

NATIONAL Assessment Centre Services

Date In: 20/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/TM22005840/13	SAS e-filing		
Veh No: SM47434X	E-mail (within 5hrs. A/C 2hrs)		
D.O.A: 19/06/22 0837	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within 012 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: SN648K	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

NA2201702		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) RT : 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	20/06/2022 16:59 (SGT)
Date of Accident	19/06/2022 08:37 (SGT)
Exact Location of Accident	81100 Johor Bahru, Johor, Malaysia
Additional Location Information	EDL HIGHWAY B4 CIQ
Country/State of Loss	Malaysia/Johor Darul Takzim

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7434X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MEDALINE CHONG YI SHAN
NRIC No	SXXXX422E
Email Address	bung_rox@hotmail.com
Mobile Phone No	(Phone) +65-83334424
Alternative Phone No	+65-83334424

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ005441
Cover Note Number	-

DRIVER

Name of Driver	CINDY YAP QINHAN
NRIC No	SXXXX842D

Date Of Birth	22/12/1992
Occupation	Indoor
Date Of Driving Pass	18/03/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92203755
Alt. Phone Number	-
Email Address	bung_rox@hotmail.com
Address	BLK 145 BISHAN ST 11
Address complement	-
Postcode	#04-75
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MEDALINE CHONG YI SHAN
Gender	Female

PASSENGER 2

Name	DAVE KEK JUN QI
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SNG48K
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	CINDY YAP QINHAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMU7434X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MEDALINE CHONG YI SHAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMU7434X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	DAVE KEK JUN QI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMU7434X
Were seat belts worn?	-
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.
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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.

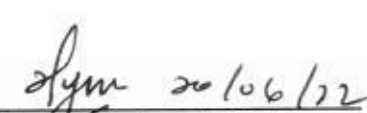
(collectively the "Purposes")

(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.

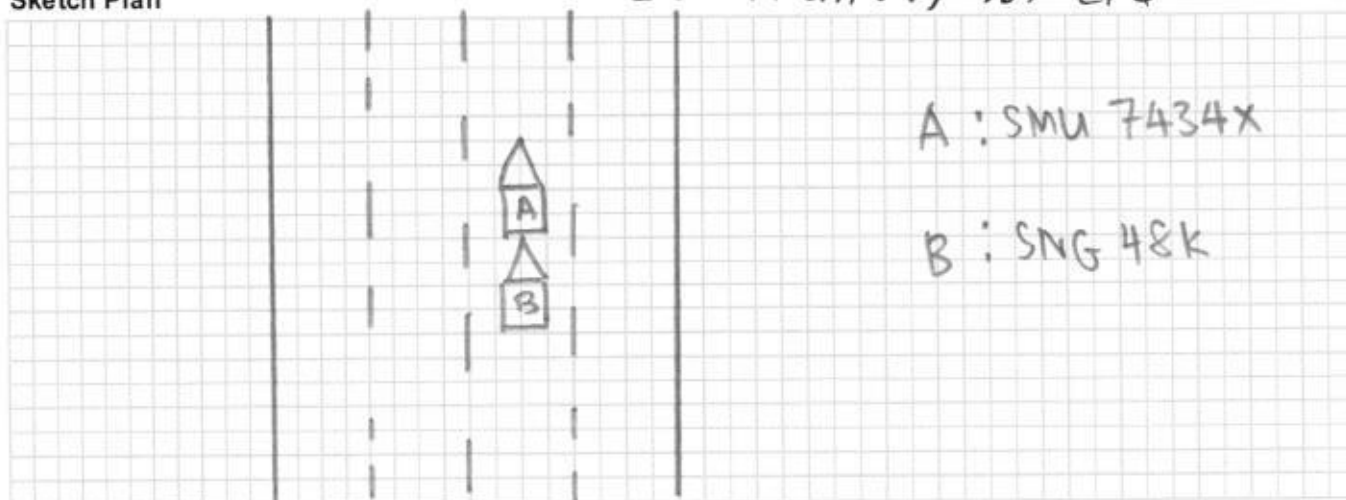

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

EDL HIGHWAY BY CIO



Describe Circumstances of the Accident

before C12

I was stationary at Edlshury A, bearing the number plate (SMU743AX), suddenly I felt a impact from the rear, when I got down, I realised SNG48K hit onto me.

Declaration

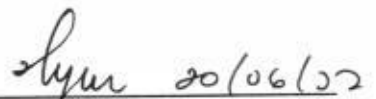
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Date of Accident : 19/06/2022 Accident Time: 8:37 (24-HR-FORMAT)
Accident Place : EDL highway before CIA
Vehicle Reg. No (Car plate No.) : SMU7434X Vehicle Make/Model: Honda fit
Insurance Company : Tokyo Marine Policy No. MQ005441
Name of Registered Owner : Company / Individual Medaline chong Yi shan
ID of Registered Owner : Co Reg No: — Owner's NRIC No: S920542E
: Co Contact No: — Owner's Contact No: 83334424
DRIVER'S Name : Cindy Yap Binhan DRIVER'S NRIC No: S9247842D
DRIVER'S Date of Birth : 22/12/1992 DRIVER'S License Pass Date 18/03/2021
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others
DRIVER'S Address : APT Blk 145 Bishan st 11 #04-75
DRIVER'S Contact No./ Alt No. : 1) 92203755 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : BUNG-ROX@hotmail.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): 3 Name & Gender: Medaline (F), Dave Kels Jun Qi
Was the accident reported to the police? YES \ NO (m)
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes(name of the injured person) Cindy Yap Binhan, Medaline chong Yi shan, Dave Kels Jun Qi

Other Party Driver's Particulars (if any)

Vehicle Reg No: SNG48K	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

Certificate of Insurance

FORM MX1

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.: MQ005441 (Private Car)

- | | | |
|--|--|-------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMU7434X | Chassis No.: GK33415722 |
| 2. Name of Policyholder | MEDALINE CHONG YI SHAN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 28/12/2021 (00:00:00) | |
| 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 No: 1077DD1

Insurance Plan:	Comprehensive Essential		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	GENIE FINANCIAL SERVICES PTE. LTD.		
Additional Terms:	To include workshop CarTimes Autolution Pte Ltd		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature