

NATIONAL Assessment Centre Services

Date In: 24/01/22	Job description	Date & Time Completed	Done by
Ref No: NM/TM/22-000807/AV2	SAS e-filing		
Veh No: SMQ1066R	E-mail (within 5hrs. AP: 2hrs)		
D.O.A: 22/01/22 1029	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: SLA7090X	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
24/01/22	MOBILE REPORTING M/S SOLUTION

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) NI: 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 30		
	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	24/01/2022 14:49 (SGT)
Date of Accident	22/01/2022 10:29 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TWDS (PIE/ECP)AFT TAMPINES AVE 10 EXIT 9A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1066K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEOW LAY KENG(LIAO LIQING)
NRIC No	SXXXX995A
Email Address	ng@yahoo.com
Mobile Phone No	(Phone) +65-92261183
Alternative Phone No	+65-92261183

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS011566-R02
Cover Note Number	-

DRIVER

Name of Driver	LEOW LAY KENG(LIAO LIQING)
NRIC No	SXXXX995A



Date Of Birth	26/04/1971
Occupation	Outdoor
Date Of Driving Pass	03/01/1989
Driving experience	33 YEARS
Gender	Female
Mobile Number	(Phone) +65-92261183
Alt. Phone Number	+65-92261183
Email Address	ng@yahoo.com
Address	BLK 111 RIVERVALE WALK
Address complement	#09-13
Postcode	540111
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE XIN YING CHARMAINE
Gender	Female

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/20220122/7015

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	SLA7090X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEOW LAY KENG(LIAO LIQING)
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMQ1066K
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE towards (PIE/ECP)

Defu Flyover

B A

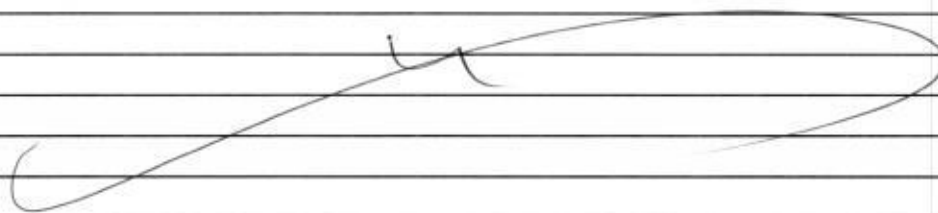
(A) SMQ 1066 K
(B) SLA 7090 X

Describe Circumstances of the Accident

Refer to Police Report

Report No i-

T/20220122/7015



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220122/7015

1 of 4

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

Report No, T/20220122/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2022 13:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEOW LAY KENG			Address: 111 RIVERVALE WALK #09-13 SINGAPORE 540111		
ID Type / ID No.: NRIC NO / S7114995A			Contact No.: Home/Office: Mobile: 92261183		
Nationality: SINGAPORE CITIZEN			Email: NG@YAHOO.COM		
Sex: Female	Age: 50	Date of Birth: 26/04/1971	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: PRIVATE HIRER		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2022 10:30	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SLA7090X	Car					0
SMQ1066K	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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

Report No. T/20220122/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ1066K	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS011566	01/11/2019	31/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	LEE XIN YING CHARMAINE		ID No.	S9812958H
Related Vehicle	SMQ1066K (Car)		Contact No.	NIL
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
Driver				
Name	LEOW LAY KENG		ID No.	S7114995A
Related Vehicle	SMQ1066K (Car)		Contact No.	92261183
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/01/2022		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Serious

Brief Details.

On 22/01/2022 at about 1030 hours at along KPE towards (PIE/ECP) after Tampines Ave 10 Exit 9A. I was travelling on the extreme right lane and my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (b) who hit onto the rear portion of my vehicle (a) causing damages to my vehicle.
I have 05 days MC for my injury.

Vehicles involving in the situation:

- (A) SMQ1066K
- (B) SLA7090X



**SINGAPORE
POLICE FORCE**



T/20220122/7015

3 of 4

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

Report No. T/20220122/7015

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220122/7015

4 of 4

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

Report No. T/20220122/7015

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
22/01/2022 13:58

Classification Of Case:

Date of Accident : 22/1/2011 Accident Time: 10:29 (24-HR-Format)
 Accident Place : at along KPE towards (PTE/ECF) after Tampines
 Vehicle Reg. No. (Car Plate No.) : SMQ 1066K Ave 10 Ext 9A.
 Vehicle Make/Model : TOYOTA COROLLA ALTIS 1.6 GT
 Insurance Company : TOKIO Policy No. 21-MS011566-R02
 Owner or Company Name / IC No. : LEOW LAY KENG / 57114995A
 Owner or Company Contact No. : 9226 1183 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LEOW LAY KENG / 57114995A
 DRIVER'S Date Of Birth : 26-04-1971 DRIVER'S License Pass Date 03-JAN-1989
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : BLK 111 RIVERVALE WALK #09-13 S (540 111)
 DRIVER'S Contact No./ Alt No. : 1) 9226 1183 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : NG@yahoo.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): 2 person only Driver back & neck pain
 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

Other Party Driver's Particular (if any)

(2) Vehicle Reg. No: <u>SLA 7090X</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: _____

passenger (F) LEE XIN YING CHARMINE.

mobile reporting MG solution



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-MS011566-R02 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SMQ1066K **Chassis No.:** MR053REH104556965
2. **Name of Policyholder** LEOW LAY KENG (LIAO LIQING)
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 01/11/2021
4. **Date of Expiry of Insurance** 31/10/2022
5. **Persons or Class of Persons entitled to drive***
The Policyholder
Any person who is driving on the Policyholder's order or with their 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person except for private hire services
- 4) Use for hire or reward except for (3) and rental by the Policyholder.

* 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:** 1208DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,000	
	Excess-Third Party (Sect II)	SGD 1,500	
	Young/Inexperienced Driver	SGD 1,500	(In Addition To Own Damage Claims Excess)
	Windscreen Excess	SGD 100	
Financial Interest:	HONG LEONG FINANCE LTD		



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-MS011566-R02 (Private Motor Car)

- | | | |
|---|-----------------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMQ1066K | Chassis No.: MR053REH104556965 |
| 2. Name of Policyholder | LEOW LAY KENG (LIAO LIQING) | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/11/2021 | |
| 4. Date of Expiry of Insurance | 31/10/2022 | |
| 5. Persons or Class of Persons entitled to drive* | | |

Tokio Marine Insurance Singapore Ltd.

Authorized Signature