

NATIONAL Assessment Centre Services (wef 1 Jan 06)

SU0923740008

Date In: 10/07/2013 15:03	Job description	Date & Time Completed	Done by
Ref No: NBA/TM128006936/4	SAS e-filing		
Veh No: SCV 9868D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/07/2013 16:40	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: PMD	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

NA23D2066	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add
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		
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	

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	10/07/2023 15:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/07/2023 16:40 (SGT)
Exact Location of Accident	Teck Whye Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV9368D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHOY LAI
NRIC No	SXXXX759B
Email Address	ngchoylai@gmail.com
Mobile Phone No	(Phone) +65-96736997
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MV009042-R06

DRIVER

Name of Driver	NG CHOY LAI
NRIC No	SXXXX759B
Date Of Birth	07/07/1959
Occupation	Indoor

Date Of Driving Pass	27/09/1988
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96736997
Alt. Phone Number	-
Email Address	ngchoylai@gmail.com
Address	138 HILLVIEW AVENUE #10-06
Address complement	-
Postcode	669599
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	No 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?	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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	GOH BENG SEE
NRIC No	SXXXX379G

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PMD
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.

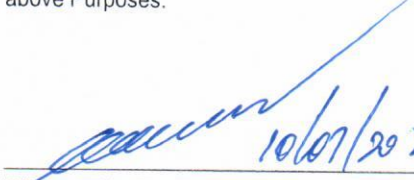
(collectively the "**Purposes**")

(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

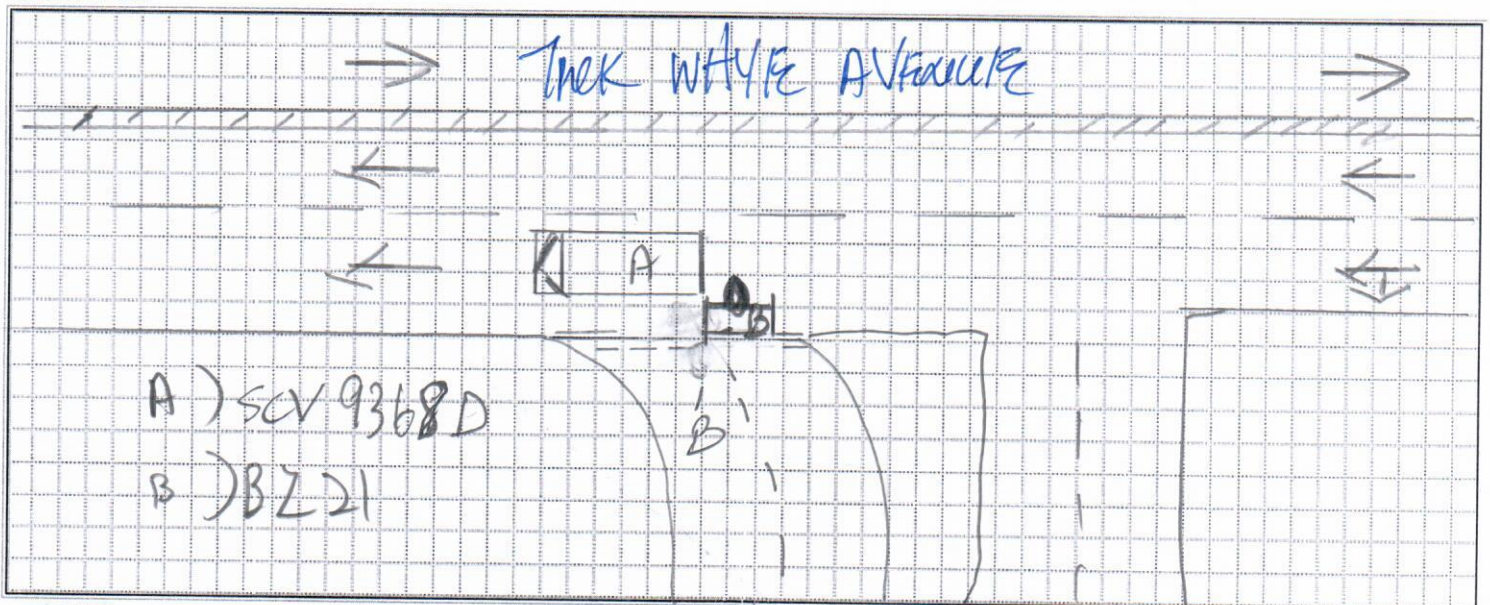
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 - 10-7-23
Policyholder's Signature / Date & Time
12:29

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

 10/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

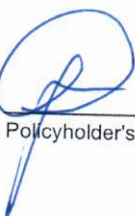


Describe Circumstance of the Accident

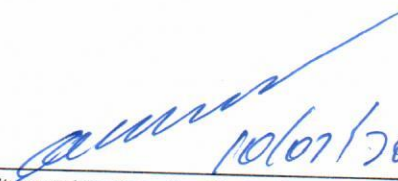
ON 08/07/2023 AT ABOUT 16:40HRS I WAS DRIVING
ALONG THE WAVE FIVE JUST INFRONT OF THE
WHITE CRASHMAN I FELT A SLIGHT SOUND, I STOP
MY CAR & SAW A PMO RIDER (B721) ON THE
FLOOR. HE SAYS THAT I DROVE INTO HIM. MY VIEW
FOOTPATH BLOCKED BY THE TRAFFIC POLICE.

Declaration

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

 - 10-7-23
Policyholder's Signature / Date & Time
12:29 PM

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

 10/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 08/07/2023	TIME OF ACCIDENT : 17:19 16:40
VEHICLE NO : SCV 9368D	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : MARCAHDS	LOCATION : TRUCK WAVE AVENUE
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : TOKIO MARINE	POLICY NO : 22-MV009042-ROB
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : NG CHOI LOI	NRIC : S2583719 B
ADDRESS :	CONTACT NO : 96736997
EMAIL ADDRESS : ngchoilai@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : CONTACT NO :
DRIVER OWNER RELATIONSHIP : Owner	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 07 / 07 / 1959	DRIVING PASSING DATE : 27/09 / 1988
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO, IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : BZ 21	VEHICLE C REG NO :
DRIVER NAME : (PMD) Goh Bunch Sook	DRIVER NAME :
NRIC : S7240379 G	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	WERE SEAT BELTS WORN ? : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

Tokio Marine Insurance Singapore Ltd.

(Company Reg No: 192300014M01GST 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.: 22-MV009042-R06 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SCV9368D Chassis No.: WDC2539462F105335
2. Name of Policyholder MR NG CHOY LAI
3. Effective date of the Commencement of Insurance for the purposes of the Act 07/10/2022
4. Date of Expiry of Insurance 06/10/2023
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: 2257DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,500
Policy Excess:	Windscreen Excess SGD 100
Financial Interest:	MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature