

NATIONAL Assessment Centre Services

Date In: 11/11/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/TM122011330/a4	E-mail (within 8hrs, MP 2hrs)		
Veh No: SND 9093K	i-Motor Claim Form		
DOA: 10/11/2022 2046	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP Reporting Only	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: Unknown	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

NA2203178

Invoice Preparation Checklist

Amnt (\$)
1st Bill

Amnt (\$)
Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$30)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- 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:-
- ON*
- *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 30

Invoice date:

Invoice dated

Fee Charged

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	11/11/2022 14:53 (SGT)
Reported by	Both
Date of Accident	10/11/2022 20:46 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TOWARDS PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND9093K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NGAU SENG KHENG
NRIC No	SXXXX787B
Email Address	JULIE@DREAMAPPS.COM
Mobile Phone No	(Phone) +65-92483311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MP000319-R00

DRIVER

Name of Driver	NGAU SENG KHENG
NRIC No	SXXXX787B
Date Of Birth	14/07/1965
Occupation	Indoor

Date Of Driving Pass	04/09/1984
Driving experience	38 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92483311
Alt. Phone Number	-
Email Address	JULIE@DREAMAPPS.COM
Address	BLK 120 YISHUN RING ROAD #02-433
Address complement	-
Postcode	760120
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	Side Swipe
Weather Conditions	Clear
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)	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

PLEASE REFER TO ATTACHED 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	FOO YONG JIE
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

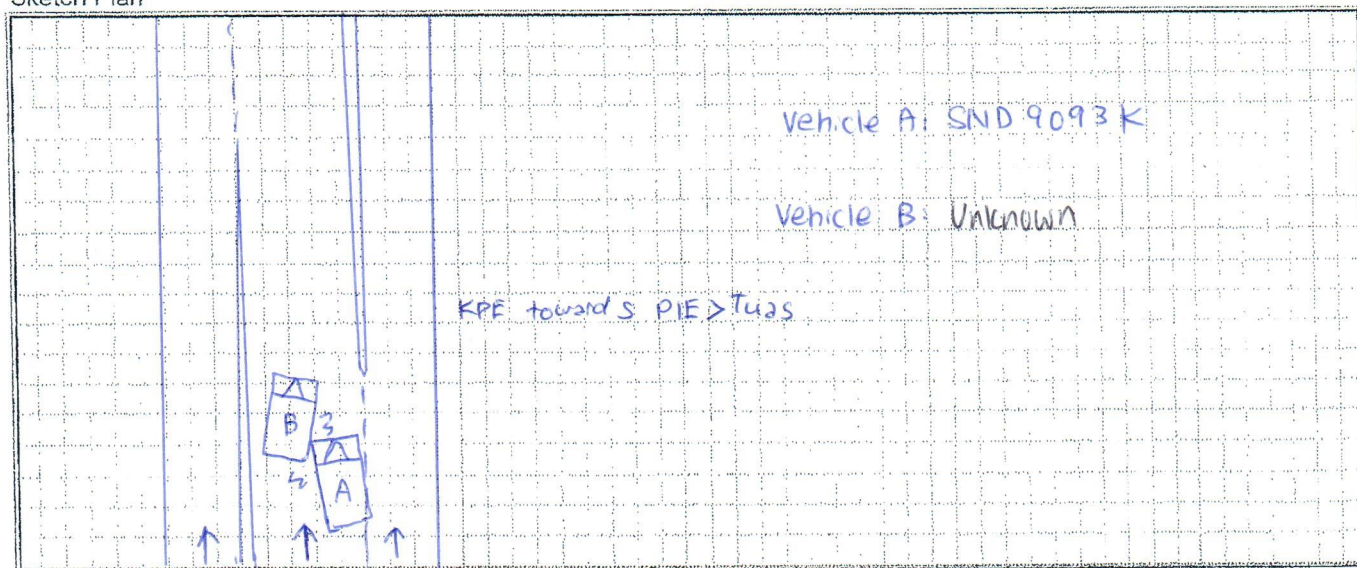
Policyholder's Signature / Date & Time

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

11/11/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was driving on the right lane of a 2 lane road. As I need to filter to the left lane, I turn on my left signal light and filter left slowly as the traffic was clear. When I was almost in the left lane, a veh driving at a very fast speed overtook my veh from the left road chevron and hit onto my veh left front portion.

Declaration

I/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

 11/11/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: <u>SND9093K</u>	MAKE & MODEL <u>Honda Jazz</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT:	<u>10 / 11 / 2022</u>	CC: <u>1-5</u>
TIME OF ACCIDENT:	<u>2046</u> HRS	
LOCATION OF ACCIDENT:	<u>KPE towards PIE, towards tuas</u>	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER:	<u>Ngau Seng Kheng</u>	
TEL NO:	H/P: <u>9248 3311</u>	OFFICE: HOME:
NRIC:	<u>S1718787B</u>	
ADDRESS:	<u>Apt BIK 120 Yishun Ring Road #02-433 S760120</u>	
EMAIL:	<u>JULIE@DREAMAPPS.COM</u>	
CLAIM TYPE:	OD / THIRD PARTY / <u>REPORTING ONLY</u>	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE COMPANY:	<u>Tokio Marine</u>	
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO:	<u>22-MP000319-R00</u>	
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:	
NRIC:	<u>as above</u>	ANY PASSENGER: <u>1 (IF)</u>
DATE OF BIRTH:	<u>14 / 07 / 1965</u>	LICENCE PASSED DATE: <u>04 / 09 / 1984</u>
OCCUPATION:	<u>OUTDOOR</u> / <u>INDOOR</u>	
GENDER:	MALE / <u>FEMALE</u>	
CONTACT NO:	H/P: <u>as above</u>	OFFICE: HOME:
ADDRESS:	<u>as above</u>	
EMAIL:	<u>as above</u>	
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:	INSURER:
RELATIONSHIP:	<u>Owner</u>	
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:	
ROAD SURFACE:	DRY / <u>WET</u> / OTHER:	
ANY INJURIES:	<u>NO</u> / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO:	<u>Unknown</u>	ANY PASSENGERS: <u>Unknown</u>
NAME OF DRIVER:	<u>Foo Yong Jie</u>	CONTACT NO: <u>Unknown</u>
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO	
ACCIDENT PORTION:	<u>left Front Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>		
WORKSHOP PARTICULAR:	<u>N-51 Automotive Pte Ltd</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:	<u>Steve</u>	
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>	



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.: 22-MP000319-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SND9093K **Chassis No.:** JHMGR3830MS228698
2. **Name of Policyholder** NGAU SENG KHENG
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 07/02/2022
4. **Date of Expiry of Insurance** 06/02/2023
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

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,000
	Windscreen Excess SGD 100
Financial Interest:	HONG LEONG FINANCE LTD

Account: E2316DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature