

NATIONAL Assessment Centre Services:

(ver 1 Jan 2003)

SK0922740003

Date In: 04/07/2022 11:23	Job description	Date & Time Completed	Done by
Ref No: N3H/KM122006320/4	SAS e-filing		
Veh No: SLT 2517R	E-mail (within 6hrs, AIC 2hrs)		
D.O.A: 02/07/2022 12:39	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: 985 185H	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

NA2201818

Statement Particulars:	Invoice Preparation Checklist:	Am (S)	Est (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
t. 1:	For claiming against INC Only (ver 10 Jan 2003)		
t. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N4: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Twin INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	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	04/07/2022 11:23 (SGT)
Reported by	Both
Date of Accident	02/07/2022 12:39 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE, PIE (CHANGI) ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2517R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH LAY HOON
NRIC No	SXXXX225J
Email Address	skohlh@yahoo.com
Mobile Phone No	(Phone) +65-90670253
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	21-MU010824-R03

DRIVER

Name of Driver	KOH ZI YANG
NRIC No	SXXXX588A
Date Of Birth	02/07/1999
Occupation	Indoor

Date Of Driving Pass	03/08/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83283512
Alt. Phone Number	-
Email Address	yxngyxng99@gmail.com
Address	BLK 473 SEGAR ROAD #05-314
Address complement	-
Postcode	670473
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	NEPHEW
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHEN HUANGYU
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1185H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	EDDIE NG
Contact Number	(Phone) +65-91181761
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	KOH ZI YANG
Gender	Male
Phone No	(Phone) +65-93281366
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLT2517R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEN HUANGYU
Gender	Female
Phone No	(Phone) +65-93281366
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLT2517R
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 Authorized 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.
- (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
2/7/2022

Driver's Signature (if driver is not the policyholder) / Date & Time
CTE TOWARDS

Witnessed by Reporting Centre Personnel
PR (CHANG) 6/7/2022

Sketch Plan



Vehicle A - SLT 2517R

Vehicle B - GBG 1185H

Describe Circumstances of the Accident

My vehicle was stationary suddenly I felt an impact on my rear portion. vehicle B fail to stop and hit onto my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

On 2/2/2022
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

on 02/02/2022
Witnessed by Reporting Centre Personnel

VEHICLE NO: SLT 2517R

MAKE & MODEL : HONDA VEZEL

AUTO/MANUAL

DATE OF ACCIDENT	02 / 07 / 2022		C.C. 1498
TIME OF ACCIDENT	1239 AM / (PM)		
LOCATION OF ACCIDENT	CTE TWO S AYE PIE (CHANGI) ENTRANCE		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	KOH LAY HOON		
EMAIL: SKOHLH @ YAHOO.COM	NRIC	Office:	MOBILE: 9067 0353
CLAIM TYPE	570322253		
FLEET POLICY	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
INSURANCE CO.	YES / NO?		
TYPE OF COVERAGE	TOKIO MARINE		
POLICY NO.	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
NAME OF DRIVER	21-M4010824-203		
NRIC	AS ABOVE / IF NO: KOH ZI YANG		
DATE OF BIRTH	59920588A		
ANY PASSENGER	02 / 07 / 1999		
NAME OF PASSENGER	<u>YES</u> / NO: 01		
GENDER OF PASSENGER	CHEN HUANGYU (93281366)		
OCCUPATION	MALE / <u>FEMALE</u>		
DATE OF DRIVING PASS	Outdoor / <u>Indoor</u>		
GENDER	03 / 08 / 2018		
CONTACT NO.	<u>Male</u> / Female		
EMAIL:	Mobile: 83283512		Office:
ADDRESS	YXNG YXNG 79 @ gmail - com		Home:
DOES DRIVER OWN OTHER VEHICLES?	BLK 473 SEGAR ROAD #05-314 S(670473)		
RELATIONSHIP	<u>NO</u> / If yes: Reg No.		INSURER:
WEATHER CONDITION	Employee / If No:		
ROAD SURFACE	<u>Clear</u> / Raining / Other:		
ANY INJURIES	<u>Dry</u> / Wet / Other:		
CONTACT NO.	No / If yes: Who? KOH ZI YANG		
POLICE REPORT	83283512		
NOTICE OF INTENDED PROSECUTION GIVEN?	CHEN HUANGYU		
VEHICLE B NO.	93281366		
NAME	NO/IF YES: WHO?		
CONTACT NO.	Any Passenger: 0		
VEHICLE C NO.	6661185H		
VEHICLE D NO.	EDDIE NG		
VEHICLE E NO.	91181761		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS	Any Passenger:		
WITNESS CONTACT NO.	Any Passenger:		
WAS THERE ANY VIDEO CAPTURE?	Any Passenger:		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
**WORKSHOP:	YES / <u>NO</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		

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 4255 / (65) 6221 0895 E: tmis@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-MU010824-R03 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLT2517R **Chassis No.:** JHMRU1810GX203081
2. **Name of Policyholder** MS KOH LAY HOON
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 24/10/2021
4. **Date of Expiry of Insurance** 23/10/2022
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 93 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: E2316DDA

Insurance Plan: Comprehensive Approved Workshop Plan
Limit for total loss or theft: Prevailing Market Value
Policy Excess: Own Damage Claims SGD 600
Windscreen Excess SGD 100
Financial Interest: UNITED OVERSEAS BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Only

Printed 30/09/2021



List of Approved Workshops (With 24 Hours Towing Service)
24-hour Hotline - 1800 225 8647 (In Singapore)
- +65 6225 8647 (In Malaysia/Thailand)

Zone	Area	Name of Workshop	Address	Contact No.
	Ang Mo Kio	An Lim Motor Company	No. 10 Ang Mo Kio Ind Park 2A, #01-09 AMK Autopark, S1508947	Tel: 6482 1241 Towing: 6221 1420
		Cheng Hoe Motor Service	No. 10 Ang Mo Kio Ind Park 2A, #01-04 AMK Autopark, S1508947	Tel: 6481 9501 Towing: 6481 2001
	Alexandra	Kah Motor Co. Sdn Bhd (For Honda Models Sold by Kah Motor East Asia, Honda Parallel Import Vehicles)	250 Alexandra Road, S1590371	Tel: 6441 3638 Towing: 6441 2828
	Long Kee	TU Automobile Pte Ltd (Long Kee Centre) Nissan & Subaru Models only excluding Parallel Imports	25 Long Kee Road, S1500971	Tel: 6703051 Towing: 6848 1100
	Marine Drive	Marine Drive Motor Centre Pte Ltd	1001 Marine Drive, S1090070	Tel: 67119642