

**NATIONAL Assessment Centre Services** (wef 1 Jan 06)

Date In: 10/07/2023	Job description	Date & Time Completed	Done by
Ref No: NALMI23006937/d4	SAS e-filing		
Veh No: SKQ 8038 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/07/2023 15:55	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: SMR 45104 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	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist		Amt (\$)	A
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee	\$40/\$45		
	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)			
Auditors' Comments:	6) TR : Re-inspection	\$75		
	7) N1 : Idao DA + SMRT Survey	\$160		
Cat. 1:	8) NTUC Additional Services:-			
	OD*			
Cat. 2 / 3:	*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: Idao 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 14:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/07/2023 15:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MOUNTBATTEN ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKQ8038U

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KOON SENG
NRIC No	SXXXX842D
Email Address	OPTIONSGARAGE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93874443
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variation	-
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	1798

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MP002001-R01

### DRIVER

Name of Driver	NG KOON SENG
NRIC No	SXXXX842D
Date Of Birth	29/04/1969
Occupation	Outdoor

Date Of Driving Pass .....	11/09/1992
Driving experience .....	30 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93874443
Alt. Phone Number .....	-
Email Address .....	OPTIONSGARAGE@HOTMAIL.COM
Address .....	APT BLK 544 HOUGANG AVENUE 8
Address complement .....	# 03-1255
Postcode .....	530544
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 THE ATTACHED STATEMENT

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 .....	SMR4510U
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

IMPORTANT NOTICE

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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

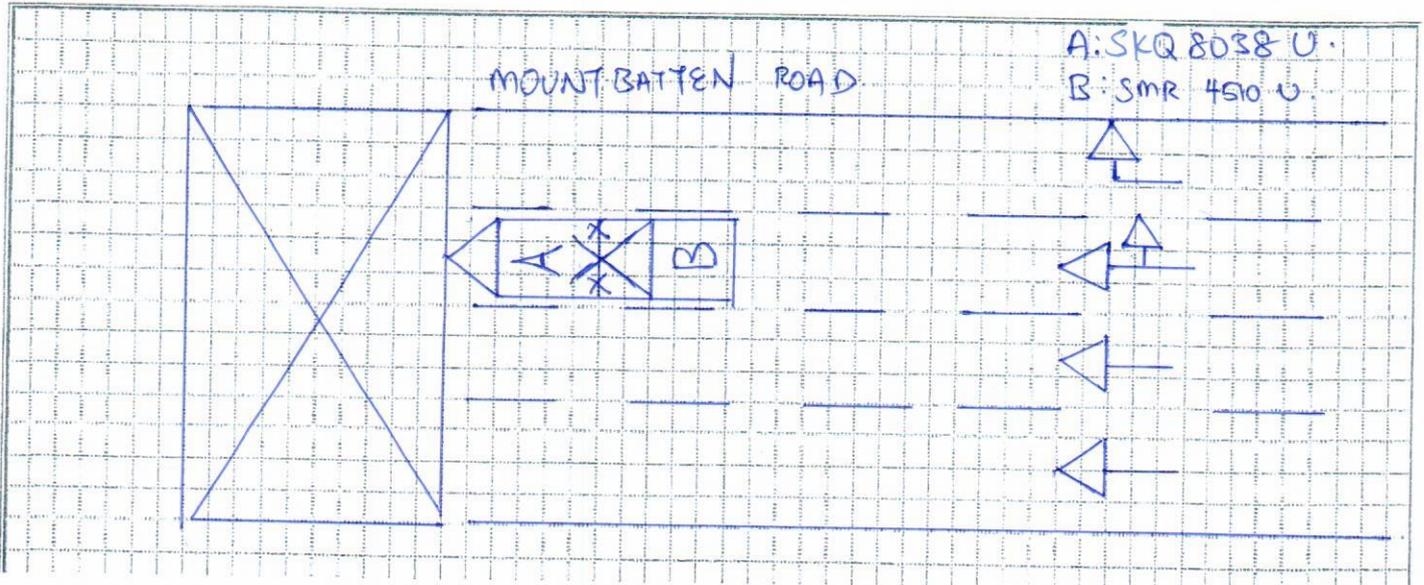
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

① DATE 08/07/2023 , TIME : ABOUT 1555HRS , LOCATION :  
MOUTBATTEN ROAD .

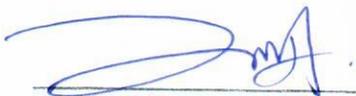
② VEHICLE "A" WAS SLOWING DOWN AND CAME TO A  
STOP DUE TO TRAFFIC LIGHT WAS RED RIGHT TURN ARROW .

③ ALL OF A SUDDEN , VEHICLE "B" COLLIDED ONTO  
VEHICLE "A" REAR ENDED . THE IMPACT WAS HUGE .

④ EXCHANGED DETAILS AND MOVED ON TO INSURANCE  
CLAIM .

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

  
Witnessed by Reporting Centre Personnel

VEHICLE NO: SKQ 2038 U

MAKE & MODEL: TOYOTA WISH

AUTO  MANUAL

DATE OF ACCIDENT	<u>08 / 07 / 2023</u>	C.C. <u>1.8</u>
TIME OF ACCIDENT	<u>1555HRS</u> AM / <input checked="" type="checkbox"/> PM	
LOCATION OF ACCIDENT	<u>MOUNTBATTEN ROAD</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE	
<b>NAME OF OWNER</b>	<u>NG KOON SENG</u>	
EMAIL	<u>OPTIONS GARAGE @HOTMAIL.COM</u>	OFFICE: MOBILE: <u>9387 4443</u>
NRIC	<u>S6912842D</u>	
CLAIM TYPE	<input type="checkbox"/> OD / <input checked="" type="checkbox"/> THIRTY PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
INCURENCE CO.	<u>23-MP002001-R01 (TOKIO MARINE)</u>	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	<u>23-MP002001-R01</u>	
<b>NAME OF DRIVER</b>	<input checked="" type="checkbox"/> AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	<u>29 / 04 / 1969</u>	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
NAME OF PASSENGER	_____	
GENDER OF PASSENGER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	<u>11 / 09 / 1992</u>	
GENDER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
CONTACT NO.	Mobile: <u>9387 4443</u> Office: Home:	
EMAIL		
ADDRESS	<u>544 HOUGANG AVE 8 #03-1255</u>	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: <u>OWNER</u>	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Other:	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	<input checked="" type="checkbox"/> No / If yes, Who?	
VEHICLE B NO. <u>SMR 4510 U</u>	Any Passenger:	
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?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
<b>WHO IS REPORTING</b>	<input checked="" type="checkbox"/> DRIVER / <input checked="" type="checkbox"/> OWNER / <input type="checkbox"/> BOTH	
<b>Original Language Used</b>	<input checked="" type="checkbox"/> English / <input type="checkbox"/> Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	



### 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-MP002001-R01 ( Private Motor Car)

- |  |  |                                       |
|--|--|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>  | SKQ8038U   | <b>Chassis No.:</b> JTDGG20W40J001964 |
| <b>2. Name of Policyholder</b>   | NG KOON SENG   |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b>  | 29/06/2023   |                                       |
| <b>4. Date of Expiry of Insurance</b>  | 28/06/2024   |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>   |  |                                       |
|  | (a) The Policyholder.  |                                       |
|  | (b) Any other person who is driving on the Policyholder's order or with his permission.  |                                       |
| <b>* 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.</b> |  |                                       |
| <b>6. Limitations as to use*</b>   |  |                                       |
|  | 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. |                                       |
| <b>* 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.</b>  |  |                                       |

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).

<u>ADDITIONAL INFORMATION</u>		Account: 2477DDA
<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 800
<b>Policy Excess:</b>	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	HL BANK	

Tokio Marine Insurance Singapore Ltd.

\_\_\_\_\_  
 Authorised Signature