

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

81095260004

Date In: 13 Oct 2002 17:39	Job description	Date & Time Completed	Done by
Ref No: 1301/M1200587/4	SAS e-filing		
Veh No: SK4 99024	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11 Oct 2002 03:35	i-Motor Claim Form		
OD: (TP) / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

ST 4226R

INC () / Non-INC ()

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Date:

Time:

Confirmed by: (

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	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

NA2201632

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Eng-In-Charge):

Auditors' Comments:

L 1:

L 2 / 3:

Invoice Preparation Checklist		Am (S)	Am (S)
Item	Description	Am (S)	Am (S)
1)	AR: Accident Reporting (\$30);		
2)	DA: Damage Assessment (\$100); INC (\$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)	N1: Idac 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: Idac Mobile \$0		
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


11/6/2022
Policyholder's Signature / Date & Time

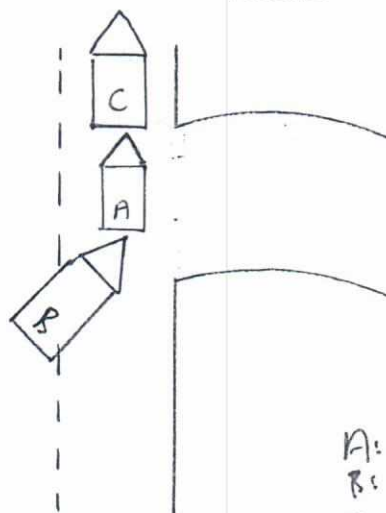
16:20ha

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


13/06/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

BUKIT TIMAH RD (TWO'S LANE BUKIT TIMAH)



A: SKL5902U
B: SJT422GR
C: SLU6617D


Describe Circumstances of the Accident

On the stated date and time, I was travelling along bukit timah road.


I stopped my car behind vehicle C. Suddenly vehicle B hit onto the rear of my vehicle and caused my vehicle to surge forward and hit onto vehicle C.

Declaration

We declare the foregoing particulars are true in every respect.

 19:34
12/6/2022
Policyholder's Signature / Date & Time

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

 13/6/2022
Witnessed by Reporting Centre Personnel

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	13/06/2022 17:39 (SGT)
Date of Accident	11/06/2022 03:35 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BEFORE FOURTH AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9902U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG ZI YANG, STANLEY JAMES (HUANG ZIYANG)
NRIC No	SXXXX104E
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-93687885
Alternative Phone No	+65-93687885

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1395

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	22-MT000490-R04
Cover Note Number	-

DRIVER

Name of Driver	NG ZI YANG, STANLEY JAMES (HUANG ZIYANG)
NRIC No	SXXXX104E

Date Of Birth	04/11/1985
Occupation	Indoor
Date Of Driving Pass	17/08/2005
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93687885
Alt. Phone Number	+65-93687885
Email Address	citizenpower555@gmail.com
Address	5 ENG KONG LANE
Address complement	-
Postcode	599199
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	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	SJT4226R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAREINA LAU
Contact Number	(Phone) +65-97898353
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU6617D
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	NG ZI YANG,STANLEY JAMES (HUANG ZIYANG)
Gender	Male
Phone No	(Phone) +65-93687885
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKL9902U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

VEHICLE NO: SKL99020

MAKE & MODEL: AUDI A4.

AUTO / MANUAL

DATE OF ACCIDENT	11 / 06 / 22.	CC 1.4.	
TIME OF ACCIDENT	0335.	AM / PM	
LOCATION OF ACCIDENT	BUKIT TIMAH RD REF FOURTH AVE.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	N621 YANG, STANLEY JAMES (HUANG ZIYANG).		
EMAIL	CITIZENPOWER555@GMAIL.COM	Office:	MOBILE: 93687885.
NRIC	S8537104E.		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO?		
INSURANCE CO.	TOKIO MARINE		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	22-MT000490-R04		
NAME OF DRIVER	AS ABOVE / IF NO: "		
NRIC	"		
DATE OF BIRTH	04 / 11 / 85.		
ANY PASSENGER	YES / NO: - DRIVER ONLY.		
NAME OF PASSENGER	-		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	17 / 08 / 2005.		
GENDER	Male / Female		
CONTACT NO.	Mobile: "	Office:	Home:
EMAIL	"		
ADDRESS	66 TOH TUCK ROAD, #07-15, S'PORE 596730		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.		INSURER: -
RELATIONSHIP	Employee / If No: SELF.		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If Yes: Who? DRIVER.		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?		
VEHICLE B NO.	SJT 4226 R.	Any Passenger:	1 DRIVER.
NAME	KAREINA LAN		
CONTACT NO.	97898353		
VEHICLE C NO.	SLU 6617 D.	Any Passenger:	1 DRIVER 1 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 / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO.		
**WORKSHOP:			

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: tmsis@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.: 22-MT000490-R04 (Private Motor Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKL9902U | Chassis No.: WAUZZZF40HA165397 |
| 2. Name of Policyholder | MR NG ZI YANG STANLEY | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 14/01/2022 | |
| 4. Date of Expiry of Insurance | 13/01/2023 | |
| 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: 0510DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims
	Windscreen Excess
	SGD 1,500
	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature