

# NTUC Assessment Centre Services

Date In 15/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/TM123002706/W	SAS e-filing		
Veh No SLW 7398 T	E-mail (within 2hrs. AP 2hrs)		
DOA 14/03/2023	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/Wksn		

referred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
P Particulars:	Veh No: YP 1199 Z	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: 67884616)	Date & Time Completed	Done by
Apply for Transport Allowance ( ) / Courtesy Car ( )		
QC Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Time	Actions

NA2300762	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) RT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) NI: Idao 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			



## 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	15/03/2023 16:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/03/2023 08:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	175 Boon Lay Drive Open Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7398T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Loh Cheng Chwee
NRIC No	SXXXX240D
Email Address	spoon_vins@hotmail.com
Mobile Phone No	(Phone) +65-92323494
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZC00844

#### DRIVER

Name of Driver	Loh Cheng Chwee
NRIC No	SXXXX240D
Date Of Birth	26/10/1980
Occupation	Indoor

Date Of Driving Pass .....	12/10/2016
Driving experience .....	6 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92323494
Alt. Phone Number .....	-
Email Address .....	spoon_vins@hotmail.com
Address .....	Blk 175 Boon Lay Drive
Address complement .....	#10-346
Postcode .....	640175
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 .....	Collided into Parked Vehicle
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? .....	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

Refer to Police Report No. T/20230315/7020

#### 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 .....	Yes, with workshop.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP1199Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-



Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-91691707
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

VEHICLE NO: SLD 7398 TMAKE & MODEL: SUBARU forester AUTO / ~~MANUAL~~

DATE OF ACCIDENT	<u>14 / 03 / 2023</u>		C.C. <u>2.0L</u>
TIME OF ACCIDENT	<u>8.34</u> AM / <del>PM</del>		
LOCATION OF ACCIDENT	<u>Blk 175 Boonlay Drive Carpark</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / <del>PRIVATE HIRE</del></u>		
NAME OF OWNER	<u>LOH CHENG CHWEE</u>		
EMAIL	<u>Spoon_vixen@hotmail.com</u>	OFFICE: <u>—</u>	MOBILE: <u>92323494</u>
NRIC	<u>S8036240D</u>		
CLAIM TYPE	<del>OD</del> / THIRTY PARTY / <del>REPORTING ONLY</del>		
FLEET POLICY	<del>YES</del> / NO?		
INCURANCE CO.	<u>TOKIO MARINE</u>		
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO.	<u>MZC 00844</u>		
NAME OF DRIVER	<u>AS ABOVE / <del>NO</del></u>		
NRIC			
DATE OF BIRTH	/ /		
ANY PASSENGER	<del>YES</del> / NO:		
NAME OF PASSENGER	<u>—</u>		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	<del>Outdoor</del> / Indoor		
DATE OF DRIVING PASS	/ /		
GENDER	MALE / FEMALE		
CONTACT NO.	Mobile:	Office:	Home:
EMAIL			
ADDRESS			
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:		INSURE:
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes, Who?		
CONTACT NO.			
ROLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?		
VEHICLE B NO.	<u>YP 1199 Z</u>	Any Passenger: <u>—</u>	
NAME	<u>—</u>		
CONTACT NO.	<u>91691707</u>		
VEHICLE C NO.	<u>—</u>	Any Passenger:	
VEHICLE D NO.	<u>—</u>	Any Passenger:	
VEHICLE E NO.	<u>—</u>	Any Passenger:	
VEHICLE F NO.	<u>—</u>	Any Passenger:	
ANY WITNESS	<u>—</u>		
WITNESS CONTACT NO.	<u>—</u>		
WAS THERE ANY VIDEO CAPTURE?	YES / <del>NO</del>		
WAS THERE ANY AUDIO RECORDED?	YES / <del>NO</del>		
SCENE ACCIDENT PHOTOS TAKEN?	<del>YES</del> / NO		
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>		
Original Language Used	<u>English / Mandarin / <del>Others</del></u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>—</u> YES / 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.

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

Vehicle A = SLW 7398F

Vehicle B: VP 1199Z

Boon Lay Drive



Describe Circumstance of the Accident

As per police report.

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

  
Witnessed by Reporting Centre Personnel

15/03/2023





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2023 13:04		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH CHENG CHWEE			Address: 175 BOON LAY DRIVE #10-346 SINGAPORE 640175		
ID Type / ID No.: NRIC NO / S8036240D			Contact No.: Home/Office: Mobile: 92323494		
Nationality: SINGAPORE CITIZEN			Email: SPOON_VINS@HOTMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 26/10/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2023 08:35	Type of Location: Car Park
Location:  BOON LAY DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLM7398T	Car	SUBARU	Forester xt	White		0
YP1199Z	Lorry	MITSUBISHI		White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM7398T		Mzc00844	24/02/2023	26/03/2024





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

Report No. T/20230315/7020

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	LOH CHENG CHWEE	ID No.	S8036240D
Related Vehicle	NIL	Contact No.	92323494
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated time and date my vehicle SML 7398 T was parked at block 175 boon lay drive open carpark at around 4.30am , I came back and took my vehicle around 1pm and saw my vehicle have damaged on front right side bumper , head lamp , ect . Photo and video will be submitted. A video showed that vehicle YP 1199 Z moving out from carpark lot and hit onto my front right side portion, after he move out he stop for awhile then move off again without leaving and contact or so.



**SINGAPORE  
POLICE FORCE**



T/20230315/7020

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

3 of 3

Report No. T/20230315/7020

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
15/03/2023 13:04

Classification Of Case:





# SINGAPORE POLICE FORCE



T/20230315/7045

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

1 of 3

Report No. T/20230315/7045

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2023 16:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH CHENG CHWEE			Address: 175 BOON LAY DRIVE #10-346 SINGAPORE 640175		
ID Type / ID No.: NRIC NO / S8036240D			Contact No.: Home/Office: Mobile: 92323494		
Nationality: SINGAPORE CITIZEN			Email: SPOON_VINS@HOTMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 26/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/03/2023 08:35	Type of Location:
Location:  BOON LAY DRIVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLW7398T	Car	SUBARU	SUBARU FORESTER 2.0XT	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW7398T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MZC00844	24/02/2023	26/03/2024



**SINGAPORE  
POLICE FORCE**



T/20230315/7045

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

2 of 3

Report No. T/20230315/7045

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOH CHENG CHWEE	ID No.	S8036240D
Related Vehicle	SLW7398T (Car)	Contact No.	92323494
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Vide T/20230315/7020

I would like to make an amendment to my initial report:

Carplate of my vehicle which was being hit&run is SLW7398T and not SLM7398T or SML7398T as indicated in my initial report.





**SINGAPORE  
POLICE FORCE**



T/20230315/7045

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

3 of 3

Report No. T/20230315/7045

**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 /  
RASHIDAH BINTE AZMAN  
Contact No.: 65476902

Signature Of Informant:

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

Date/Time:  
15/03/2023 16:56

Classification Of Case:

**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: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

**TOKIO MARINE**  
INSURANCE GROUPA member of the  
Tokio Marine Group**Certificate of Insurance****FORM MX1****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.: MZC00844 (Private Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SLW7398T   | Chassis No.: JF1SJGK85EG039533 |
| 2. Name of Policyholder  | LOH CHENG CHWEE  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 24/02/2023 (00:00:00)  |                                |
| 4. Date of Expiry of Insurance   | 26/03/2024   |                                |
| 5. Persons or Class of Persons entitled to drive*                              | (a) The Policyholder.<br>(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 No: 1914DDA**

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 1,000.00	(Original Excess : SGD 1,000.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	-		

**TOKIO MARINE INSURANCE SINGAPORE LTD.****Authorised Signature**