

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 12/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/TM/33005941/d4	SAS e-filing		
Veh No: SLK 1882 P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/06/2023 16:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBG 3553R

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

NA2301710

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

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: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Amf (\$)

1st Bill

Amf (\$)

Add

## 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	12/06/2023 14:21 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TIONG BAHRU ROAD BEFORE JUNCTION OF TIONG BAHRU AND KIM PONG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1882P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEE CHONG SENG
NRIC No	SXXXX379J
Email Address	elroychee21@gmail.com
Mobile Phone No	(Phone) +65-91549923
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MM000938-R01

#### DRIVER

Name of Driver	CHEE YAO WEI , ELROY
NRIC No	SXXXX362B
Date Of Birth	09/12/1991

Occupation	Outdoor
Date Of Driving Pass	25/09/2017
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97220192
Alt. Phone Number	-
Email Address	elroychee21@gmail.com
Address	APT BLK 115 BEDOK RESERVOIR ROAD
Address complement	# 04-120
Postcode	470115
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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

#### 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 - T/20230612/7021

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBG3553R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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 ..... CHEE YAO WEI , ELROY  
Gender ..... Male  
Phone No ..... (Phone) +65-97220192  
Address ..... APT BLK 115 BEDOK RESERVOIR ROAD  
Address Complement ..... # 04-120  
Post Code ..... 470115  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK AND NECK PAIN  
Injured person in which vehicle? ..... SLK1882P  
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 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

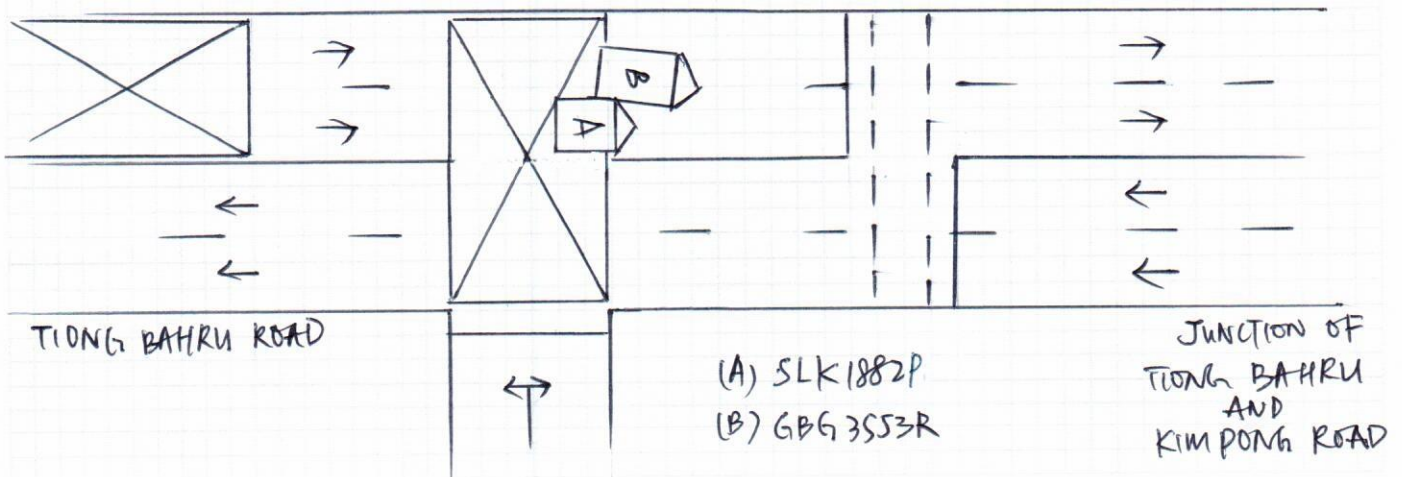
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

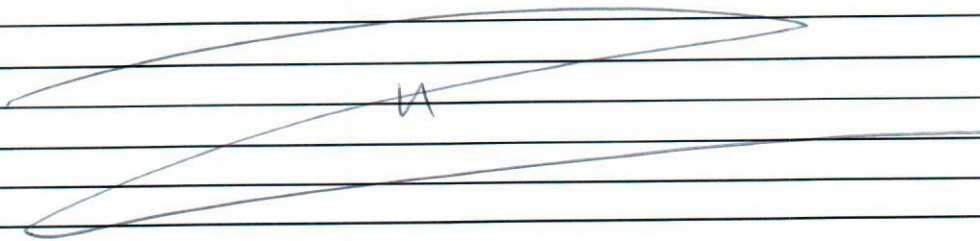
Sketch Plan Along Tiong Bahru Road before Junction of Tiong Bahru and Kim Pong Road



### Describe Circumstances of the Accident

On 10/06/2023 at about 1600hrs at along  
Tiong Bahru Road before Junction of Tiong Bahru Road  
and Kim Pong Road. I was travelling on the right lane  
and suddenly a vehicle (B) encroached into my lane  
without caution and without checking his blindspot and  
collided onto my front left portion of my vehicle causing  
damages to my vehicle. I have 2 passengers inside my  
vehicle. After the accident, I felt unwell and will consult  
a doctor. This is a 'hit-and-run' accident.

Vehicle A: SLK 1882P  
Vehicle B: GBG 3553R




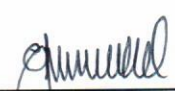
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your  
your own comprehensive policy. Please check your policy for more information.

### 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  
& Time

 12/06/2023  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20230612/7021

1 of 3

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

Report No. T/20230612/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/06/2023 11:33		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEE YAO WEI, ELROY			Address: 115 BEDOK RESERVOIR ROAD #04-120 SINGAPORE 470115		
ID Type / ID No.: NRIC NO / S9145362B			Contact No.: Home/Office: Mobile: 97220192		
Nationality: SINGAPORE CITIZEN			Email: elroychee21@gmail.com		
Sex: Male	Age: 31	Date of Birth: 09/12/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/06/2023 16:00	Type of Location: Straight Road
Location:  TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG3553R	Lorry					0
SLK1882P	Car					2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230612/7021

2 of 3

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

Report No. T/20230612/7021

**CONTINUATION OF REPORT**

Driver			
Name	CHEE YAO WEI, ELROY	ID No.	S9145362B
Related Vehicle	SLK1882P (Car)	Contact No.	97220192
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/06/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On 10/06/2023 at about 1600hrs at along tong bahru Road before junction of tong bahru Road and Kim pong Road. I was travelling on the right lane and suddenly a vehicle (b) encroached into my land without caution and without checking his blindspot and collided onto my front left portion of my vehicle (A). I have 2 passengers inside my vehicle. I would like to state that this is a hit and run accident.

Vehicle A: SLK1882P  
Vehicle B: GBG3553R



**SINGAPORE  
POLICE FORCE**



T/20230612/7021

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

3 of 3

Report No. T/20230612/7021

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

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

Date/Time:  
12/06/2023 11:33

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/06/2023		Time: 1600hrs		(hh:mm) 24 hr format	
Location along Tiong Bahru Road before Junction of Tiong Bahru and Kim pong Road.					
Vehicle Number SLK 1882P					
Insured Name CHEE chong seng					
NRIC /FIN S1187379J		Contact Number 9154 9923			
Make Honda		Model civic			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting					
Insurance Company TOKIO Marine					
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number 23- MM000738- R01					
Name of Driver CHEE YAO WEI, ELROY				( ) Same as Insured	
NRIC /FIN S9145362B		Contact Number 9722 0192			
Date of Birth 09/12/1991					
Driving Pass Date 25/09/2017					
Occupation ( ) Indoor ( / ) Outdoor					
Gender ( / ) Male ( ) Female					
Email Address Elroychea21@gmail.com				( ) NO EMAIL	
Address of Driver BLK 115 Bedok Reservoir Road				#04-120	
S(470115)					
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( / ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( / ) Clear ( ) Raining ( ) Others					
Road Surface ( / ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No					
Was anybody injured in the accident? ( / ) Yes ( / ) No					
If yes, injured detail back & neck pain (D) only					
Was there any video captured by Car Camera? ( / ) Yes ( ) No					
Was the Accident reported to the Police? ( / ) Yes ( ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B GBG 3553R					
Veh C					
Veh D					
Veh E					
Veh F					

Total of 3 persons including driver

- 1 male

- 1 female



## 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.: 23-MM000938-R01 ( Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLK1882P **Chassis No.:** MRHFC5650GT000770
2. **Name of Policyholder** MR CHEE CHONG SENG
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 09/01/2023
4. **Date of Expiry of Insurance** 08/01/2024
5. **Persons or Class of Persons entitled to drive\***  
 The Policyholder  
 Any person who is driving on the Policyholder's order or with their 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:** 2316DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 2,000
<b>Policy Excess:</b>	Excess-Third Party (Sect II)	SGD 1,500
	Young/Inexperienced Driver	SGD 3,500 (In additional to Section 1 & 2 separately)
	Windscreen Excess	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature