

03/01/2022 19:47
NBA/TM/22000058/Y
SOS/3827
31/12/2021 17:25

TP

- i-Description
- i-Case Filing
- i-Email sent to []
- i-Motor Claim Form
- i-Motor W/O []
- i-Photo Uploaded
- Assessment/Survey Report
- Ass't Report by Fax/Hand to Owner/W/SH

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SGG 8883X** INC () Non-INC ()

Owner / Driver () Tel ()

Policy No () Period () Cover Type ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability () [Note-Est Status (W/O: N: 0-20%, P: 21-70% 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA22000010

Claimant's Particulars :-

Driver/Owner: _____

Contact No. _____

Damaged Portion: _____

QC Checked by (Engg-In-Charge): _____

Auditors' Comments :-

Invoice Preparation Checklist		Am't (\$)	And (By)
		Est/Full	Actual
1) AR: Accident Reporting	(\$40)		
2) DA: Damage Assessment	(\$100) INC (\$30)		
3) TF: Towing Fee	\$40, \$25		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$0		
Est. Minimum amount (incl. Duty, swf) (Jan 2015)			
6) FR: Re-inspection	\$150		
7) NI: Inc DA - SMRT Survey	\$150		
8) NTI: Additional Services			
*N5: Courtesy Car / Transport Allowance *N6: Repairer's Inflation *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination *N9: [unclear] [unclear] [unclear] [unclear] [unclear]			
9) N12: [unclear]			

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 19:47 (SGT)
Date of Accident	31/12/2021 17:25 (SGT)
Exact Location of Accident	209 Hougang Street 21, Singapore 530209
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS1382T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH ENG CHUAN
NRIC No	SXXXX417I
Email Address	valerinallee@yahoo.com.sg
Mobile Phone No	(Phone) +65-97392153
Alternative Phone No	+65-96568935

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2494

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MU011651-R04
Cover Note Number	-

DRIVER

Name of Driver	LEE KIU YEN, VALERINA
NRIC No	SXXXX805A

Date Of Birth	07/10/1973
Occupation	Indoor
Date Of Driving Pass	22/05/1995
Driving experience	26 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96568935
Alt. Phone Number	-
Email Address	valerinalee@yahoo.com.sg
Address	6A LORONG 1 REALTY PARK
Address complement	-
Postcode	536974
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	AFTER RAIN
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BEDELIA KOH
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

PLEASE REFER TO SKETCH PLAN

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	SGG8883X
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) -

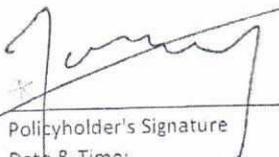
SKETCH PLAN

IMPORTANT NOTICE

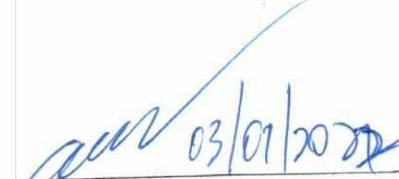
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators; law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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

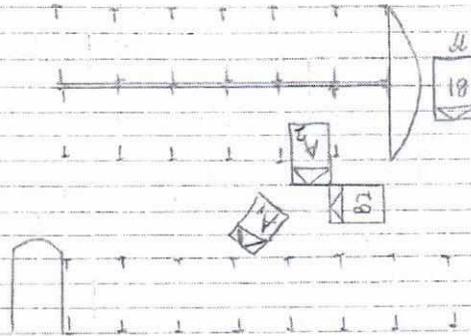

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SDS1385T

Vehicle B: SAG19883X

Kovan 209 market
& Food Centre Open
Space Carpark.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

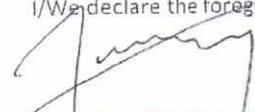
I, VEH 'A', was returning into the parking lot.

Before I had completed my parking, I noticed VEH 'B' making a sharp turn at the head of the carpark while I was adjusting my vehicle in my parking lot.

Upon noticing VEH 'B' coming towards my vehicle, I immediately came to a stop. However, VEH 'B' still collided into my front left portion.

DECLARATION

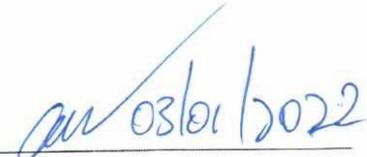
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 31/12/2021 Accident Time: 17:5hrs (24-HR-FORMAT)

Accident Place : Kovan 2nd Market & Food Centre Open Space Carpark.

Vehicle Reg. No (Car plate No.) : SDS1382T Vehicle Make/Model: Toyota Camry

Insurance Company : Tokio Marine Policy No. 21-mu011651-204

Name of Registered Owner : Company / Individual Koh Eng Chuan

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S70464171
 Co Contact No: - Owner's Contact No: 9792153

DRIVER'S Name : Lee Kiu Yen, Valerina DRIVER'S NRIC No: S7335805A

DRIVER'S Date of Birth : 07 Oct 1973 DRIVER'S License Pass Date 22 May 1995

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 6A Lorong 1 Realty Park Singapore 526974

DRIVER'S Contact No./ Alt No. : 1) 96568935 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : valerinalee@yahoo.com.sg

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): 02 Passenger Name: Bedelia Koh Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
 Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SG68883X</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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: tims@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-MU011651-R04 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SDS1382T Chassis No.: MR053AK5004011491
2. Name of Policyholder: MR KOH ENG CHUAN
3. Effective date of the Commencement of Insurance for the purposes of the Act: 09/11/2021
4. Date of Expiry of Insurance: 08/11/2022
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: 2346DDA
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:	UNITED OVERSEAS BANK LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature