

NATIONAL Assessment Centre Services

Date In 26/10/22	Job description	Date & Time Completed	Done by
Ref No NM/TML 22010615/AS	SAS e-filing		
Veh No SKN5757m	E-mail (within 8hrs, M-F 2hrs)		
DOA 25/10/22 1010	i-Motor Claim Form		
OD (1) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMY 484B	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
	Mobile Reporting ySk Auto Workshop

NA2203005	NA2203015	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) iT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR : Re-inspection \$75		
		7) NI : 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		

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	26/10/2022 14:45 (SGT)
Reported by	Driver
Date of Accident	25/10/2022 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH AVE 3 TURNING RIGHT TOWARDS BEDOK NORTH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5757M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAI CHENG CHEA
NRIC No	SXXXX448G
Email Address	MAILKRISTY@GMAIL.COM
Mobile Phone No	(Phone) +65-93377052
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP000707

DRIVER

Name of Driver	KRISTY SONG QIUTING
NRIC No	SXXXX578A

Occupation	Indoor
Date Of Driving Pass	01/01/2003
Driving experience	19 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93377052
Alt. Phone Number	-
Email Address	MAILKRISTY@GMAIL.COM
Address	221C BEDOK CENTRAL #07-92
Address complement	-
Postcode	463221
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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)	1
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

REFER TO REPORT

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	SMY484B
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

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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.

6. 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.

-Chai

R-10

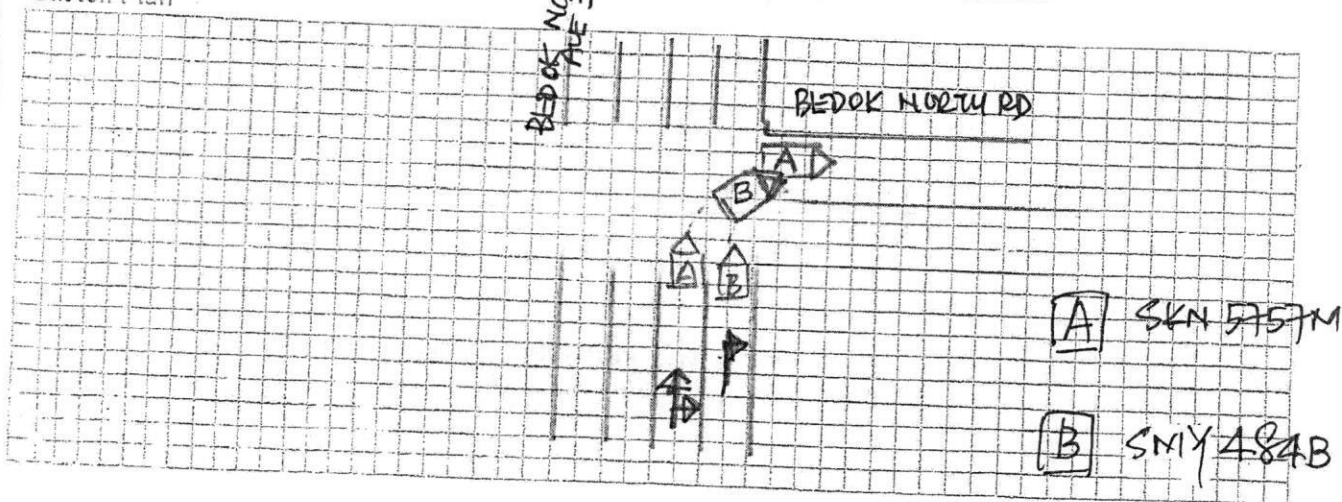
26/10

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

I WAS DRIVING ALONG BEDOK NORTH AVE 3
TURNING RIGHT INTO BEDOK NORTH RD. ON MY
RIGHT HAND A VEHICLE SUDDENLY RAMMED INTO
THE RIGHT BACK DOOR, DENTING IN THE ^{ENTIRE DOOR.} ~~SIDE~~.
I WAS IN MY OWN LANE WHILE TURNING.
THE OTHER VEHICLE HIT WITH GREAT IMPACT,
THERE WERE NO INJURIES TO BOTH PARTIES.
VEHICLE B HAD LIGHT SCRUFFS OF THE PAINT
ON ITS FRONT LEFT SIDE.

Declaration

We declare the foregoing particulars are true in every respect.

Chai

Policyholder's Signature / Date &
Time

VRP

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

26/10

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 25/10/2022 (DD/MM/YYYY), TIME: (10:10) (HH:MM) AM

LOCATION: BEDOK NORTH AVE 3 TURNING RIGHT INTO

BEDOK NORTH RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 5757M
 b) INSURANCE COMPANY: TOKIO MARINE
 c) POLICY NUMBER: MP000707
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: AUDI A3 1.4T
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: CHAI CHENG CHEA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2537448G CONTACT: 93377052
 c) ADDRESS: 63A LORONG N TELOK KURAU
SINGAPORE 425201

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: KRISTY SONG QUTING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8130578A CONTACT: 93377052
 c) ADDRESS: BIK 221C BEDOK CENTRAL #07-92
S463221

*d) DATE OF BIRTH: (18/09/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19 YEARS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

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

b) ROAD SURFACE: (DRY) WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMY484B MODEL: TOYOTA
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

Email = Mailkristy@gmail.com

Fax = _____

Video = _____

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 193300149P537 Reg. No. M2-000027-01

20 McClure Street #08-01 Tokio Marine Centre Singapore 089046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0825 E: tms@tokiomarine.com.sg W: www.tokiomarine.com

Approved by the
Singapore Insurance Commission

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.: MP000707 (Private Car)
- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKN5757M | Chassis No.: WALUZZSV3E1028035 |
| 2. Name of Policyholder | CHAI CHENG CHEA | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 31/03/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 30/03/2023 | |
| 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 revocation 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 65 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy in which this Certificate relates is issued in accordance with the provisions 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 whatever reason, you must return this 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION		Account No. 246500A	
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess: SGD 800.00)
	Additional Excess for Unlicensed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Drivers	SGD 3,600.00	
	Windscreen Excess	SGD 100.00	
Financial Interest:	DBS BANK LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature