

NATIONAL Assessment Centre Services

(Call 1-800-231-7000)

20093170002

Date In: 25/05/2023 13:14	Job description	Date & Time Completed	Done by
Ref No: NAB 10734	SAS e-filing		
Veh No: SK 6332B	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 23/05/2023 19:48	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (within 24hrs, 24 hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars: Yeh No: SUB 10734 INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: () Period: () Cover Type: ()

Confirmed by: (

Date:

Time:

Insured/Driver Liability: () (Note: List Status (WO): 10: 0-30%, 21: 31-70%, 30: 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 repeller.

() Total Loss Cost: to e-mail Insurer URGENTLY.

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Claim: ()

Time of Claim: ()

Location of Claim: ()

Weather: ()

Other: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

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	25/05/2023 13:14 (SGT)
Reported by	Actual Driver
Date of Accident	23/05/2023 19:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (BEFORE PAYA LEBAR EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6332B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BENG HIONG
NRIC No	SXXXX522C
Email Address	coreen@merlioncity.net
Mobile Phone No	(Phone) +65-96386229
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	23-MR002390-R03

DRIVER

Name of Driver	LIM HWEE HOON
NRIC No	SXXXX080C
Date Of Birth	09/08/1969
Occupation	Indoor

Date Of Driving Pass	30/10/1995
Driving experience	27 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96386229
Alt. Phone Number	-
Email Address	coreen@merlioncity.net
Address	BLK 519B TAMPINES CEBTRAL #13-25
Address complement	-
Postcode	552519
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
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)	2
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	TAN BENG HIONG
Gender	Male

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	SNB1073G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBP7138H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM HWEE HOON
Gender	Female
Phone No	(Phone) +65-96386229
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK6332B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN BENG HIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK6332B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

(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.

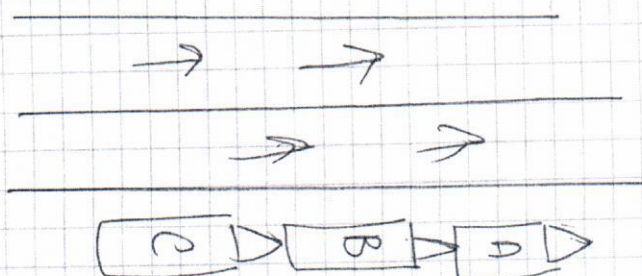
SKETCH PLAN

Price Takers choose (After they have exit)

A) SJK 6332B

B) SNB 1073 G

c) SBP 7138H

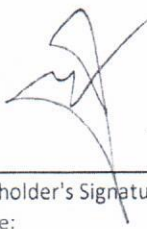



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

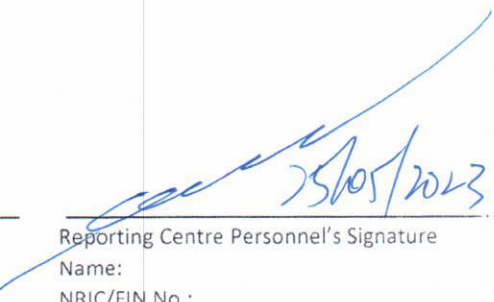
On The Statement date & time , I was driving
my vehicle on the most right lane . There was
an accident in front . I slow down & stop
my vehicle (SK 6330B) , Suddenly , I felt a
strong impact from my rear . I came down
& look & realise it is a 3 car chain
collision .

DECLARATION

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

x  24 May 23
Policyholder's Signature Date
& Time:

x  24/5/23
Driver's Signature
(If driver is not the policyholder) Date
& Time:

 25/05/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03 / 05 / 2023 (dd/mm/yy)

Time of Accident: 19:45 (24-HR-FORMAT)

Vehicle No.: SJK 6322B Vehicle Make & Model: _____

Exact location of Accident: PIE TOWARDS CHANGI (AFTER PAYAR LEBAR EXIT)

Policyholder's Name: TAN BENG HIONG I/C / UEN: 81471522C

Driver's Name / IC No.: LIM HWEE HOON 86928080C (As Above) ☐

Driver's Contact No.: 96386229 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: COREEN@MERLIONCITY.NET Insurance Company: TOKIO MARINE

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: TAN BENG HIONG Gender: Male / Female Passenger

Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SNB 1073G (B)

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SBP 7138H (C)

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



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.: 23-MR002390-R03 (Private Motor Car)

- | | | | |
|---|----------------|--------------|---------------|
| 1. Index Mark and Registration Number of Vehicle | SJK6332B | Chassis No.: | NZE1416094463 |
| 2. Name of Policyholder | TAN BENG HIONG | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 29/04/2023 | | |
| 4. Date of Expiry of Insurance | 28/04/2024 | | |
| 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: 2712DDA

Insurance Plan:	Third Party, Fire & Theft
Limit for total loss or theft:	Prevailing Market Value
Financial Interest:	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SW0923570002 Vehicle Registration No: STK6332B

Name (as shown in NRIC): Lim Hui Hui NRIC/FIN/Passport No: Sxxxxxabc

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9638 6223

Email Address: _____

Date of Accident: 23/05/2023 Time of Accident: 19:45

Place of Accident: Pike towards Orchard

Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Informa Policy number 23-111002390-103

Policyholder / Actual Driver's Signature
Date:

25/05/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: