

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **5109226008**

Date In: 21/06/2022 18:00	Job description	Date & Time Completed	Done by
Ref No: 1/30/11722005899/1	SAS e-filing		
Veh No: 202 MTA	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/06/2022 09:00	I-Motor Claim Form		
OD TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **84C 58294** 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	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	Action

1/1220/718

Statement Particulars:

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

C Checked by (Engr-In-Charge): _____

Auditors Comments: _____

1.1: _____

1.2/3: _____

Invoice Preparation Checklist	Am (S)	Am (B)
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: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
OD*		
*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	Fax Charged	
Invoice dated	Fax 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	21/06/2022 18:00 (SGT)
Date of Accident	20/06/2022 09:30 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	(AFTER EXIT 5)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ7755A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEE CHOON TAT
NRIC No	SXXXX421B
Email Address	xrisxism@gmail.com
Mobile Phone No	(Phone) +65-91146566
Alternative Phone No	+65-91146566

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MQ003459-R00
Cover Note Number	-

DRIVER

Name of Driver	CHEE CHOON TAT
NRIC No	SXXXX421B

Date Of Birth	13/06/1983
Occupation	Indoor
Date Of Driving Pass	13/04/2012
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91146566
Alt. Phone Number	+65-91146566
Email Address	xrisxism@gmail.com
Address	BLK 131 RIVERVALE STREET #07-866
Address complement	-
Postcode	540131
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	DRIZZLING
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOW BAO NYUK
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	SHC5829H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	LAM SEN FOONG
Contact Number	(Phone) +65-97673312
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	CHEE CHOON TAT
Gender	Male
Phone No	(Phone) +65-91146566
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDZ7755A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOW BAO NYUK
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDZ7755A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

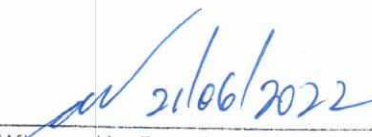
(collectively the "Purposes")

(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

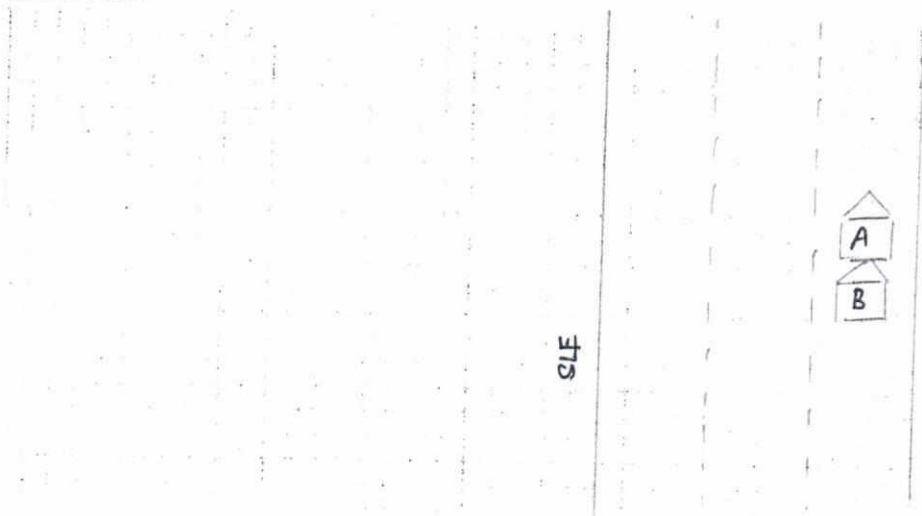
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time


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


21/06/2022
Witnessed by Reporting Centre
Personnel

Sketch Plan



(A) SDZ7755A

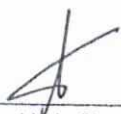
(B) SHC5829H


Describe Circumstances of the Accident

I WAS TRAVELLING ALONG SLE TOWARDS LENTOR AVE,
THE VEHICLE IN FRONT OF MINE SLOWED DOWN AND CAME TO
A STOP. I FOLLOWED TO SLOW DOWN AND STOP.
SUDDENLY, I FELT AN IMPACT FROM THE REAR.
I ALIGHTED AND FOUND MY VEHICLE BEING COLLIDED.
I HAD A PASSENGER WITH ME AT THE TIME OF THE ACCIDENT.
WE BOTH FEEL UNWELL AND WILL VISIT THE CLINIC.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
me


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

 21/06/2022
Witnessed by Reporting Centre
Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 20 / 06 / 2022 (dd/mm/yy)

Time of Accident: 09 : 30 (24-HR-FORMAT)

Vehicle No.: SDZ7755A Vehicle Make & Model / Engine (cc): TOYOTA COROLLA ALTIS Private Hire: (Y / N)

Exact location of Accident: SLE (AFTER EXIT 5)

Policyholder's Name / IC No.: CHEE CHOON TAT S8382421B ROC/UEN (Company):

Driver's Name / IC No.: (As Above) ☒

Driver's Contact No.: 9114 6566 Company Contact No / Owner Contact No:

Driver's Address: BLK 131 RIVERVALE STREET #07-866 SINGAPORE 540131

Owner Email address: KRISXISM@gmail.com. Insurance Company: TOKIO MARINE

Driver Email address:

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

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: LDW BAD NYUK

Gender: Male / Female x()

*Passenger Name: Gender: Male / Female x()

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 Remarks:

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

Injuries Sustain: Injured Person in Which Vehicle: SDZ7755A

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

The Other Party(s) Details:

1. Driver's Name / IC No.: LAM SEN FOONG Vehicle No: SHC5829H

Driver's Contact No: 9767 3312 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:



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-MQ003459-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SDZ7755A **Chassis No.:** MR053ZEE106109008
2. **Name of Policyholder** CHEE CHOON TAT
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 05/08/2022
4. **Date of Expiry of Insurance** 29/11/2022
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: 3244DDA

Insurance Plan:	Comprehensive Essential
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100
Financial Interest:	RICARDO CARS PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature