

ATTENTION: ASSESSMENT CENTER SERVICES

SN0921C0000

Date In: 27/12/2021 16:12	Job description	Date & Time Completed	Done by
Ref No: N/A / TM1210/3148/4	SAS e-filing		
Veh No: SLX 6669R	E-mail (action slr - Ab. 2hrs)		
DDA: 23/12/2021 16:15	i-Motor Claim Form		
DD: TP Reporting Only	i-Motor W/O (Within 24 Hrs. 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: GBE 841H	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 or 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 (\$30)			
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 2015)			
Cat 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q12:			
	• N5: Courtesy Car / Tpt Allowance \$5			
	• N6: Repair Coordination \$10			
	• N7: Post Repair Inspection \$25			
	• N8: DV / Collect Excess Coordination \$5			
	• TP (N11): TP (N12) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice dated	Free Charge		
	Invoice dated	Free Charge		

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	27/12/2021 16:12 (SGT)
Date of Accident	23/12/2021 16:15 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	TOWARDS MCE JUNCTION OF SHEARES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6669R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW LI YOONG
NRIC No	SXXXX318B
Email Address	thangaraja@gmail.com
Mobile Phone No	(Phone) +65-93622071
Alternative Phone No	+65-94551570

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	2353

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MU005177-R03
Cover Note Number	-

DRIVER

Name of Driver	THANGARAJA NADA RAJA
NRIC No	SXXXX199G

Date Of Birth	14/01/1979
Occupation	Indoor
Date Of Driving Pass	13/09/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94551570
Alt. Phone Number	-
Email Address	thangaraja@gmail.com
Address	BLK 519 BEDOK RESERVOIR ROAD #01-71
Address complement	-
Postcode	479276
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20211224/7017

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	GBK841H
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	THANGARAJA NADA RAJA
Gender	Male
Phone No	(Phone) +65-94551570
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLN6669R
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.

X 

Policyholder's Signature / Date & Time



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

 27/11/2021

Witnessed by Reporting Centre Personnel

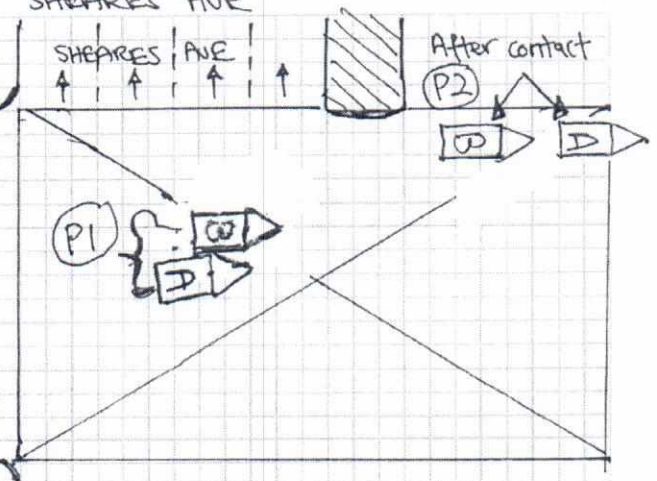
Sketch Plan

MARINA BOULEVARD - MCE - SHEARES AVE

VEH A = SLN6669R

VEH B = GBK841H

MARINA BLV.



Describe Circumstances of the Accident

Refer to Police Report. A/2021/224/7017.

Declaration

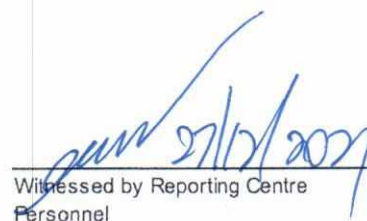
We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature / Date & Time



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


Witnessed by Reporting Centre Personnel

(7)

Date of Accident : 23/12/2021 Accident Time: 1615 (24-HR-Format)
Accident Place : MARINA BOULEVARD - MCE - SHEARES AVENUE
Vehicle No. (Car Plate No.) : SLN 6669R Make/Model: HONDA ODYSSEY
Insurance Company : TOKYO MARINE Policy No: 21-MY005177-R03
Owner or Company Name / IC No. : SEOW LI YOONG (S7885319B)
Owner or Company Contact No. : 9362 2071 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : THANGARAJA NADA RAJA (S7968199G)
DRIVER'S Date Of Birth : 14/01/1979 DRIVER'S License Pass Date 13.09.2012
Relationship of Owner & Driver : (Spouse) Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 519 BEDOK RESERVOIR #01-71 S479276
DRIVER'S Contact No. / Alt No. : 1) 9455 1570 2) _____
DRIVER'S Occupation : (INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address : thangaraja@gmail.com
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): Driver only
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): _____

Other Party Driver's Particular (if any)

Vehicle No: (B) GBK 841 H	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

NIL



**SINGAPORE
POLICE FORCE**



A/20211224/7017

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POLICE REPORT (NP299)

Report No. A/20211224/7017

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 24/12/2021 16:27	Vide Report No.	Station Diary No.
Name Of Informant THANGARAJA NADA RAJA	Address 519 BEDOK RESERVOIR ROAD #01-71 SINGAPORE 479276	
ID Type / ID No. NRIC NO / S7968199G	Contact No. Home/Office: Mobile: 94551570	
Nationality MALAYSIAN	Email Address THANGARAJA@GMAIL.COM	
Occupation Accountant	Sex Male	Age 42
Institution/School Name	Date of Birth 14/01/1979	Race Indian
Date/Time Of Incident 23/12/2021 16:15	Location Of Incident MARINA BOULEVARD	

Brief details.

On the stated date and time, I was driving my vehicle SLN6669T along Marina Boulevard towards MCE, travelling along the middle of 5 lanes.

I was alone in my vehicle and was belted.

As I had reached the junction of Sheares Avenue, I was making a left turn onto the extreme right lane of Sheares Avenue as the lane I was travelling in could "Turn Left or go straight.

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: 24/12/2021 16:27
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211224/7017

As I was executing my turn, GBK841H, which was on my left, had unexpectedly gone straight instead of turning left.

I immediately jammed on my brakes but GBK841H still slammed into the front left portion of my vehicle.

My vehicle shook sideways violently and I knocked my left knee against the centre console of my vehicle.

The same night, I started experiencing stiffness over my neck and back areas as well as pain over my left knee.

The next day the pain got worse.

Hence, I proceeded to a nearby clinic Lifeplus Medical Group Bedok for treatment and was given 3 days MC.

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: 24/12/2021 16:27
Officer In-Charge Of Case:	Classification Of Case:

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: tmis@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-MU005177-R03 (Private Motor Car)

- | | | |
|---|------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLN6669R | Chassis No.: JHMRC1890GC209650 |
| 2. Name of Policyholder | MS SEOW LI YOONG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/04/2021 | |
| 4. Date of Expiry of Insurance | 26/04/2022 | |
| 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:	OCBC BANK LIMITED		

Tokio Marine Insurance Singapore Ltd.

Authorised Signature