS | | | | | |
| LOCATION OF ACCIDENT: | Stanford Road towards Fort Lanning Link | | | | | |
| EXACT PURPOSE USE DURING ACCIDENT: | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | | | | | |
| NAME OF OWNER: | Soh Zhi Hui | | | | | |
| TEL NO: | H/P: 9691 7862 | | OFFICE: | HOME: | | |
| NRIC: | S91205206 | | | | | |
| ADDRESS: | 103 Woodlands View #02-05 S(737709) | | | | | |
| EMAIL: | s.zhihui.zh@gmail.com | | | | | |
| CLAIM TYPE: | OD / THIRD PARTY / REPORTING ONLY | | | | | |
| FLEET POLICY: | YES / NO? | | | | | |
| INSURANCE COMPANY: | Tokio Marine | | | | | |
| TYPE OF COVERAGE: | Comprehensive / Third Party / Third Party Fire & Theft | | | | | |
| POLICY NO: | MQ001937 | | | | | |
| NAME OF DRIVER: | AS ABOVE / IF NO: | | | | | |
| NRIC: | As above | | ANY PASSENGER: 1 (Female) | | | |
| DATE OF BIRTH: | 03/06/1991 | | LICENCE PASSED DATE: 08/02/2010 | | | |
| OCCUPATION: | OUTDOOR / INDOOR | | | | | |
| GENDER: | MALE / FEMALE | | | | | |
| CONTACT NO: | H/P: As above | | OFFICE: | HOME: | | |
| ADDRESS: | As above | | | | | |
| EMAIL: | As above | | | | | |
| DOES DRIVER OWNED ANY VEHICLE: | NO / IF YES, REG NO: | | INSURER: | | | |
| RELATIONSHIP: | Owner | | | | | |
| WEATHER CONDITION: | CLEAR / RAINING / OTHERS: | | | | | |
| ROAD SURFACE: | DRY / WET / OTHER: | | | | | |
| ANY INJURIES: | NO / IF YES, WHO? | | | | | |
| NAME & CONTACT: | Amanda Loh, 9112 7030 (check up) | | | | | |
| NAME & CONTACT: | | | | | | |
| POLICE REPORT: | NO / IF YES, WHERE? | | | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? | | | | | |
| VEHICLE B REG NO: | SMQ 4507K | | ANY PASSENGERS: 1 (Female) | | | |
| NAME OF DRIVER: | Abdul | | CONTACT NO: 8862 7744 | | | |
| VEHICLE C REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE D REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE E REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE F REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE G REG NO: | | | ANY PASSENGERS: | | | |
| ANY WITNESS? IF YES, NAME: | | | WITNESS CONTACT: | | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | | | | | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | | | | | |
| ACCIDENT SCENE PHOTOS TAKEN? | YES / NO | | | | | |
| ACCIDENT PORTION: | Front left portion | | | | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | | | | | | YES / NO |
| WORKSHOP PARTICULAR: | N-51 Automotive Pte Ltd | | | | | |
| CONTACT NO: | 68420051 / 67440510 | | | | | |
| CONTACT PERSON: | Jua Ming | | | | | |
| FAX NO: | 67410510 | | | | | |
| WORKSHOP EMAIL: | sales@n51.com.sg | | | | | |

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



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine Group.

Certificate of Insurance

FORM MX1

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.: MQ001937 (Private Car)

- | | | |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJU1933Y | Chassis No.: MR053ZEE106158021 |
| 2. Name of Policyholder | SOH ZHI HUI | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 29/04/2021 (10:20:51) | |
| 4. Date of Expiry of Insurance | 28/04/2022 | |
| 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 5 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 No: 2214DDA

| | | | |
|--------------------------------|---|--------------|--------------------------------|
| Insurance Plan: | Comprehensive Essential | | |
| Limit for total loss or theft: | Prevailing Market Value | | |
| Policy Excess: | Own Damage Claims | SGD 600.00 | (Original Excess : SGD 600.00) |
| | Additional Excess for Unnamed Driver(s) | SGD 500.00 | |
| | Additional Excess for Young or Inexperience Driver(s) | SGD 3,500.00 | |
| | WindScreen Excess | SGD 100.00 | |
| | | | |
| Financial Interest: | NIL | | |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature