

# NATIONAL Assessment Centre Services:

(wef 1 Jan 2008)

NA09228J0008

Date lit: 19/08/2022 12:57  
Ref No: NPA/IM122007944  
Veh No: SKT 108 M  
D.O.A: 18/08/2022 19:25

OD: TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

885 6029E

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:

(If C.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

NA2202204

Statement Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

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

Architect's Comments:

1.1:

1.2/3:

## Invoice Preparation Checklist:

- 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) PT: 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:
- 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 (Inc & INC) against INC \$20
- 9) N12: Idao 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 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	19/08/2022 12:37 (SGT)
Reported by	Driver
Date of Accident	18/08/2022 19:25 (SGT)
Exact Location of Accident	Joo Chiat PI, Singapore
Additional Location Information	(OPPOSITE JK CENTRE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT108M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN TUAN LEE
NRIC No	SXXXX418Z
Email Address	vinleong8@gmail.com
Mobile Phone No	(Phone) +65-96613872
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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	1991

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ003467-R01

### DRIVER

Name of Driver	LEONG WAI LEONG
NRIC No	SXXXX007E
Date Of Birth	20/07/1962
Occupation	Indoor

Date Of Driving Pass	02/03/1982
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97550389
Alt. Phone Number	-
Email Address	vinleong8@gmail.com
Address	467 EAST COAST ROAD
Address complement	-
Postcode	429040
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	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	TAN TUAN LEE
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	SBS6029E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	SUN LIANDE
NRIC No	SXXXX470I
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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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

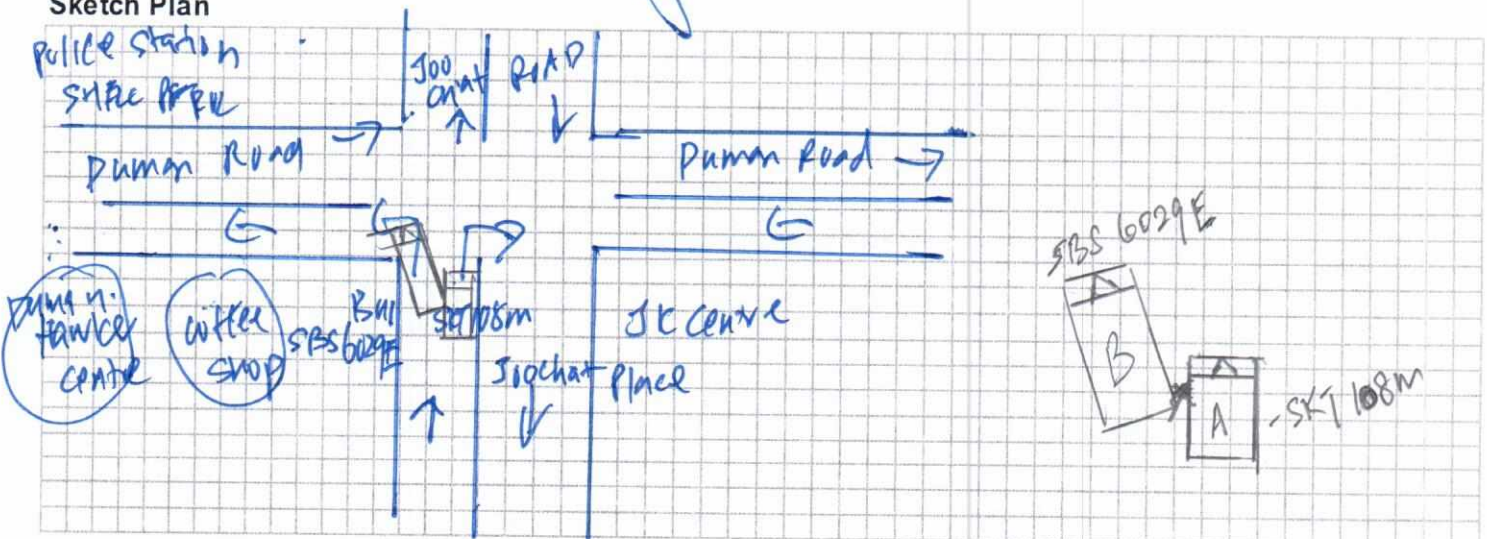
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





### Describe Circumstances of the Accident

My name is Leung Wai Leung S1535607E. I was driving home with my wife on 18/8/22 Thursday @ 7:25pm at Joo Choo Place opposite JK Centre (Grant Supermarket)


The bus No 16, SBS 6029E turned right and hit my left side mirror and scratches at 7:25pm. I immediately chased after driver Sun Hingde IC S27224761 at Drimen Hawer Centre. He claimed he did not know my wife madam Tan Tuan Lee S16354182 was left passenger. He almost hit my left side if I have not moved to the right to avoid the side accident

I cannot now use the left mirror for my driving my dash board system is out of time.

I think the SBS driver was irresponsible rushing and not stopping after the accident.


### Declaration

We declare the foregoing particulars are true in every respect.

 19/8/22

Policyholder's Signature / Date & Time

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

 19/8/2022  
Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: ( / / ) (DD/MM/YYYY), TIME: ( : ) (HH:MM)

LOCATION: Joo chiat Place opposite JK centre.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT 108 M  
 b) INSURANCE COMPANY: LIBERTY TUKIA MARIE  
 c) POLICY NUMBER: 7.28 PM  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MBZ GLC 250  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: TAN TIAN LEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S16354182 CONTACT: 96613872  
 c) ADDRESS: 467 EAST WIND ROAD S16290407

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LEONG WAI LEUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1550072 CONTACT: 91550389  
 c) ADDRESS: 407 EAST WIND ROAD S16290407

\* d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY ROAD

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NO INJURY

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBS 6029E MODEL: MBZ  
 b) DRIVER'S NAME: S27224701  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBS 6029E MODEL: MBZ  
 b) DRIVER'S NAME: SAN LIANDE  
 c) NRIC/FIN/PASSPORT: S27224701 CONTACT:

email: =

VIDEO



**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

**TOKIO MARINE**  
INSURANCE GROUP

FORM MX1

A member of the  
Tokio Marine Group**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-MQ003467-R01 (Private Motor Car)**1. Index Mark and Registration Number of Vehicle** SKT108M**Chassis No.:** WDC2533462F155394**2. Name of Policyholder** TAN TUAN LEE**3. Effective date of the Commencement of Insurance for the purposes of the Act** 10/08/2022**4. Date of Expiry of Insurance** 09/08/2023**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**

<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 1,000
	Windscreen Excess SGD 100

**Account:** 2348DDA**Tokio Marine Insurance Singapore Ltd.****Authorised Signature****User Name:** TMIS Direct from TM Onli**Printed** 15/07/2022