

NATIONAL Assessment Centre Services (011 22 11)

Date: 27/12/22
 Ref No: NA/IME 00012865/13
 Vcl No: EN8898R
 B.O.A: 26/12/22 7130
 OD TP: **REPORTING**

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within time, ACCIDENT)		
I-Motor Claim Form		
I-Motor W/O (where applicable)		
I-Photo Uploaded		
Assessment/Survey Report		
Acc't Report by Fax (Road to Driver/Wharf)		

Preferred Make, NO Assgn Make / OW: ()
 Tel: () Fax: ()
 IA Particulars: Vcl No: **SL52947M** INC () Non-INC ()
 Owner/Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured Cover Validity: () (Note: Not Starts (W/O) M 0-2001 P 21-2001 P 30-1001)
 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 repair.
 () Total Loss Case: () to e-mail Insurer URGENTLY.
 Drive-In: () Towed-In: () ; Invoice: YES () / NO () Towing Cost: ()
 Rep: () (INC Ref No: 6788 6015)
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) E.O Check/ Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Approved: ()
 Date: ()
 Name: ()
 Title: ()

NA003557

Invoice Preparation Checklist	Amount
1) AR - Acc Unit Payments (530)	
2) BA - Damage Assessment (51,000) 1100 (55)	
3) TP - Towing Fee	200
4) PF - Follow Through Survey	200
5) TR - Follow Through Survey (Repaired) 300	
6) TR - Follow Through Survey (Not Repaired)	
7) TR - Follow Through Survey (Total)	400
8) TR - Repair Fee	500
9) TR - Repair Fee (Total)	500
10) TR - Repair Fee (Total)	500
11) TR - Repair Fee (Total)	500
12) TR - Repair Fee (Total)	500
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48) TR - Repair Fee (Total)	500
49) TR - Repair Fee (Total)	500
50) TR - Repair Fee (Total)	500

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	27/12/2022 12:51 (SGT)
Reported by	Both
Date of Accident	26/12/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GHIM MOH MARKET CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EN8898R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MADAM TAY SIEW HWANG @ TAY SIEW KWANG
Company Reg No	SXXXX974I
Email Address	tay_siewkwang@yahoo.com.sg
Mobile Phone No	(Phone) +65-96829215
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1500

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000664-R00

DRIVER

Name of Driver	MADAM TAY SIEW HWANG @ TAY SIEW KWANG
Company Reg No	SXXXX974I
Date Of Birth	16/04/1941
Occupation	Indoor

Date Of Driving Pass	27/11/1964
Driving experience	58 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96829215
Alt. Phone Number	-
Email Address	tay_siewkwang@yahoo.com.sg
Address	8 LASIA AVENUE
Address complement	-
Postcode	277842
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	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

PLS REFER TO THE ATTACHED STATEMENT

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	SLS2947M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EE JOO TAT RAYMOND
NRIC No	SXXXX420E

Contact Number (Phone) +65-93631456
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.

Ray 27/12/22

Policyholder's Signature / Date & Time

[Signature] 27/12/22

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

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

Sketch Plan

AS PER ATTACHED

Describe Circumstance of the Accident

P/s refer to the attached statement.

Declaration

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

[Signature] 27/12/22

Policyholder's Signature / Date & Time

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

[Signature] 27/12/22

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

Noms

Adresses

Téléphones & mails

Date: 26/12/22 around 11:30 am at Ghim Moh ^{market} car park

All cars are moving slowly to the side to stop and wait for parking lot. I stop my ~~for my~~ car ~~Sister~~ to drop my sister at the side.

after dropping her, I saw somebody unloading beside and slightly in front of my car. So I look the mirror + reverse ~~two~~ steps and stop looking at the car coming out. Suddenly I heard a 'crack' sound behind me. I look side mirror and saw a car SL5 2947m stop at the slanting toward the back corner of my car (EN 889FR).

I came down and see the driver. He ~~ask~~ question for not notice of his car and I ask him 'if he see my car reverse in front of his car why don't he horn at me and let me aware before I touch his car.'

He reply that he dose not want to frighten the old lady with the working stick.

Infact when he notice my sister with walking stick ^{after} the accident occurred, my sister walked to him with the stick.

I have a feeling that he moved out his car front the opposite side without looking at my car. At his position he could have doing a parking of the lot.

ACCIDENT STATEMENT

ACCIDENT DATE: (26/12/22) (DD/MM/YYYY), TIME: (11:30) (HH:MM)
LOCATION: GHIM MOH MARKET CARPARK

1. DETAILS OF VEHICLE
- a) VEHICLE NUMBER: EN8898R
 - b) INSURANCE COMPANY: TOKIO
 - c) POLICY NUMBER: 22-MH000664-R00
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: TOYOTA PRIUS (A) 1.5
 - 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: MADAM TAY SIEW HWANG @TAY SIEW KWANG (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S01199741 CONTACT: 96829215
 - c) ADDRESS: 8 LASIA AVENUE 277842

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
- a) NAME: AS ABOVE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: CONTACT:
 - c) ADDRESS:

- * d) DATE OF BIRTH: (16/04/1941) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 27/11/1964
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
- 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:

No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SLS2947M MODEL:
 - b) DRIVER'S NAME: EE JOO FAT RAYMOND
 - c) NRIC/FIN/PASSPORT: 58215420E CONTACT: 93621456

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: MODEL:
 - b) DRIVER'S NAME: CONTACT:
 - c) NRIC/FIN/PASSPORT: CONTACT:

Email: tay-siewkwang@yahoo.com.sg
VIDAO NU



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-MN000664-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle EN8898R Chassis No.: JTDKD3B3401133666
2. Name of Policyholder MADAM TAY SIEW HWANG @ TAY SIEW KWANG
3. Effective date of the Commencement of Insurance for the purposes of the Act 02/08/2022
4. Date of Expiry of Insurance 01/08/2023
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

Account: 0456DDA

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