

NATIONAL Assessment Centre Services (M111111) **SA/0922A Road P**

Date Recd: 27/10/2022 17:53	Job description	Date & Time Completed	Done by
Ref No: NBA/7M7220/0648/Y	SAS e-Milling		
Val No: SME 9812E	E-mail (with Hdr, A.C. Inst)		
D.O.A: 26/10/2022 19:10	I-Motor Claim Form		
CC: 0 - Reporting Only	I-Motor W/O (with e-claim, etc.)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner / Other		

Preferred Wksp / INC Assgn Wksp / QW: Tel: Fax:

TP Particulars: Yell No: **FBT 6307Y** INC () / Non-INC ()

Owner / Driver: Tel: Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Ins -> Driver Liability: () (Note: Hdr Status (WC) M 0-20%, P 21-70%, 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.

Driver-In: () Towed-In: () Invoice: YES () / NO () Towing Cost: ()

Remarks: () (INC Hotline: 0758 0010) Date/Time Completed: () Done by: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) CO Check / Post Repair Inspection ()

3) Upload Recovery Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Turn: ()

NA2203016

Important Particulars: ()

Owner/Driver: ()

Contact No: ()

Assessed Particulars: ()

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

Comments: ()

Invoice Preparation Checklist:

1) All Accident Particulars (50%)

2) DA - Damage Assessment (50%) INC (50%)

3) TP - Towing Fee (50%)

4) TP - Towing Through Survey (50%)

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	27/10/2022 17:53 (SGT)
Reported by	Both
Date of Accident	26/10/2022 19:10 (SGT)
Exact Location of Accident	Woodlands Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9872E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH LAY CHYE
NRIC No	SXXXX919G
Email Address	skykathaze@gmail.com
Mobile Phone No	(Phone) +65-96484475
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MS011646-R02

DRIVER

Name of Driver	SOH PEI MIN
NRIC No	SXXXX418Z
Date Of Birth	27/11/1982
Occupation	Indoor

Date Of Driving Pass	22/04/2022
Driving experience	6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93696841
Alt. Phone Number	-
Email Address	skykathaze@gmail.com
Address	100 BEDOK NORTH AVENUE 4 #08-1924
Address complement	-
Postcode	460100
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	Side Swipe
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?	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	HAZE SIE RUI YAN
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	FBT6307Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

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

A member of the
Tokio Marine GroupTOKIO 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-MS011646-R02 (Private Motor Car)

- | | | |
|---|--------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMF9872E | Chassis No.: JN1TAAE12Z0982411 |
| 2. Name of Policyholder | SOH LAY CHYE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/11/2021 | |
| 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: 2787DDA

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

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 20/10/2021

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 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.

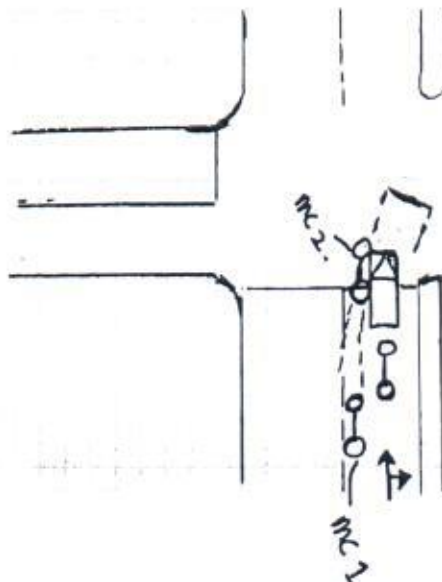

Policyholder's Signature / Date & Time


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

 27/10/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLANDS AVE 4



A - SMF9872E
B(MC) - FBT 6307Y

Describe Circumstances of the Accident

ON THE STATED TIME AND DATE, I WAS TRAVELLING IN MY VEHICLE A BEARING SMF 9872E. I STOP AT THE TRAFFIC JUNCTION BECAUSE A BIKE INFRONT WAS BLOCKING ME. AS HE MOVE OFF, I LOOK LEFT AND RIGHT, TRAFFIC WAS CLEAR HENCE I MOVED STRAIGHT AND CONTINUED MY JOURNEY. SUDDENLY A BIKE BEARING FBT 6307 Y OVERTAKE MY VEHICLE FROM THE LEFT TO TURN RIGHT AT THE JUNCTION. THERE WAS ABSOLUTELY NO TIME FOR ME TO BRAKE OR AVOID, HENCE COLLIDING ONTO MY VEHICLE. I WISH TO STATE THAT THE LANE I WAS IN IS ALLOWED TO GO STRAIGHT AND TURN RIGHT.

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



Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING

M

Accident Date: (26 / 10 / 2022) (DD/MM/YYYY)

Time: (19 : 10) (HH:MM)

Location: WOODKINDS AVE 4

1. Accident Details

- Type Of Accident: had to side
- Weather Condition: (Clear / Raining / Others: DRIZZLING)
- Road Surface: (Dry / Wet / Others: _____)
- Are You Claiming Under Your Own Insurance? (Yes / NO)
If No, Please State: (Third Party Claim / Reporting Only)
- Was Any Foreign Vehicle Involved In An Accident? (Yes / NO)
If Yes, Please State Vehicle No: _____
- Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / NO)
- Was The Accident Reported To The Police? (Yes / NO)
If Yes, Police Station Name: _____
- Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- Vehicle Registration No: SME 9872E
- Vehicle Category: Private
- Vehicle Manufacturer: NISSAN Vehicle Model: NOTE 1.2
- Transmission: Manual / Auto CC: 1198
- No. Of Passengers (Including Driver) 3
Passenger Name: HAZE SIE RUI YAN (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- Handling Insurer: TOKIO MARINE (22-MS011646-R03)
- Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- Fleet Policy? (Yes / NO)
- Owner Name: SOH LAY CHYE (Female / Male)
- ID Type: S0577919G (UEN / NRIC / Passport Or Fin / Work Permit)
- Email: SKYKATHAZE @ GMAIL.COM Mobile: 96484475
- Alt No. Type: (Home / Office / Not In List) : _____

4. Driver's Information

- Is The Driver The Policyholder? (Yes / NO)
- Driver Name: SOH PEI MIN (Female / Male)
- ID Type: S8240418Z (UEN / NRIC / Passport Or Fin / Work Permit)
- Date Of Birth: 27.11.1982
- Driving Pass Date: 22.04.2022
- Email: SKYKATHAZE @ GMAIL.COM Mobile: 9369 6841
- Address: 100 BEDOK; NORTH AVE 4 #08-1924
- Postal Code: 460100
- Occupation: (Indoor / Outdoor)
- Driver Owner Relationship: Father / Daughter Does Driver Own Other Vehicles: (Yes / NO)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: FT 6307 Y

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)