

VEHICLE ASSESSMENT CENTRE SERVICES

20092230004

Date: 25/04/2022 15:44	Description: SVS e-filing	Completed: 100%
Ref No: 1/38/TM/200272/4	E-mail (attach to SVS):	
Ref No: 2V 3483L	i-Motor Claim Form	
Date: 24/03/2022 16:20	i-Motor W/O (attach to SVS)	
Reporting Unit:	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: SMK 1607G	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 or repairer

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-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

NA220788	Invoice Preparation Checklist	And (\$)	And (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$10)	Inc Bill	Acc Bill
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) \$10		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QC:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N4: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	LP (\$111) TP (\$5) & INC against INC \$20		
	9) N12: Idac Mobile		
	Invoice dated	See Charge	
	See Charge	See Charge	

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	25/03/2022 15:44 (SGT)
Date of Accident	24/03/2022 16:20 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3483L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG ZHE
NRIC No	SXXXX847I
Email Address	bensonseow91@gmail.com
Mobile Phone No	(Phone) +65-86936635
Alternative Phone No	+65-96913987

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2494

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MT000859-R03
Cover Note Number	-

DRIVER

Name of Driver	LI NAN
NRIC No	SXXXX294Z

Date Of Birth	02/06/1986
Occupation	Outdoor
Date Of Driving Pass	13/12/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96913987
Alt. Phone Number	-
Email Address	bensonseow91@gmail.com
Address	8 HOUGANG STREET 11 #07-24
Address complement	-
Postcode	534082
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZHANG XINYU
Gender	Female

PASSENGER 2

Name	ZHANG XINKE EVA
Gender	Female

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 SKETCH PLAN

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	SMK1607G
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	LI NAN
Gender	Female
Phone No	(Phone) +65-96912987
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV3483L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHANG XINKE EVA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV3483L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ZHANG XINYU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV3483L
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.

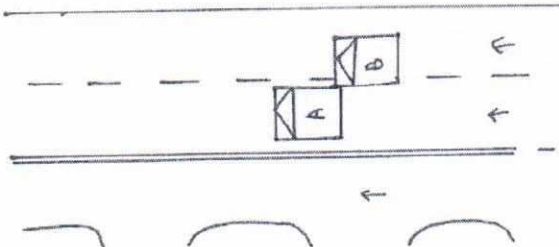
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

braddell Road towards CTE before CTE (City/P1E)



Vehicle A - SLV3483L


Vehicle B - JMK16076


Describe Circumstances of the Accident

on the stated date and time, I, vehicle A (SLV 3463L) was travelling along at the stated location. As I checked my left hand side traffic is clear, I proceed to change to lane 2. As I was on lane 2, my front vehicle came to a stop, I followed suit. Second later, I felt an impact from my rear portion, vehicle B (SMK 16076) from lane 1 collided onto my rear right portion of my vehicle causing damages.

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

 25/08/2022
Witnessed by Reporting Centre Personnel

Date of Accident: 24/03/2022 Accident Time: 16:30hrs (24-HR-FORMAT)

Accident Place: Braddell Road towards CTE before CTE (City/P/E)

Vehicle Reg. No (Car plate No.): SLV 3483 L Vehicle Make/Model: Toyota Vellfire

Insurance Company: Tokio marine Policy No. 21 - MT111859-R03

Name of Registered Owner: Company / Individual Zhang Zhe

ID of Registered Owner: Co Reg No: - Owner's NRIC No: S86748471
Co Contact No: - Owner's Contact No: 8693 6635

DRIVER'S Name: Li Nan DRIVER'S NRIC No: S86792942

DRIVER'S Date of Birth: 02 June 1986 DRIVER'S License Pass Date: 13 Dec 2013

Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -

DRIVER'S Address: 8 Honggang Street 11 #07-24 Singapore 534082

DRIVER'S Contact No./ Alt No: 1) 9691 2907 2) -

DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an office)

Email Address: bensonseow91@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): 03 Passenger Name: Zhang Xin Yu Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: Zhang Xinke Eva Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Li Nan

Injured Name: Zhang Xin Yu

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Zhang Xinke Eva

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMK1607 G</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 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-MT111859-R03 (Private Motor Car)

- | | | |
|--|--|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLV3483L | Chassis No.: AGH300154151 |
| 2. Name of Policyholder | ZHANG ZHE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 28/12/2021 | |
| 4. Date of Expiry of Insurance | 27/12/2022 | |
| 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: 2759DDA

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	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature