

NATIONAL Assessment Centre Services

Date In 16/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/TM/23000475/d4	SAS e-filing		
Veh No SMZ 959T	E-mail (within 8hrs. Aft 2hrs)		
DOA 14/01/2023 1345	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHA 2207 H	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

NA2300143	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damage Portion:	4) FT: Follow-Through Survey \$120			
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:-			
	ON*			
	* N5: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: 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	16/01/2023 11:22 (SGT)
Reported by	Both
Date of Accident	14/01/2023 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TO TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ959T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW SOON HOCK EDWIN
NRIC No	SXXXX513J
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-81617400
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Esquire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP003826

DRIVER

Name of Driver	CHEW SOON HOCK EDWIN
NRIC No	SXXXX513J

Date Of Driving Pass	07/02/2005
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81617400
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	21 PUNGGOL FIELD WALK
Address complement	# 08-16
Postcode	8287449
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT T200001417077

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA2207H
Vehicle Manufacturer Toyota
Vehicle Model Prius
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHEW SOON HOCK EDWIN
Gender Male
Phone No (Phone) +65-81617400
Address 21 PUNGGOL FIELD WALK
Address Complement # 08-16
Post Code 8287449
Approximate Age Years Old -
Injuries Sustained BACK PAIN, NECK PAIN, HEADACHE
Injured person in which vehicle? SMZ959T
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

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.

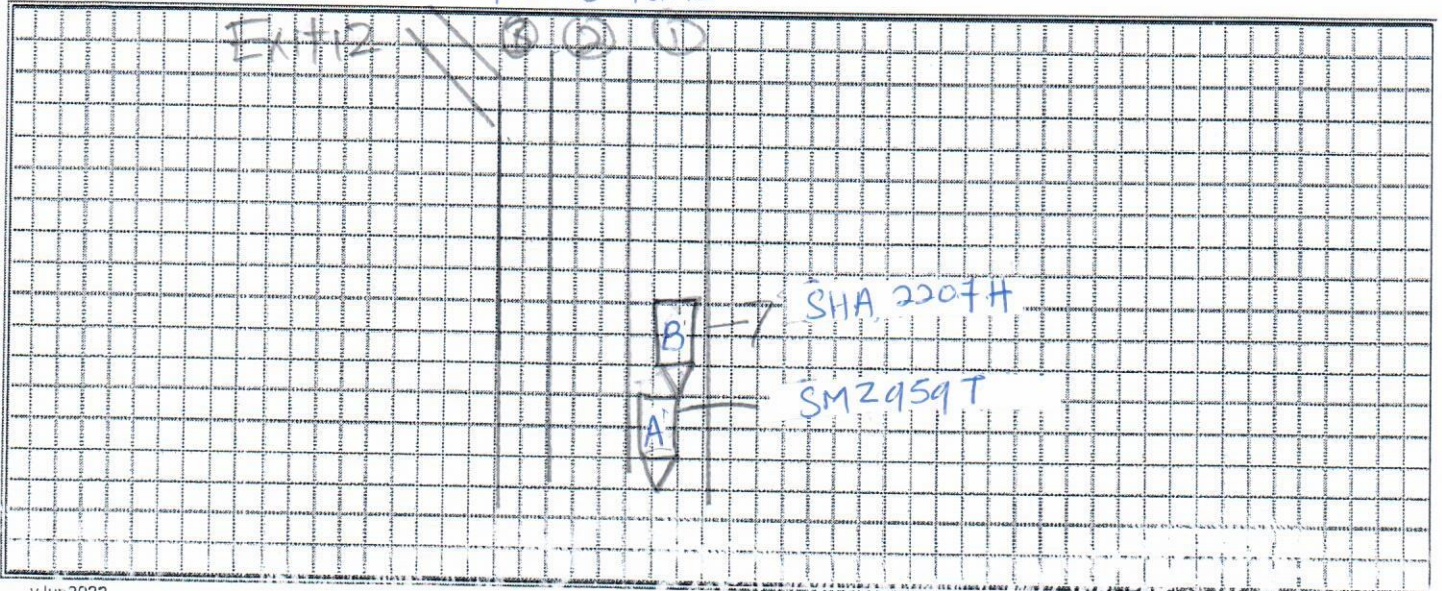
 16 Jan 23
Policyholder's Signature / Date & Time

