

# NATIONAL Assessment Centre Services

Date In: <b>17/01/2022</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/TMI 22000611/m4</b>	SAS e-filing		
Veh No: <b>SGP 2020L</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>15/01/2022 21:10</b>	i-Motor Claim Form		
OD <b>TP</b> 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: <b>SKE 7232U</b>	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

<b>NA 2200156</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*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 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	17/01/2022 17:57 (SGT)
Date of Accident	15/01/2022 21:10 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP2020L
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHENG HOE
NRIC No	SXXXX377B
Email Address	phbms@yahoo.com
Mobile Phone No	(Phone) +65-96235068
Alternative Phone No	+65-96235068

#### 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	1998

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ005141
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHENG HOE
NRIC No	SXXXX377B

Date Of Birth	15/05/1958
Occupation	Outdoor
Date Of Driving Pass	26/05/1980
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96235068
Alt. Phone Number	+65-96235068
Email Address	phbms@yahoo.com
Address	BLK 525A PASIR RIS STREET 51
Address complement	#02-557
Postcode	511525
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220117/7031

#### 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	SKE7232U
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-93809542
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	TAN CHENG HOE
Gender	Male
Phone No	(Phone) +65-96235068
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGP2020L
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 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)

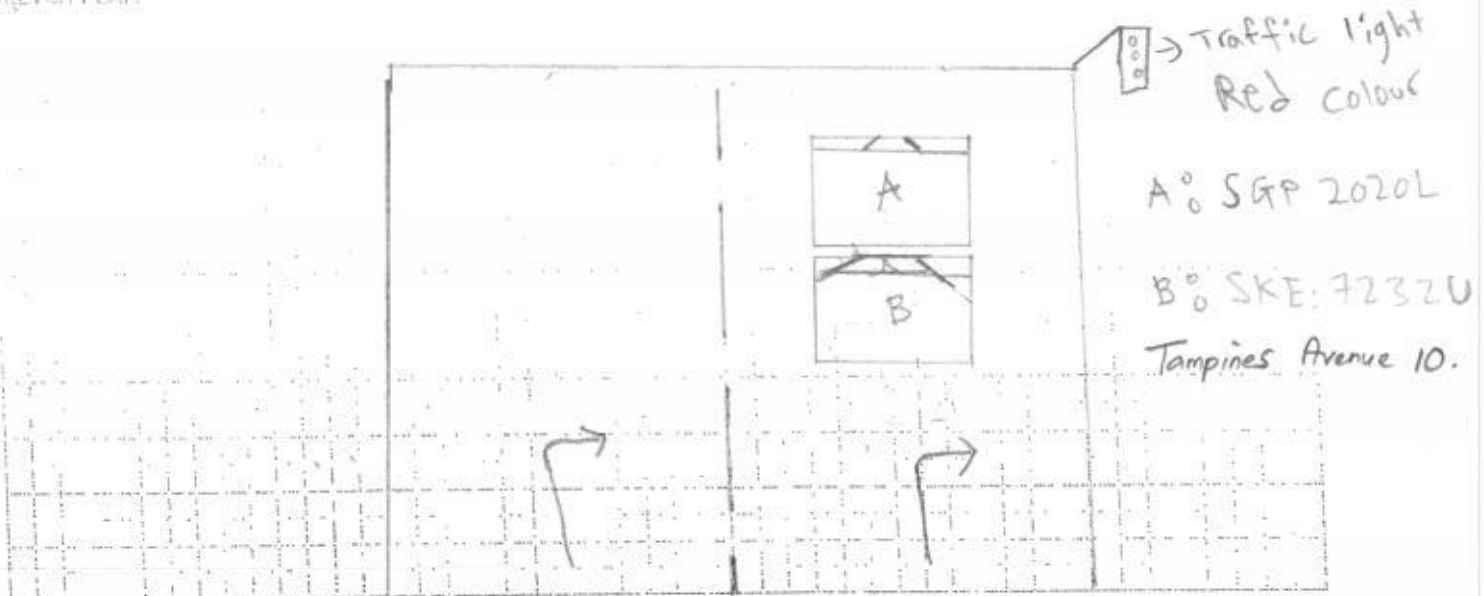
I understand, acknowledge, agree and consent that:

- (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: 17/01/2022

Driver's Signature  
(If Driver is not the policyholder)  
Date: 17/01/2022

Reporting Centre Personnel's Signature  
Name:  
17/01/2022



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report attached  
T/ 20220117 / 7031

DECLARATION

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

*[Signature]*

Driver's Signature  
Date & Time:

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

*[Signature]* 17/01/2022

Witness's Signature & Full Name (If any)  
Date & Time:

I hereby authorize SKE motor pte LTD  
Send my accident report to my workshop





# SINGAPORE POLICE FORCE



T/20220117/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220117/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2022 16:01		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN CHENG HOE			Address: 525A PASIR RIS STREET 51 #02-557 SINGAPORE 511525		
ID Type / ID No.: NRIC NO / S2500377B			Contact No.: Home/Office: Mobile: 96235068		
Nationality: SINGAPORE CITIZEN			Email: PHBMS@YAHOO.COM		
Sex: Male	Age: 63	Date of Birth: 15/05/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sole-Proprietor			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2022 21:10	Type of Location: Straight Road
Location:  TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGP2020L	Car	TOYOTA	Camry 2.0	Silver	Slightly Damaged	0
SKE7232U	Car	TOYOTA	Corolla Altis	Beige	Slightly Damaged	0



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP2020L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ005141	25/11/2021	24/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHENG HOE	ID No.	S2500377B
Related Vehicle	SGP2020L (Car)	Contact No.	96235068
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	16/01/2022	Date	16/01/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKE7232U (Car)	Contact No.	93809542
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 15 Jan 2022 at around 9.10pm, I was driving along Tampines Ave 10, turning right into TPE(Changi). My vehicle was stationary at the right-most lane of the traffic light as the traffic light was red. All of a sudden, I heard a loud bump and my vehicle was knocked in front. Vehicle B SKE7232U hit onto the rear of my stationary vehicle at the traffic light. After the accident, I felt discomfort in my neck and shoulders and consulted doctor, where I was awarded 5 days MC at Mt. Alvernia Hospital.





**SINGAPORE  
POLICE FORCE**



T/20220117/7031

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220117/7031

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
17/01/2022 16:01

Classification Of Case:



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtavernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : TAN CHENG HOE  
ID No. : S2500377B  
Account No. : 0220701779

Receipt No. : 220005136  
Date : 16/01/2022  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	30	EA	10.80
ARCOXIA TAB 120MG	5	EA	19.90
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	52.00
VOREN GEL	1	EA	6.38
Total Charges			112.08
GST @ 7%			7.85
			119.93

Paid:

VISA BY TAN CHENG HOE  
Mode of Payment : VISA

Reference No. : ---

119.93

This is a computer generated official receipt, no signature is required.



Serve all with Love

## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M22000078491

This is to certify that TAN CHENG HOE, S2500377B, is granted Outpatient Sick Leave for 5 day(s) from 16-Jan-2022 to 20-Jan-2022.

Remark : injury

In accordance with the Infectious Disease Act (Chapter 137) under Regulation 2020, patient diagnosed with Acute Respiratory Infection must not leave their place of accommodation within the duration of the medical certificate other than to seek medical attention.

If a swab test is done, patients can leave their place of accommodation once they receive a confirmatory negative result. A negative result on an Antigen Rapid Test (ART) does NOT allow you to leave your place of accommodation. Only the notification of a negative result of a PCR test will do so.

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Mark Chin  
MCR : 108831

24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
Thomson Road  
Singapore 574623  
Tel: 63476210

16/01/2022

Date

VEHICLE NO: SGP2020L

MAKE &amp; MODEL: Toyota Camry

AUTO / MANUAL

DATE OF ACCIDENT	15 / 1 / 2022	2.0 *C.C. (1998cc)
TIME OF ACCIDENT	(21:10) 9.10	AM / PM
LOCATION OF ACCIDENT	Tampines Avenue 10	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Tan Cheng Hoe Email: phbms@yahoo.com	
TELF NO	Mobile: 96235068	Office: Home:
NRIC	S 2500377B	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	Tokio Marine	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	MQ 005141	
NAME OF DRIVER	(AS ABOVE) / IF NO:	
NRIC	S 2500377B	
DATE OF BIRTH	15 / 05 / 1958	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	(MALE) / FEMALE	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	26 / 05 / 1980	
GENDER	Male / Female	
CONTACT NO.	Mobile: 96235068 Office: Home:	
EMAIL	phbms@yahoo.com	
ADDRESS	Blk 525 A # 02-557 Pasir Ris ST 5 / 5/5/5	
DOES DRIVER OWN OTHER VEHICLES?	NO / (If yes) Reg No. INSURER: 511535	
RELATIONSHIP	Employee / If No: Sole - Proprietor	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	No / (If yes) Who? Tan Cheng Hoe	
CONTACT NO.	96235068	
POLICE REPORT	No / (If yes) Where? on line T/20220117/7031	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SKE 7232U Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / 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

## 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.: MQ005141 (Private Car)

1. Index Mark and Registration Number of Vehicle

SGP2020L

Chassis No.: MR053BK5104000435

2. Name of Policyholder

TAN CHENG HOE

3. Effective date of the Commencement of Insurance for the purposes of the Act

25/11/2021 (00:00:00)

4. Date of Expiry of Insurance

24/11/2022

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 No: 2397DDA	
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	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	
Financial Interest:	NIL		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature