

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SN0923740003

Date In: 04/07/2023 12:44	Job description	Date & Time Completed	Done by
Ref No: N/23017M123008674/4	SAS e-filing		
Veh No: SLW 73987	E-mail (within 8hrs. AIC 2hrs)		
D.O.A : 30/06/2023 19:00	i-Motor Claim Form		
OD / <u>TP</u> / 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: 8MY554TX	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

N/2301976	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	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		

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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	04/07/2023 12:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/06/2023 19:00 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	TURNING TO WOODLANDS AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7398T
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 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92323494
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 175 BOON LAY DRIVE #10-346
Address complement	-
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	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?	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?	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY5547X
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)	-

SKETCH PLAN

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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:

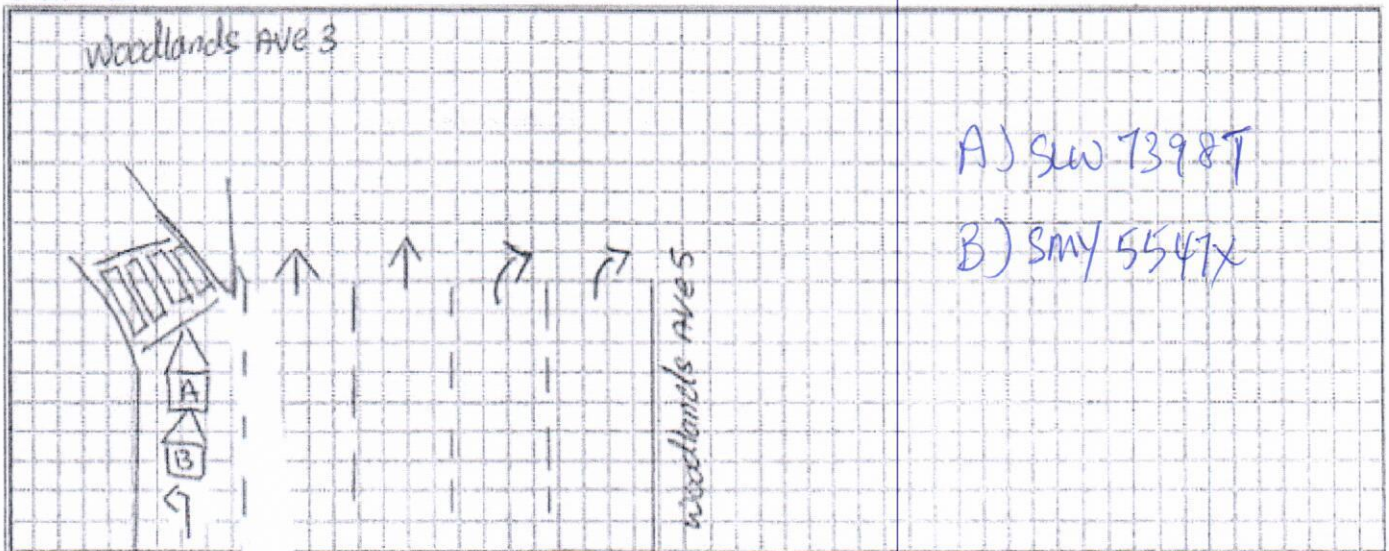
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident

on the stated time and date I vehicle (SLW 7398T) was
 travelling along Woodlands Ave 5 towards Woodlands Ave 3
 as the front car slow down and come to a stop, so I follow to a
 stop. A few second pass I felt an impact from my rear as the
 traffic is busy I move to aside but the rear vehicle (SMY 5547X)
 did not stop. I vent to carpark and check my vehicle and there's
 some dummies on my rear bumper.

Declaration

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

Policyholder's Signature / Date & Time

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

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/06/2023(dd/mm/yy) Time Of Accident: 19:00 (24-HR-FORMAT)

Vehicle No: SLW 7398 T Vehicle Make & Model: Subaru Forester XT Private Hire: (Y/N)

Exact Location Of Accident: Woodlands Ave 5 turning to Woodlands Ave 3

Policyholder's Name/IC No: LOH CHENG CHWEE S80362401

Driver's Name/IC No: LOH CHENG CHWEE (As Above) ☐

Driver's Contact No: 92323494 Company Contact No(Company Veh Only): —

Driver's Address: Blk 175 Boon Lay Dr #10-346's' 640175

Email Address: Spoon_vins@hotmail.com Insurance Company: TOKIO marine

RELATIONSHIP BETWEEN OWNER & DRIVER:(Please **CIRCLE** one only) *Car: AUTO / MANUAL

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

What Do You Wish to claim? (Please **CIRCLE** one only) *CC: 2000

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? (Please **CIRCLE** one only)

Private Use / Work Purpose

Occupation (nature of job): Indoor / Outdoor *No. of passengers (Including Driver): 1

*Passenger Name: — 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: SMY5547 X

Driver's Contact No: — Insurance Company: —

Private Hire: (Y/N) Other : —

2.Driver's Name / IC No. — Vehicle No: —

Driver's Contact No: — Insurance Company: —

Private Hire: (Y/N) Other : —

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

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. | | |
| (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 No: 1914DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	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.

Authorized Signature