

# NATIONAL Assessment Centre Services

Date In: 10/08/22	Job description	Date & Time Completed	Done by
Ref No: NATME22007568/3	SAS e-filing		
Veh No: SM69284	E-mail (within 2hrs. AD: 2hrs)		
DOA: 25/07/22 2100	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within OD 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: 52C82907	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

NAT2203111		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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:-			
		OD*			
		*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 \$10			
		Invoice date:		Fee Charges	

## 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 Actual 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	10/08/2022 11:03 (SGT)
Reported by	Both
Date of Accident	25/07/2022 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	B99M MSCP BLK 807 CHAI CHEE RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG928H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH KA YIN
NRIC No	SXXXX361C
Email Address	soon1729@gmail.com
Mobile Phone No	(Phone) +65-91780873
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cr-v
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	20-MR005586-R00

#### DRIVER

Name of Driver	LOH KA YIN
NRIC No	SXXXX361C
Date Of Birth	08/08/1968
Occupation	Indoor

Date Of Driving Pass	19/07/1995
Driving experience	27 YEARS
Gender	Female
Mobile Number	(Phone) +65-91780873
Alt. Phone Number	-
Email Address	soon1729@gmail.com
Address	BLK 1 CHAI CHEE RD
Address complement	#02-200
Postcode	461001
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC8290T
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)	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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

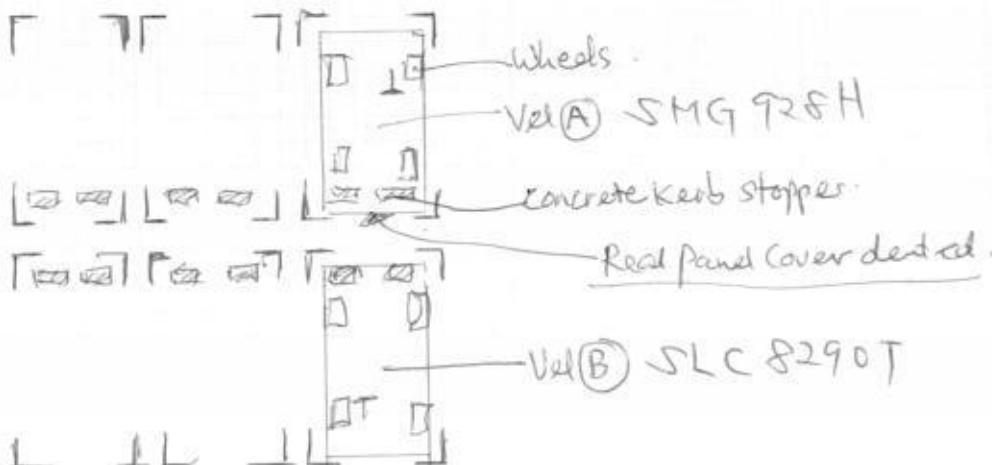
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 10/08/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

On 25 July 2022, at about 9pm, I was & about to start the car going to jogging, but found a piece of paper was put on my car front windscreen, telling us that their car SLC 8290 T has knock onto our car SMC 928H rear panel.


Location:

B99m (Multi Storey Car Park)


Blk 807, Chai Chee Road

### 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

 10/08/22  
Witnessed by Reporting Centre Personnel

We kissed your car by  
accident. pls contact  
me at 9769 2795.

Thank

VEHICLE NO: SMG 928H		MAKE & MODEL: Honda CRV 1.5 Turbo <u>AUTO</u> / MANUAL 10/08/12	
DATE OF ACCIDENT	25 / 7 / 2022 1498 CC.		
TIME OF ACCIDENT	9.00 AM / (PM)		
LOCATION OF ACCIDENT	B99M (Multi-storey car park) B4C807		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE Chai Chee Road		
NAME OF OWNER	LOH KA YIN		
EMAIL	50071729@gmail.com Office: 91780873 MOBILE:		
NRIC	S6830361C		
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.	20-MR005586-R00		
NAME OF DRIVER	AS ABOVE / IF NO. LOH KA YIN		
NRIC	S6830361C		
DATE OF BIRTH	8 / 8 / 1968		
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / (FEMALE)		
OCCUPATION	Outdoor / (Indoor)		
DATE OF DRIVING PASS	19 / 7 / 1995		
GENDER	Male / (Female)		
CONTACT NO.	Mobile: 91780873 Office: Home:		
EMAIL	50071729@gmail.com		
ADDRESS	Blk 1 Chai Chee Road #02-200 Singapore 461001		
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No.		INSURER.
RELATIONSHIP	Employee / If No.		
WEATHER CONDITION	(Clear) / Raining / Other:		
ROAD SURFACE	(Dry) / Wet / Other:		
ANY INJURIES	No / If yes, Who?		
CONVEYED BY AMBULANCE	No / If yes, Who?		
POLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?		
VEHICLE B NO.	5LC8290T Any Passenger:		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any 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		
<b>**WORKSHOP:</b>			
Have you been approach by unknown person soliciting (s) /			
offering accident claims assistance?			
YES / NO			

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg. No.: M2-0000023-4)

20 Malacca 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.:** 20-MR005586-R00 (Private Motor Car 24 Months)

- |   |  |                                       |
|---|--|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | SMG928H  | <b>Chassis No.:</b> MRHRW1860KP000033 |
| <b>2. Name of Policyholder</b>  | LOH KA YIN   |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 23/10/2020   |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 22/10/2022   |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                              | (a) The Policyholder.<br>(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:** E2316DDA

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

Tokio Marine Insurance Singapore Ltd.

Authorised Signature