

NTUC Assessment Centre Services

Date In: 20/02/2023	Job description	Date & Time Completed	Done by
Ref NO: NA/1M/23001866/d4	SAS e-filing		
Ref NO: SLV9338J	E-mail (within 2hrs. Aft 2hrs)		
DA 18/02/2023 21:00	I-Motor Claim Form		
OD/ (FP) Reporting Only	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

Particulars:	Veh No: SJP 5162E	INC () / Non-INC ()
Owner / Driver: ()		
Policy No: ()	Period: ()	Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; P: 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.

Re-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Notes: () ON/Off-line: ()

Apply for Transport Allowance () / Courtesy Car ()

Check / Post Repair Inspection ()

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

Try: ()

Time: () Actions: ()

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NA2300529

Particulars	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);			
No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Portion:	3) TF: Towing Fee \$40/\$45			
Booked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Comments:	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*			
	*NS: Courtesy Car / Tpt Allowance \$5			
	*NA: Repair Co-ordination \$10			
	*NT: Post Repair Inspection			

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	20/02/2023 14:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/02/2023 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD TURNING INTO HOUGANG AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9338J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG KIA MENG (YUAN JIAMING)
NRIC No	SXXXX775C
Email Address	rohdeawang@gmail.com
Mobile Phone No	(Phone) +65-96217762
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	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MT000337-R02

DRIVER

Name of Driver	WANG KIA MENG (YUAN JIAMING)
NRIC No	SXXXX775C
Date Of Birth	31/03/1977

Occupation	Indoor
Date Of Driving Pass	17/06/1998
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96217762
Alt. Phone Number	-
Email Address	rohdewang@gmail.com
Address	APT BLK 169B PUNGGOL FIELD
Address complement	# 17-679
Postcode	822169
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?	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 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	SJP5162E
Vehicle Manufacturer	-
Vehicle Model	-
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) -

SKETCH PLAN

IMPORTANT NOTICE

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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

 20/02/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

UPP SERANGOON ROAD TURNING INTO HOUGANG AVE 8

A: SLV9338J
B: SJP5162E



Describe Circumstances of the Accident


I WAS TRAVELLING ALONG UPP SERANGOON ROAD TURNING INTO HOUGANG AVE 8.,
I WAS STOPPED AT THE STOP LINE. SUDDENLY, WHILE MY VEHICLE WAS STILL
STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date &
Time


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

 20/02/2023
Witnessed by Reporting Centre
Personnel

Accident Reporting Draft

VEHICLE NO: SLV9338J

MODEL: HONDA HRV

AUTO/MANUAL

DATE OF ACCIDENT	18/2/2023	C.C: 1,496
TIME OF ACCIDENT	2100	HRS AM/PM
LOCATION OF ACCIDENT	UPP SERANGOON ROAD TURNING INTO HOUGANG AVE 8	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	WANG KIA MENG (YUAN JIAMING)	
CONTACT NO.	96217762	EMAIL: rohdewang@gmail.com
NRIC	S7708775C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	TOKIO MARINE	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: WANG KIA MENG (YUAN JIAMING)	
NRIC	S7708775C	ANY PASSENGER: 0
DATE OF BIRTH	31/3/1977	
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS	17/6/1998	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	96217762	EMAIL: rohdewang@gmail.com
ADDRESS	APT BLK 169B PUNGGOL FIELD #17-679 S(822169)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY	
ANY INJURIES	<u>NO</u> / IF YES: NO	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	SJP5162E	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP		
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

Ryder

Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277

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.comA 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-MT000337-R02 (Private Motor Car 24 Months)

1. **Index Mark and Registration Number of Vehicle** SLV9338J **Chassis No.:** JHMRU1810GX203593
2. **Name of Policyholder** MR WANG KIA MENG (YUAN JIANG)
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 23/01/2022
4. **Date of Expiry of Insurance** 22/01/2024
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
Financial Interest:	OCBC BANK LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature