

# NATIONAL Assessment Centre Services:

(ver 1 Jan 08)

8109225100005

Date In: 30/05/2022 21:23	Job description	Date & Time Completed	Done by:
Ref No: N/A 22005237	SAS e-filing		
Veh No: 810601P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/05/2022 17:28	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: SMT 6728

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Bst. 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

Invoice Preparation Checklist:

Am (S)

Am (S)

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); R/C (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON\*

\*N3: 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: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

N/A 22005237

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

L 1:

L 2/3:



# 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	30/05/2022 21:23 (SGT)
Date of Accident	29/05/2022 17:25 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK601P
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BONG MING KHIANG
NRIC No	SXXXX403F
Email Address	kenbong82@gmail.com
Mobile Phone No	(Phone) +65-81984335
Alternative Phone No	+65-81984335

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	1496

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	22-MS012612-R02
Cover Note Number	-

### DRIVER

Name of Driver	BONG MING KHIANG
NRIC No	SXXXX403F

Date Of Birth .....	09/04/1982
Occupation .....	Outdoor
Date Of Driving Pass .....	13/11/2007
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81984335
Alt. Phone Number .....	+65-81984335
Email Address .....	kenbong82@gmail.com
Address .....	BLK 524B TAMPINES CEBTRAL 7 #06-61
Address complement .....	-
Postcode .....	522524
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WIFE
Gender .....	Female

#### PASSENGER 2

Name .....	SON
Gender .....	Male

#### PASSENGER 3

Name .....	SON
Gender .....	Male

#### 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	SMT672B
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	BONG MING KHIANG
Gender	Male
Phone No	(Phone) +65-81984335
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK601P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2


Name of injured person	UNKNOWN SON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK601P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



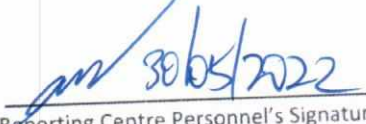
## SKETCH PLAN

### 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:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

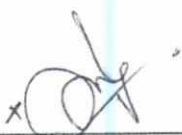
At mentioned Date and Time I  
was driving my vehicle (A) along Tampines  
Ave 10, suddenly I feel a strong impact  
from my rear portions.

A: SJK 601P

B: SMT 672B


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:

 30/05/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 29 / 05 / 2022 (dd/mm/yy)

Time of Accident: 17 : 25 (24-HR-FORMAT)

Vehicle No.: BJK 601P

Vehicle Make & Model: Toyota AXIO

Exact location of Accident: Tampines Ave 10

Policyholder's Name: Bong Ming Khiong

I/C / UEN: 38272403F

Driver's Name / IC No.:

(As Above) ☒

Driver's Contact No.: 8198 4335

Company Contact No (Company Veh Only):

Driver's Address:

Email address: kenbong82@gmail.com

Insurance Company: Tokio Marine

**Relationship between Owner & Driver:** (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle Was being used at time of accident?**

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):** 4

3M 1F

☒ Private use / ☐ Work purpose

Gender: Male / Female \*Passanger

\*Passanger Name:

Gender: Male / Female

Name:

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

**Was there any video captured by your Car Camera?**

☐ Yes / ☐ No

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

**Police Report filed:** ☐ Yes / ☐ No (If YES) Which Police Station:

**The Other Party(s) Details:**

1. Driver's Name / IC No:

Vehicle No: SMT 672B

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any):

Vehicle No:

Driver's Contact No: Insurance Company:

\*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

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.: 22-MS012612-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJK601P Chassis No.: NZE1416095743
2. Name of Policyholder BONG MING KHIANG
3. Effective date of the Commencement of Insurance for the purposes of the Act 02/04/2022
4. Date of Expiry of Insurance 01/04/2023
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: 2324DDA

Insurance Plan: Third Party Cover Only  
Financial Interest: CREATIVE AUTO

Tokio Marine Insurance Singapore Ltd.

Authorised Signature