

# NATIONAL Assessment Centre Services SN0922230003

Date In: <b>3/2/22</b> <b>11:24</b>	Job description: <b>SAS e-illing</b> <span style="float: right;">Date &amp; Time Completed: <b>✓</b></span>	Done by:
Ref No: <b>NBA/IM/22001030/IT</b>	E-mail (within 3hrs. After 2hrs):	
Veh No: <b>SM091995</b>	I-Motor Claim Form	
DOA: <b>29/01/22</b> <b>14:00</b>	I-Motor W/O (Within 10 hrs. After 10 hrs)	
OD: <b>TP</b> Reporting Only	I-Photo Uploaded	
TP Insurer:	Assessment/Survey Report	
	Ass't Report by Fax / Hand to Owner (Wkst)	

Preferred Wkst / INC Assign Wkst / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SLR9430X</b>	INC ( ) / Non-INC ( )	
Owner / Driver: ( )		Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )	
Confirmed by: ( )		Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est-Claims (WO): 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 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>NIA2200407</b>	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2013)		
	6) TR: Re-Inspection \$75		
	7) NI: Idue DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	9) NI: Idue Mobile		
Auditors' Comments:-	10) NI: Idue Mobile		
Call 1:	11) NI: Idue Mobile		
Call 2/3:	12) NI: Idue Mobile		
	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	03/02/2022 11:24 (SGT)
Date of Accident	29/01/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CIRCULAR ROAD OPEN SPACE CARPARK C0133
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9199B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE JIAN CHENG, ALEX
NRIC No	SXXXX589J
Email Address	ALEXLEE.1802@GMAIL.COM
Mobile Phone No	(Phone) +65-94886823
Alternative Phone No	(Office) +65-94886823

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MT107780-R03
Cover Note Number	-

## DRIVER

Name of Driver	LEE JIAN CHENG, ALEX
NRIC No	SXXXX589J

Date Of Birth	18/02/1988
Occupation	Indoor
Date Of Driving Pass	09/04/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94886823
Alt. Phone Number	(Office) +65-94886823
Email Address	ALEXLEE.1802@GMAIL.COM
Address	BLK 293 PUNGGOL CENTRAL
Address complement	#14-439
Postcode	S820293
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	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)	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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

#### 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	SLR9430X
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

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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;

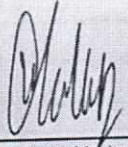
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

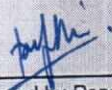
(collectively the "Purposes")

(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.

 29/01/22  
Policyholder's Signature / Date & Time

 29/01/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

### Sketch Plan

	Vehicle A: SMD9199B Vehicle B: SLR9430X Upper Circular Road Open Space Carpark 00133
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


**Describe Circumstances of the Accident**

On 29/01/2022 around 1330hrs, I, vehicle A (SM09199B) was parked at the stated location. At around 1400hrs, I went back to retrieve my vehicle. Vehicle B (SLR9430X) driver came to me and told me that he has collided onto the front left portion of my vehicle while he was reversing.

### Declaration

We declare the foregoing particulars are true in every respect.

 29/01/22

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



Date of Accident : 29/01/2020 Accident Time: 1400hrs (24-HR-FORMAT)  
Accident Place : Upper Circular Road Open Space Carpark C0133  
Vehicle Reg. No (Car plate No.) : SMD 9144B Vehicle Make/Model: Honda Civic  
Insurance Company : Tokio Marine Policy No. 21-MTH80-R03  
Name of Registered Owner : Company / Individual Lee Jian Cheng Alex  
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8804589J  
Co Contact No: - Owner's Contact No: 94886823  
DRIVER'S Name : Lee Jian Cheng Alex DRIVER'S NRIC No: S8804589J  
DRIVER'S Date of Birth : 18 Feb 1988 DRIVER'S License Pass Date: 09 Apr 2010  
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Owner  
DRIVER'S Address : APT B1F 293 Runggol Central #14-439 S (820013)  
DRIVER'S Contact No / Alt No. : 1) 94886823 2) -  
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : alexlee.1802@gmail.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): 0 Passenger Name: \_\_\_\_\_ 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>SIR 9430X</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: 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-MT107780-R03 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SMD9199B **Chassis No.:** MRHFC5650JT001543
2. **Name of Policyholder** LEE JIAN CHENG ALEX (LI JIANCHENG)
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 16/10/2021
4. **Date of Expiry of Insurance** 15/10/2022
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:** E2316DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 1,500
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	MALAYAN BANKING BERHAD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

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