

NATIONAL Assessment Centre Services

Date In: 11/02/2022 15:51	Job description	Date & Time Completed	Done by
Ref No: NA/TMI 22001353/m4	SAS e-filing		
Veh No: SNC 7468 G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/02/2022 22:00	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: SMU 9183G	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 2200364	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			
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:			
	ON:			
	*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 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	11/02/2022 15:51 (SGT)
Date of Accident	09/02/2022 22:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS AFTER CLEMENTI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC7468G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MR KOH CHIN HUAT (XU ZHENFA)
NRIC No	SXXXX617I
Email Address	jacko6606@hotmail.com
Mobile Phone No	(Phone) +65-96666606
Alternative Phone No	+65-96666606

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MM000988-R00
Cover Note Number	-

DRIVER

Name of Driver	MR KOH CHIN HUAT (XU ZHENFA)
NRIC No	SXXXX617I

Date Of Birth	18/04/1975
Occupation	Outdoor
Date Of Driving Pass	20/11/1996
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96666606
Alt. Phone Number	+65-96666606
Email Address	jacko6606@hotmail.com
Address	BLK 274D JURONG WEST AVENUE 3
Address complement	#12-103
Postcode	644274
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	Side Swipe
Weather Conditions	Raining
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?	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT AND POLICE REPORT : D/20220211/7001

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	SMU9183G
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	MR KOH CHIN HUAT (XU ZHENFA)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNC7468G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

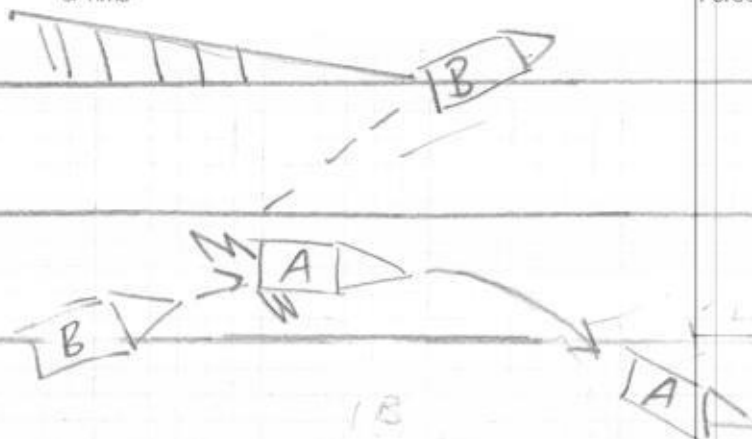
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SNC 7468G

B = Smu 9183G

PIE towards Tuas
after Clementi Exit.



Describe Circumstances of the Accident


On the above date and time of accident I was driving my car on P1e toward tuas just after Clementi Exit I was on the second lane suddenly a car 3MY 91836 lose control of his car skidded and hit onto my car on the rear right side portion due to the impact my car was badly damaged.


— Refer to the police report: D/20220211/7001 —

Declaration

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


1345 hrs. 24/2
10/2/22
Policyholder's Signature / Date & Time


1345 hrs
10/2/22
Driver's Signature (If driver is not the policyholder) / Date & Time


11/02/22
Witnessed by Reporting Centre Personnel



1 of 1

Report No. D/20220211/7001

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 11/02/2022 02:01	Vide Report No.			Station Diary No.
Name Of Informant KOH CHIN HUAT	Address APT BLK 274D JURONG WEST AVENUE 3 #12-103 SINGAPORE 644274			
ID Type / ID No. NRIC NO / S7511617I	Contact No. Home/Office: Mobile: 96666606			
Nationality SINGAPORE CITIZEN	Email Address jacko6606@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Delivery	Male	46	18/04/1975	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/02/2022 21:55 - 09/02/2022 22:00	Location Of Incident PAN ISLAND EXPRESSWAY			

On 09/02/22 2200hrs, I was driving my car on PIE towards Tuas just after Clementi exit. I was on the 2nd lane, suddenly a car SMU9183G lose control of his car skidded and hit onto my car rear right portion. Due to the impact, my car was badly damaged.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2022 02:01
Officer In-Charge Of Case:	Classification Of Case:

VEHICLE NO: 3N67468G	MAKE & MODEL: Toyota Wish	1.798cc
DATE OF ACCIDENT	9 / 2 / 2022	20:00 (1798cc)
TIME OF ACCIDENT	10:00 (20:00) AM / PM	
LOCATION OF ACCIDENT	P1E Toward tuas after Clementi Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Koh Chin Huat (XU ZHENFA)	
EMAIL: jacko6606@hotmail.com	Office:	MOBILE: 96666606
NRIC	S 75116171	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	Tokio Marine	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	21-MM000988-200	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO.	
NRIC		
DATE OF BIRTH	18 / 4 / 1975	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	20 / 11 / 1996	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 96666606	Office: Home:
EMAIL:		
ADDRESS	Blk 274D Jurong West Ave 3 # 12-105 S644274	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No:	
RELATIONSHIP	Employee / <u>If No, Self</u>	
WEATHER CONDITION	Clear / <u>Raining</u> / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / If yes, Who? <u>1 DRIVER (KOH) - slight</u>	
CONTACT NO.		
POLICE REPORT	No / If <u>yes</u>, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SMU9183G	
NAME	Any Passenger:	
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

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: tmls@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-MM000988-R00 (Private Motor Car)

- | | | |
|-----------------------------------------------------------------------------------------|------------------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SNC7468G | Chassis No.: JTDGG20W905003752 |
| 2. Name of Policyholder | MR KOH CHIN HUAT (XU ZHENFA) | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 13/11/2021 | |
| 4. Date of Expiry of Insurance | 16/01/2023 | |
| 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: 0632DDI

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 800
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature