

NATIONAL Assessment Centre Services

Date In: 06/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA / TM / 22000201 / m4	SAS e-filing		
Veh No: SKJ 5692L	E-mail (within 8hrs. APC 2hrs)		
D.O.A: 06/01/2022 07:35	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: SG 5904Y	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

NA 22 00052		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	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				
	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:-				
	ON*				
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5				
	*N6: Repair Co-ordination \$10				
	*N7: Post Repair Inspection \$25				
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5				
Cat. 1:	TP (N11): TP (Non INC) against INC \$20				
Cat. 2 / 3:	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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	06/01/2022 15:33 (SGT)
Date of Accident	06/01/2022 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION BETWEEN EAST COAST ROAD TOWARDS JOO CHIAT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5692L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE SWEE LIAN
NRIC No	SXXXX625A
Email Address	sinhocklee@yahoo.com.sg
Mobile Phone No	(Phone) +65-98168356
Alternative Phone No	+65-98168356

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MV001544-R05
Cover Note Number	-

DRIVER

Name of Driver	WONG MUN CHIN
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NRIC No	SXXXX127A
Date Of Birth	31/08/1959
Occupation	Indoor
Date Of Driving Pass	06/01/1981
Driving experience	41 YEARS
Gender	Female
Mobile Number	(Phone) +65-91761542
Alt. Phone Number	-
Email Address	sinhocklee@yahoo.com.sg
Address	24 JAGO CLOSE
Address complement	-
Postcode	428437
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?	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

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	SG5904Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	ALIMAN BIN SA'ADON
NRIC No	SXXXX012I
Contact Number	(Phone) +65-91014585

SKETCH PLAN

IMPORTANT NOTICE

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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

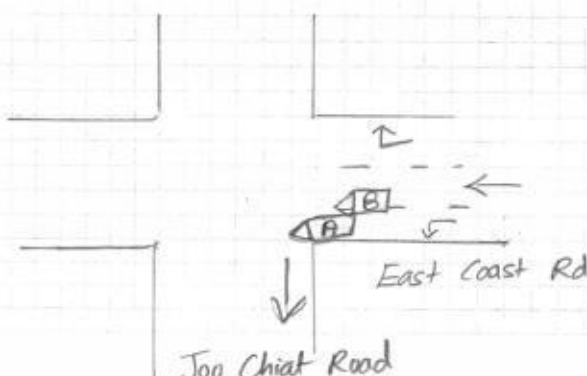
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SKJ 5692L

B = SG 5904 Y

Junction between East Coast Rd
towards Joo Chiat Rd.


Describe Circumstances of the Accident


My vehicle was stationary on the stated venue due to red light. ~~In front of my vehicle~~ When the traffic light turns green and i started to turn left, suddenly i felt an impact from my vehicle right side and realize it was vehicle B that had bang into my vehicle right side portion.

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

 06/01/2022
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

(7:35am)

ACCIDENT DATE: (06 / 01 / 2022) (DD/MM/YYYY), TIME: (07 : 35) (HH:MM)

LOCATION: ~~Between~~ Junction between East Coast Road towards Joo Chiat Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ5692L
 b) INSURANCE COMPANY: Tokai Marine
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz C180 (AUTO / MANUAL) (1595CC)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Lee Swee Lian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1384625A CONTACT: 9816 8356
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Mun Chin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S138507A CONTACT: 9176 1542
 c) ADDRESS: 24 Jago Close (S) 428437

*d) DATE OF BIRTH: (31 / 08 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06/01/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SG 5904 Y MODEL: Bus
 b) DRIVER'S NAME: Aliman Bin Sa'adon
 c) NRIC/FIN/PASSPORT: S8123012I CONTACT: 9101 4585

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = sinhocklee@yahoo.com.sg

fax =

VIDEO = NO

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-MV001544-R05 (Private Motor Car)

- | | | |
|---|------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKJ5692L | Chassis No.: WDD2040312A816903 |
| 2. Name of Policyholder | MS LEE SWEE LIAN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 26/03/2021 | |
| 4. Date of Expiry of Insurance | 25/03/2022 | |
| 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 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: 2310DDA

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:	MAYBANK SINGAPORE LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature