

# NATIONAL Assessment Centre Services

Date In: 22/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/MJ21011836/13	SAS e-filing		
Veh No: SJ450068	E-mail (within 8hrs. APC 2hrs)		
D.O.A: 14/11/21 2330	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: SLR9749K	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : [Inc 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 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	22/11/2021 12:52 (SGT)
Date of Accident	14/11/2021 23:30 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY5006B

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG PANG KEONG
NRIC No	SXXXX309B
Email Address	angpangkeong@gmail.com
Mobile Phone No	(Phone) +65-96946103
Alternative Phone No	+65-96946103

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I45 2.4 AT ABS AIRBAG 2WD 4DR GAS/D SR
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	2359

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MS002598
Cover Note Number	-

#### DRIVER

Name of Driver	ANG PANG KEONG
NRIC No	SXXXX309B

Date Of Birth	15/03/1975
Occupation	Outdoor
Date Of Driving Pass	12/10/2009
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96946103
Alt. Phone Number	+65-96946103
Email Address	angpangkeong@gmail.com
Address	BLK 54 PIPIT ROAD
Address complement	#11-76
Postcode	370054
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	Collision - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

VEH A HIT ONTO THE REAR PORTION OF VEH B

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	SLR9749C
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)	-

## 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 willful 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 :

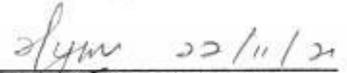
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



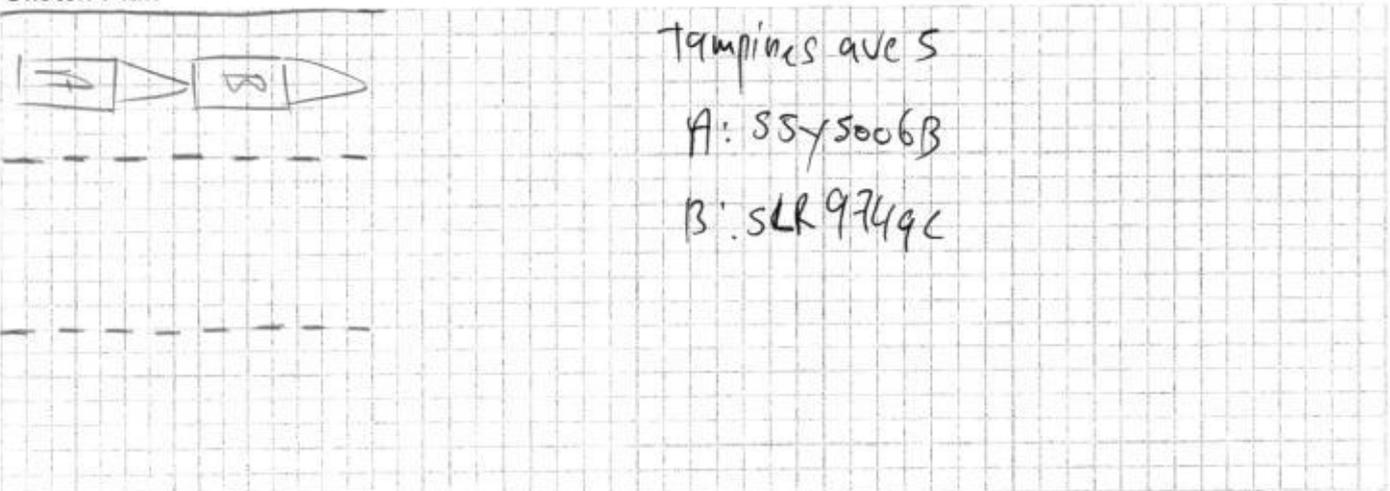
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

### Sketch Plan



Tampines ave S  
A: 55Y5006B  
B: SLR9749C



22/11/21  
on my  
subr

# ACCIDENT STATEMENT

PM

ACCIDENT DATE: 14, 11, 21 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: SJY5006B Tampines ave 5

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: SJY5006B
  - b) INSURANCE COMPANY: TMI
  - c) POLICY NUMBER: \_\_\_\_\_
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: \_\_\_\_\_
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: private
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - A) NAME: \_\_\_\_\_ (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96946103
  - c) ADDRESS: \_\_\_\_\_

- \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
  - c) ADDRESS: \_\_\_\_\_

\* No of passengers  
(including driver)  
(0)

- \*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

\* No of passengers  
(including driver)  
( )

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SLR9749C MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
( )

9. THIRD PARTY VEHICLE
  - d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - e) DRIVER'S NAME: \_\_\_\_\_
  - f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

gia-usulmit

email = angpanghong@gmail.com

doa

fax =

TP VEH NO

video =

**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.: MS002598 (Private Car)

1. **Index Mark and Registration Number of Vehicle** SJY5006B **Chassis No.:** KMHEC41CMBA192745

2. **Name of Policyholder** ANG PANG KEONG

3. **Effective date of the Commencement of Insurance for the purposes of the Act** 21/03/2021 (00:00:00)

4. **Date of Expiry of Insurance** 20/03/2022

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).

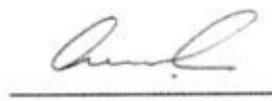
Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatever 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: 2712DDA	
<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 1,000.00	(Original Excess - SGD 1,000.00)
	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	
<b>Financial Interest:</b>	TOKYO CENTURY LEASING (S) PTE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.



Authorised Signature



**Tokio Marine Insurance Singapore Ltd**  
**List of Approved Workshops (With 24 Hours Towing Service)**  
 24-hour Hotline - 1800 225 8647 (In Singapore)  
 - +65 6225 8647 (In Malaysia/Thailand)

Zone	Area	Name of Workshop	Address	Contact No.	
Central	Ang Mo Kio	AN Lin Motor Company	No. 12 Ang Mo Kio Park 2A, #01-02 JAM, Singapore, 539594	Tel: 6462 1264 Towing: 9820 9888	
		Cheng Hoe Motor Service	No. 12 Ang Mo Kio Park 2A, #01-04 JAM, Singapore, 539594	Tel: 6461 236 Towing: 9821 0021	
	Alkaff	Kah Motor Co. Sdn Bhd (For Honda Models sold by Kah Motor <u>excluding</u> Honda Perodai Import Vehicles)	204 Alkaff Road, S719977	Tel: 6371 8371 Towing: 9341 9338	
	Langkat	TC Automobile Pte Ltd (Langkat Centre) Nissan & Subaru Models only <u>excluding</u> Perodai Imports	25 Langkat Road, S718457	Tel: 6761 8371 Towing: 9899 1988	
	Little India	Motorway Car Care Centre Pte Ltd	1054 Lower Delta Road Motorway Building S716000	Tel: 6371 9027 Towing: 9399 6634	
	Bedok	Nova Automotive Pte Ltd	36 150B Bedok Merah Lane 3, #01-04, S714732	Tel: 6777 0082 Towing: 8730 9888	
	Sin Ming To Payoh	Sin Ming To Payoh	Ben's (2047) Ltd	24 7 Sin Ming Road, Sin Ming Industrial Estate, #01-70, S3716642	Tel: 6451 9888 Towing: 9483 9888
			Ben Auto Services Pte Ltd	28 1 Sin Ming Industrial Estate Sector C, #01-111, S3716636 Operating Hours: Mon-Sat: 9am-6pm, Sun: 10am-5pm	Tel: 6450 9884 Towing: 8107 5330
		Sin Ming To Payoh	City Auto Towing Centre Pte Ltd	88 8 Sin Ming Road, Sin Ming Industrial Estate, #01-40-42, S3716643	Tel: 6451 1333 Towing: 9483 9888
			Facutor At Auto Services Pte Ltd	176 Sin Ming Drive, Sin Ming Avenue, #01-04/07/11, S3717211	Tel: 6451 9889 Towing: 9483 2862
Huan He Auto Pte Ltd			180 Sin Ming Drive, #02-01 Sin Ming Avenue, S3717221	Tel: 6451 7034 Towing: 9483 2714	
Lip Heat (Ming He) Motor Pte Ltd			182 Sin Ming Drive, #04-01, #04-02 and #07-03, Sin Ming Avenue, S3717222	Tel: 6451 8170 Towing: 9483 2710	
MAN Workshop Pte Ltd			182 Sin Ming Drive, #06-02 Sin Ming Avenue, S3717223	Tel: 6451 9889 Towing: 9483 2714	
Sun Motor Pte Ltd			182 Sin Ming Drive, #07-02 Sin Ming Avenue, S3717223	Tel: 6451 4733 Towing: 9877 9879	
	Tan Ching Motor Sales Pte Ltd (Tan Payoh Centre) Nissan & Subaru Models only <u>excluding</u> Perodai Imports	17 Tan Payoh Lane 8, S3716794	Tel: 6451 0250 Towing: 9884 1388		
	Viva Road Pte Ltd	182 Sin Ming Drive, #04-03 Sin Ming Avenue, S3717222	Tel: 6451 7171		