

NATIONAL Assessment Centre Services

Date In: 22/11/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/TM122011707/a4	E-mail (within 8hrs. Aft 2hrs)		
Veh No: SNE 3434 U	i-Motor Claim Form		
DOA: 22/11/2022 1107	i-Motor W/O (Within QD 2hrs. TP 4hrs)		
OD: 0 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: PC 6439Z	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

NA2203295	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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 30		
Cont 1:	Invoice dated	Fee Charged	
Cont 2/3:	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	22/11/2022 15:19 (SGT)
Reported by	Driver
Date of Accident	22/11/2022 11:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BENDEMEER ROAD TOWARDS JALAN BESAR AFTER GEYLANG BAHRU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE3434U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEO CHOOI WAN
NRIC No	SXXXX044A
Email Address	WEEHONGCHAO@GMAIL.COM
Mobile Phone No	(Phone) +65-96191230
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-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	22-MP000727-R00

DRIVER

Name of Driver	WEE HONG CHAO
NRIC No	SXXXX323J
Date Of Birth	15/07/1992

Occupation	Indoor
Date Of Driving Pass	24/01/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92221862
Alt. Phone Number	-
Email Address	WEEHONGCHAO@GMAIL.COM
Address	BLK 449B BUKIT BATOK WEST AVENUE 9 #15-96
Address complement	-
Postcode	652449
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6439Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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 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

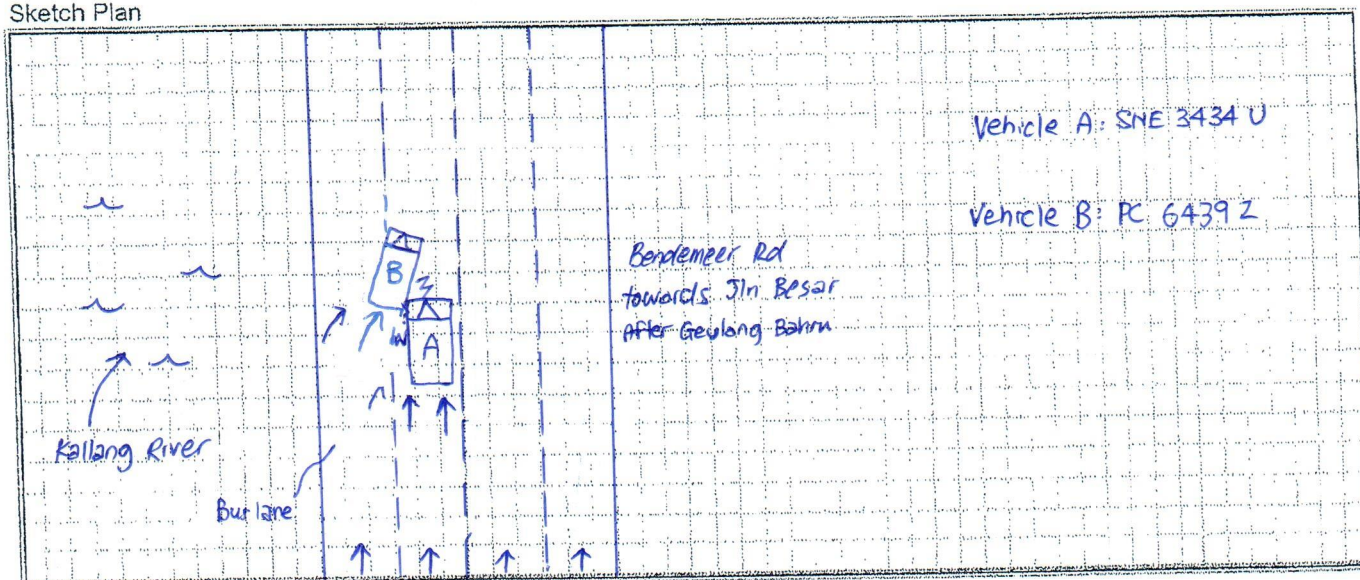
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

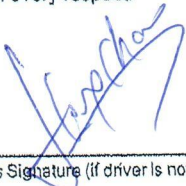
As of above date and time, I was driving my vehicle (SNE 3434 U) along Pandembar Rd towards Jln Besar After Geylang Bahru on the 2nd from the left lane of a 4 lane Rd. While driving straight in my lane, Vehicle B (PC 64392) filtered into my lane from the extreme left lane and collided into the left front portion of my vehicle.


Video footage Attached

Declaration

I/We declare the foregoing particulars are true in every respect.

Leo,
Policyholder's Signature / Date & Time


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

22/11/2022 
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: SNE 3434 U	MAKE & MODEL: Honda HR-V	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	22 / 11 / 2022	CC: 1.5
TIME OF ACCIDENT:	1107 HRS	
LOCATION OF ACCIDENT:	Along Bendemeer Rd towards Jin Besar After Beglana Bahrui	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER:	Leo Chooi Wan	
TEL NO:	H/P: 9619 1230	OFFICE: HOME:
NRIC:	S2598044A	
ADDRESS:	Apt BIK 449B Bukit Batok West Avenue 9 #15-96 S652449	
EMAIL:	WEEHONGCHAO@gmail.com	
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO	
INSURANCE COMPANY:	Tokio Marine	
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft	
POLICY NO:	22-MP000727-R00	
NAME OF DRIVER:	AS ABOVE / IF NO: Wee Hong Chao	
NRIC:	S9224323J	ANY PASSENGER: N/A
DATE OF BIRTH:	15 / 07 / 1992	LICENCE PASSED DATE: 24 / 01 / 2011
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> INDOOR	
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE	
CONTACT NO:	H/P: 9222 1862	OFFICE: HOME:
ADDRESS:	Apt BIK 449B Bukit Batok West Avenue 9 #15-96 S652449	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Mother	
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:	
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHER:	
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	PC 6439 Z	ANY PASSENGERS: N/A
NAME OF DRIVER:	Sivaraajinnappo	CONTACT NO: Unknown
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?	<input checked="" type="radio"/> YES / <input type="radio"/> NO send by email	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
ACCIDENT PORTION:	Left Front Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES <input checked="" type="radio"/> NO		
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

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: tms@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.: 22-MP000727-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle SNE3434U Chassis No.: JHMRV3800NS200126
2. Name of Policyholder LEO CHOOI WAN
3. Effective date of the Commencement of Insurance for the purposes of the Act 07/03/2022
4. Date of Expiry of Insurance 06/03/2024
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: E2316DDA

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