

NATIONAL Assessment Centre Services

Date In: 03/01/22	Job description	Date & Time Completed	Done by
Ref No: NA/TM/22000041/3	SAs e-filing		
Veh No: SNC 85175	E-mail (within Mins. AP 2hrs)		
D.O.A: 31/12/21 1500	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: C13JFS (EXCAVATOR) NC () / 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

NA2200028

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) rT: 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: 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 \$0		
	Invoice date:	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	03/01/2022 17:29 (SGT)
Date of Accident	31/12/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 411 EUNOS RD 5 CARPARK LOT NO 175
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC8517S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM GEOK HWA
NRIC No	SXXXX209I
Email Address	unitydentalsurgery@hotmail.com
Mobile Phone No	(Phone) +65-91726146
Alternative Phone No	+65-91726146

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MQ005016-R00
Cover Note Number	-

DRIVER

Name of Driver	LIM GEOK HWA
NRIC No	SXXXX209I

Date Of Birth	25/11/1957
Occupation	Indoor
Date Of Driving Pass	21/09/1982
Driving experience	39 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91726146
Alt. Phone Number	+65-91726146
Email Address	unitydentalsurgery@hotmail.com
Address	5 LENGKONG SATU
Address complement	-
Postcode	417480
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	0
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

PLS REFER TO THE ATTACHED STATEMENT

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	C13JFS
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	EXCAVATOR
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS9317K
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

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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.

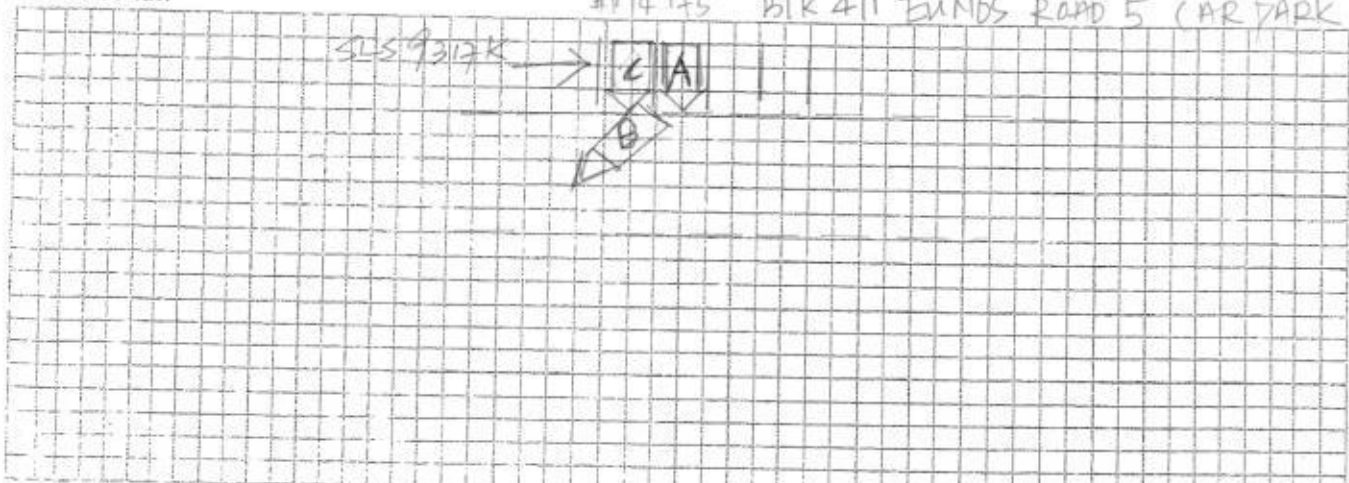
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

#174 175 BIK 411 EUNDS ROAD 5 CAR PARK



[A] SNC 8517S [B] SLS 9317K
[B] C13 JFS (EXCAVATOR)


Describe Circumstances of the Accident

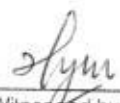
MY VEHICLE NO. SNC 8517S WAS PARKING STATIONARY AT BIK
411 EUNOS ROAD 5 CAR PARK LOT NO. #175. BESIDES MY VEHICLE
PARKING LOT NO. 174 WAS VEHICLE NO. SLS 9317K. AT 3PM
I WENT TO PICK UP MY VEHICLE, I SAW THE OWNER OF
VEHICLE NO. SLS 9317K WAS WAITING ME TO TELL ME THAT
BOTH OUR VEHICLES WERE HIT BY A EXCAVATOR NO. C13JFS.
ACCORDING TO OWNER VEHICLE NO. SLS 9317K, HE CHASED
THE DRIVER NAME SANKARAN SHANMUGAN FIN NO. G7066953L.
THEN THE COMPANY SUPERVISOR HAS CAME TO SCENE ON
BEHALF. MY VEHICLE WAS HITTED VERY BADLY & DAMAGED &
ALSO SLS 9317K. THE TRAFFIC POLICE ALSO MADE
REPORTED UNDER CASE NO. G120211231/0163.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


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

 03/01/22
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 12 / 2021 (DD/MM/YYYY), TIME: 15 : 00 (HH:MM) HRS
 LOCATION: BLK 411 EUNOS ROAD 5 SINGAPORE 400411 CAR PARK
 LOT NO. 175

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SNC 85175
 - b) INSURANCE COMPANY: TOKIO MARINE
 - c) POLICY NUMBER: 21-MQ005016-R00
 - d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 - e) MAKE & MODEL: HONDA CITY
 - f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 - g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 - h) PURPOSE OF USING AT ACCIDENT TIME: _____
 - 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: LIM GEOK HWA (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S1247209I CONTACT: 91726146
 - c) ADDRESS: 5 LENGKONG SATU SINGAPORE 417480

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- d) NAME: LIM GEOK HWA (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S1247209I CONTACT: 91726146
 - c) ADDRESS: 5 LENGKONG SATU SINGAPORE 417480

- *d) DATE OF BIRTH: 25 / 11 / 1957 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 39 YEARS 3 MONTHS

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: _____

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: C13 JFS / SANKARAN SHANMUGAM MODEL: _____
 - b) DRIVER'S NAME: COMPANY INNOVATION GLOBAL PTE LTD
 - c) NRIC/FIN/PASSPORT: G7066953L CONTACT: 90363320

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: SLS 9317K MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(0)

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(0)

Email = unitydental/surgery@hotmail.com

fax =

video =

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300018M; GST Reg No. M2-0000023-0)
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T: (65) 6321 6111 / (65) 6321 4355 / (65) 6321 0886 E: info@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MV1

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-MQ005016-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle: SNC8517S Chassis No.: MRHGN2680MT000110
2. Name of Policyholder: LIM GEOK HWA
3. Effective date of the Commencement of Insurance for the purposes of the Act: 22/11/2021
4. Date of Expiry of Insurance: 21/11/2023
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 to 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 93 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 or 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 600 Windscreen Excess: SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorized Signature

User Name: Yee Chai Joo Irene - Mr.

Printed: 25/11/2021