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

 16/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

PIE TO TUAS




Describe Circumstance of the Accident

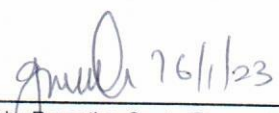
- please Refer to the attached police Report
- 7/20230114/7077 -

Declaration

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

 16 Jan 23
Policyholder's Signature / Date & Time

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

 26/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230114/7077

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230114/7077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2023 23:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW SOON HOCK EDWIN			Address: 21 PUNGGOL FIELD WALK #08-16 SINGAPORE 828749		
ID Type / ID No.: NRIC NO / S8609513J			Contact No.: Home/Office: Mobile: 81617400		
Nationality: SINGAPORE CITIZEN			Email: edwinchewsh@yahoo.com.sg		
Sex: Male	Age: 36	Date of Birth: 11/04/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2023 13:45	Type of Location: Flyover
Location: KALLANG WAY				
Weather: Cloudy		Road Surface: Oily		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA2207H	Car	TOYOTA	Prius	Blue	Slightly Damaged	3
SMZ959T	Car	TOYOTA	ESQUIRE G 2.0 CVT	White	Slightly Damaged	4



**SINGAPORE
POLICE FORCE**



T/20230114/7077

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230114/7077

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ959T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP003826	25/08/2022	24/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW SOON HOCK EDWIN		ID No. S8609513J
Related Vehicle	SMZ959T (Car)		Contact No. 81617400
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	14/01/2023		Date 14/01/2023
No. of Days granted Medical Leave		05	Degree of Slight

Brief Details.

On 14th Jan 2023, i was travelling along PIE, after Paya Lebar Exist on Lane 1. The traffic was slightly heavy, therefore i kept 1 car length away from the car infront. The front car brake i follow suit, before coming to complete stop i was banged at the rear.

I was injured with Back Pain, Neck Pain , headache. Had visited the doctor.

I do have front and rear recording.



**SINGAPORE
POLICE FORCE**



T/20230114/7077

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230114/7077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/01/2023 23:20

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 01 / 2023) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: PIE TO THAS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM2 9597
 b) INSURANCE COMPANY: Tokio Marine
 c) POLICY NUMBER: MP003826
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Esquire AUTO / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
 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: Chew Soon Hock Edwin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S86095135 CONTACT: 816 17400
 c) ADDRESS: 21 Punggol Field Walk #08-16
 S828749

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

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

* d) DATE OF BIRTH: (11 / 04 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 07/02/2005

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

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: Ubi

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 2207H MODEL: Toyota Prius
 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:

martauto@gmail.com

Email = edwinchewsh@yahoo.com.sg

Fax =

VIDEO = yes with workshop

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

**TOKIO MARINE
INSURANCE GROUP**A member of the
Tokio Marine Group**Certificate of Insurance**

FORM MX1 H

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.: MP003826 (Private Car)

- | | | |
|--|--|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMZ959T | Chassis No.: ZRR800173525 |
| 2. Name of Policyholder | CHEW SOON HOCK | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/08/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 24/08/2023 | |
| 5. Persons or Class of Persons entitled to drive* | The Policyholder
Any person who is driving on the Policyholder's order or with the Policyholder's 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person except for private hire services.
- 4) Use for hire or reward except for (3) and rental by the Policyholder.

* 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 No: 2712DDA
Insurance Plan:	Comprehensive Essential		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,000.00	(Original Excess : SGD 2,000.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 1,500.00	
	WindScreen Excess	SGD 100.00	
	Excess-Third Party (Sect II)	SGD 1,500.00	
Financial Interest:	TECK WEI CREDIT PTE LTD		
Additional Terms:	<ol style="list-style-type: none">1. Private Hire Usage Vehicle Endorsement is included.2. Unnamed Driver Excess is not applicable3. Car is licensed for private hire (PH) by LTA.4. Only PH licenced Named Drivers can use car for PH in Singapore only5. No rental to unnamed driver.6. Additional YID excess applicable on Section 1 & 2 separately.7. TMIS Approved workshop plan only8. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature