

# NATIONAL Assessment Centre Services

(part 1 of 2)

540928430005

Date In: 03/04/2023 15:28	Job description	Date & Time Completed	Done by
Ref No: NBR/TMT230034354	SAS e-filing		
Veh No: 8K7 5876X	E-mail (with 3m, A/C 2m)		
D.O.A: 01/04/2023 14:30	1-Motor Claim Form		
QC (TP) Repairing Only	1-Motor W/O (with 3m, A/C 2m)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLH		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars	Veh No: YQ 4247	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	(Note: Hst Status (WO): N: 0-30%, F: 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 info of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )
Remarks: (INC Ref No: 0783-0014)
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury:
Date of Injury:
Location:
Weather:
Time of Day:
Witnesses:
Police Report:
Insurance Claim:
Other:

NA2300958	Invoice Preparation Charge	
1) AR: Accident Reporting (\$35)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$10/\$40	
4) PT: Follow-Through Survey	\$15	
5) PT: Follow-Through Survey (Emergency)	\$30	
6) TR: Reproduction	\$25	
7) NI: Hst DA + SMPT Survey	\$140	
8) NI: UC Additional Services		
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## 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	03/04/2023 15:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/04/2023 14:30 (SGT)
Exact Location of Accident	275C Jurong West Street 25, Singapore 643275
Additional Location Information	LOADING AND UNLOADING BAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5876X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH HEEN CHOI
NRIC No	SXXXX253D
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-98719719
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	MP005247

#### DRIVER

Name of Driver	TOH HEEN CHOI
NRIC No	SXXXX253D
Date Of Birth	09/09/1971
Occupation	Indoor

Date Of Driving Pass	30/01/2002
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98719719
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	BLK 275C JURONG WEST STREET 25 #03-87
Address complement	-
Postcode	643275
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 SKETCH PLAN

#### 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	YQ4247T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-86920553



## SKETCH PLAN

VEHICLE NO:  
DATE OF ACCIDENT:

### 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 Authorised 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. 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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident VEHICLE NO: SKT5876X DATE OF ACCIDENT: 01/04/2023

my car (A) was parked at loading/unloading lot of Bk 2752 Jurong West.  
I got a phone call from vehicle (B)'s driver that he has hit into my car (A). I came down and checked on my car (A) and took some photos.  
Vehicle (B) has my contact number because he was a transportation vehicle which I have engaged to move some items.

REPORTING ONLY ( ) OWN DAMAGE ( ) THIRD PARTY (x) OWN WORKSHOP ( )

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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 & Time

Witnessed by Reporting Centre Personnel

# ACCIDENT REPORTING FORM

Date of Accident: 01/04/2023 Time of Accident: 2:30pm (24Hrs)  
Vehicle No: SKT5876x Vehicle Make/Model: Mazda 3 (1496cc)

Exact Location of Accident: Loading/unloading of BIK 215c Jurong West

Owner's Name/NRIC: Toh Heen Choi / S7131253D

Driver's Name/NRIC: Toh Heen Choi / S7131253D

Driver's Contact: 98719719 Insurance Co & Policy No: Tokio marine

Driver's Email Address: hormyself@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —

Reporting Party: ☒ 1) Owner ☐ 2) Driver ☐ 3) Owner & Driver

What do you wish to claim (Please circle one only)

☒ 1) Own Insurance ☒ 2) Other Vehicle (The one you want to claim against) ☐ 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

☒ Private Use ☐ Work Purpose

Weather Condition & Road Conditions?

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet

Occupation

☒ Indoor ☐ Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes ☒ / No ☐ If Yes, which police station? —

The Other Party (Vehicle B) Details

Driver's Name/IC: —

Vehicle No: YQ 4247T

Insurance Company: —

Driver's Contact: 8692 0533

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): —

Passengers

Vehicle A: 0 driver, 0 passenger

Vehicle B: Unknown

Language Used

☒ Mandarin / English ☐ Malay ☐ Tamil ☐ OTHERS: —



# 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

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE 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.: MP005247 (Private Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SKT5876X   | Chassis No.: JM6BM42A8G0311626 |
| 2. Name of Policyholder  | TOH HEEN CHOI  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 17/10/2022 (14:24:47)  |                                |
| 4. Date of Expiry of Insurance   | 16/10/2023   |                                |
| 5. Persons or Class of Persons entitled to drive*                              | The Policyholder<br>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

Insurance Plan:	Comprehensive	Account No.: 3275DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	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 2,000.00
Financial Interest:	HONG LEONG FINANCE LTD	
Additional Terms:	1. Private Hire Usage Vehicle Endorsement is included 2. Unnamed Driver Excess is not applicable 3. Car is licensed for private hire (PH) by LTA 4. Only PH licenced Named Drivers can use car for PH in Singapore only 5. No rental to unnamed driver 6. Additional YID excess applicable on Section 1 & 2 separately 7. Approved workshop plan only 8. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature