

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: <b>30/06/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/TM123006660/d4</b>	SAS e-filing		
Veh No: <b>SGQ 82SP</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A : <b>29/06/2023 10:53</b>	i-Motor Claim Form		
<b>OD (TP) Reporting Only</b>	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: <b>SFZ 8753A</b>	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%. 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.

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

<b>NA/2301969</b>	<b>Invoice Preparation Checklist</b>	Amf (\$)	An
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Ad
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	





## 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	30/06/2023 17:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2023 10:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE-SLE ANG MO KIO AVENUE 3
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ825P
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## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH SAY KEONG (FU SHIQIANG)
NRIC No	SXXXX624J
Email Address	XB8250@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91094425
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MT112070-R04

## DRIVER

Name of Driver	POH SAY KEONG (FU SHIQIANG)
NRIC No	SXXXX624J
Date Of Birth	30/01/1973
Occupation	Indoor



Date Of Driving Pass	23/05/2006
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91094425
Alt. Phone Number	-
Email Address	XB8250@HOTMAIL.COM
Address	APT BLK 435C FERNVALE ROAD
Address complement	# 24-232
Postcode	793435
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230630/7041

#### 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	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ8753A
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 .....	POH SAY KEONG (FU SHIQIANG)
Gender .....	Male
Phone No .....	(Phone) +65-91094425
Address .....	APT BLK 435C FERNVALE ROAD
Address Complement .....	# 24-232
Post Code .....	793435
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND LOWER BACK - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SGQ825P
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 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.

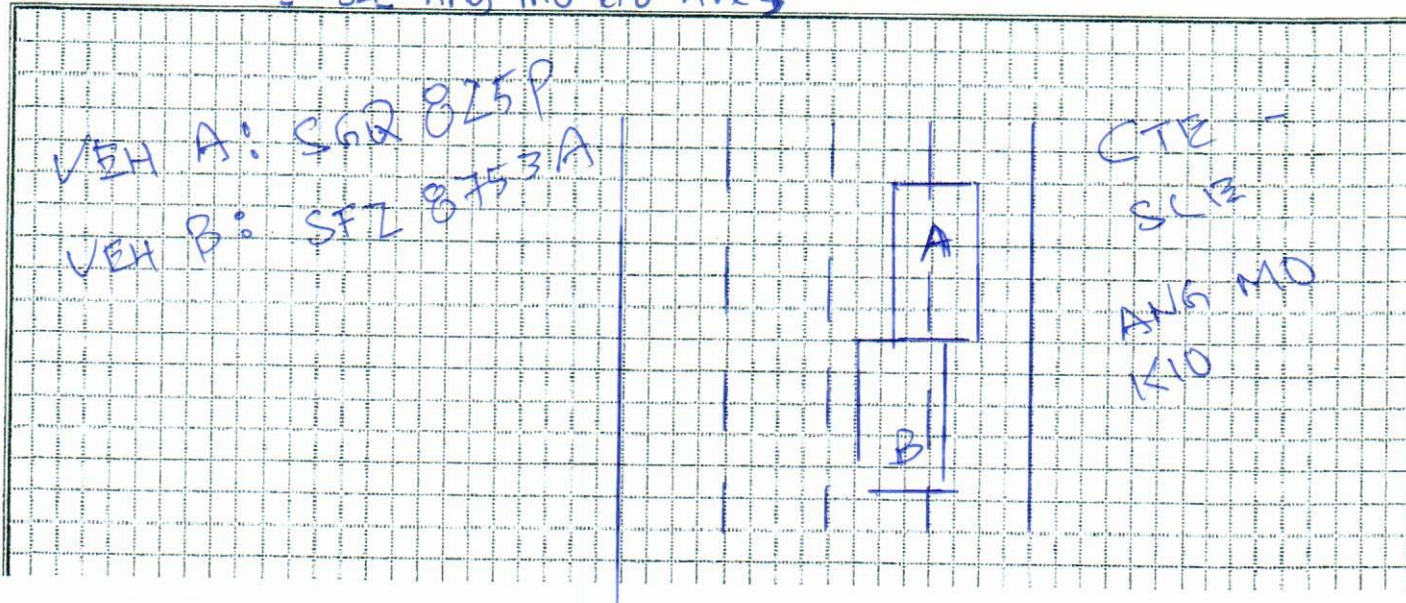
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NE/C/ID card)

Sketch Plan

CTE - SLE Ang Mo Kio Ave 3





Describe Circumstance of the Accident

As per Police Report -

- 7/20230630/7041 -

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

 30/6/2023

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230630/7041

1 of 3

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

Report No. T/20230630/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/06/2023 16:49	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: POH SAY KEONG			Address: 435C FERNVALE ROAD #24-232 SINGAPORE 793435		
ID Type / ID No.: NRIC NO / S7303624J			Contact No.: Home/Office: Mobile: 91094425		
Nationality: SINGAPORE CITIZEN			Email: XB8250@GMAIL.COM		
Sex: Male	Age: 50	Date of Birth: 30/01/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Narcotics officer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2023 10:50	Type of Location: Straight Road
Location:  ANG MO KIO INDUSTRIAL PARK 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFZ8753A	Car					0
SGQ825P	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230630/7041

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

2 of 3

Report No. T/20230630/7041

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ825P	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT112070	19/01/2019	18/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	POH SAY KEONG	ID No.	S7303624J
Related Vehicle	SGQ825P (Car)	Contact No.	91094425
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was stationary awaiting for traffic on the left to clear as there was road works infront of me when suddenly vehicle B SFZ 8753 A could not stop in time and collided into my vehicle rear portion. I felt uncomfortable after the accident and was given 5 days of MC by the doctor.





**SINGAPORE  
POLICE FORCE**



T/20230630/7041

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

3 of 3

Report No. T/20230630/7041

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

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

Date/Time:  
30/06/2023 16:49

Classification Of Case:

VEHICLE NO: SHQ 825PMAKE & MODEL: TOYOTA HARRIER AUTO / MANUAL  
C.C.

DATE OF ACCIDENT	<u>29 / 06 / 23</u>		
TIME OF ACCIDENT	<u>10 : 53</u> <u>AM</u> / <u>PM</u>		
LOCATION OF ACCIDENT	<u>CTE - SLE ANH MOKIU AVE 3</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	<u>POH SAY KEONG</u>		
EMAIL	<u>XB8250 @hotmail.com</u>	OFFICE:	MOBILE: <u>9109 4425</u>
NRIC	<u>S7303624 J</u>		
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY		
FLEET POLICY	YES / <u>NO</u> /		
INCURANCE CO.	<u>TOKIO MARINE</u>		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>23-MT112070 - R04</u>		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:		
NRIC			
DATE OF BIRTH	<u>30 / 01 / 73</u>		
ANY PASSENGER	YES / <u>NO</u> /		
NAME OF PASSENGER	<u>NIL</u>		
GENDER OF PASSENGER	<u>MALE</u> / <u>FEMALE</u>		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	<u>23 / 05 / 06</u>		
GENDER	<u>MALE</u> / <u>FEMALE</u>		
CONTACT NO.	Mobile:	Office:	Home:
EMAIL			
ADDRESS	<u>1B1K 435C PERIVALE ROAD #24-232</u> (793435)		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE:		
RELATIONSHIP	Employee / If No: <u>OWNER</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	No / If yes, Who? <u>Neck &amp; lower back.</u>		
CONTACT NO.			
ROLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?		
VEHICLE B NO.	<u>SFZ 8753A</u>	Any Passenger:	<u>NIL</u> <u>0</u>
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.			
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / <u>NO</u>		
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>		
Original Language Used	<u>English</u> / <u>Mandarin</u> / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		



TOKIO MARINE  
INSURANCE 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.: 23-MT112070-R04 ( Private Motor Car)

1. Index Mark and Registration Number of Vehicle SGQ825P Chassis No.: ZSU600074466
2. Name of Policyholder POH SAY KEONG (FU SHIQIANG)
3. Effective date of the Commencement of Insurance for the purposes of the Act 19/01/2023
4. Date of Expiry of Insurance 18/01/2024
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**

Insurance Plan:	Comprehensive Approved Workshop Plan	Account: 2712DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
Policy Excess:	Windscreen Excess	SGD 100
Financial Interest:	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature