

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

SN09237R0004

Date In: 27/07/2013 18:58	Job description	Date & Time Completed	Done by
Ref No: N168/TM123007601/y	SAS e-filing		
Veh No: SME 1846P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/07/2013 06:40	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: SMS 31887	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

NA2302239	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) 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:-		
	OD*		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 First Submission	27/07/2023 11:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/07/2023 06:40 (SGT)
Exact Location of Accident	100 Bukit Timah Rd, Singapore 229899
Additional Location Information	K.K. HOSPITAL DRIVEWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1846P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE KUM CHEW (LI JINCHAO)
NRIC No	SXXXX542I
Email Address	susrez.liverpoolfc@gmail.com
Mobile Phone No	(Phone) +65-92988890
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1497

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR004850-R01

### DRIVER

Name of Driver	LEE KUM CHEW (LI JINCHAO)
NRIC No	SXXXX542I
Date Of Birth	14/01/1975
Occupation	Indoor

Date Of Driving Pass	08/12/2000
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92988890
Alt. Phone Number	-
Email Address	susrez.liverpoolfc@gmail.com
Address	BLK 543 ANG MO KIO AVENUE 10 #11-2304
Address complement	-
Postcode	560543
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	Side Swipe
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)	2
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	OH BEE KHIAM (WIFE)
Gender	Female

#### 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 AND 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	SMS3188T
Vehicle Manufacturer	Honda
Vehicle Model	Vezei



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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 be 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 claim;

(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

Sketch Plan

K-K. HOSPITAL DRIVE WAY

VEH A: SM E 1846 P

VEH B: SM S 3188 T



### Describe Circumstances of the Accident

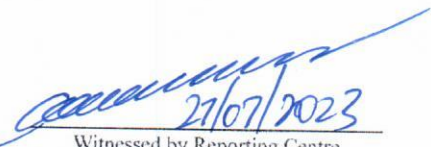
On 24 July 2023 at around 6.40am, i am driving Vehicle A SME1846P along KKH drive way when Stationary Vehicle B SMS3188T dropped off passenger failed to signal and failed to keep a proper look out before moving of and hit my passenger front and rear door.

### 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

  
21/07/2023  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### Accident Statement Form

Passenger wife  
On Beckham

This is NOT an admission of blame/liability, but a summary of identities and facts which will speed up the settlement claim.  
This form is to facilitate the mobile reporting service for e-filling.

Date of Incident:	24 Jul 2023	Time of Incident:	6:40am	Incident Location:	K K Hospital Drive Way
Purpose of Usage:	Private	Got Video:	Yes	No of People:	2 (Inclusive of Driver)
Weather:	Clear	Road Condition:	Dry	Purpose of report:	Reporting Only
Police Report:	No	Notice of Prosecution:	No		

#### VEHICLE DETAIL

Car Plate:	SME1846P	Colour:	Dark Brown	Car Model:	HONDA HRV 1.5 DX CVT
Owner Name:	LEE KUM CHEW (LI JINCHAO)	NRIC/FIN/PP:	S75015421	Contact No:	92988890
Address:	APT BLK 543 ANG MO KIO AVENUE 10 #11-2304 SINGAPORE 560543			Email:	susrez.liverpoolfc@gmail.com
Insurance Company:	Tokio Marine Insurance	Policy No.:	22-MR004850-R01	Policy Type:	Comprehensive

#### OTHER PARTY DETAIL(S)

Car Plate:	SMS3188T	Colour:		Car Model:	Honda Vezel
Driver Name:		NRIC/FIN/PP:		Contact:	0
Detail of property if not vehicle:					

#### DECLARATION

We declared that the above particulars & information provided above are true in every aspect.

05/7/23

Date / Time



Name / Signature



Tokio Marine Insurance Singapore Ltd.

20 Marina Street #09-01 Tokyo Marine Centre Singapore 065046

Tel: (65) 6721 6111 Fax: (65) 6721 4365 / (65) 6224 0385 E: [info@tokiomarine.com.sg](mailto:info@tokiomarine.com.sg) W: [www.tokiomarine.com](http://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-MR004850-R01 ( Private Motor Car)

1. Index Mark and Registration Number of Vehicle SME1846P Chassis No.: JHMRU1810JX200332
  2. Name of Policyholder LEE KUM CHEW (LI JINCHAO)
  3. Effective date of the Commencement of Insurance for the purposes of the Act 21/09/2022
  4. Date of Expiry of Insurance 20/09/2023
  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

Insurance Plan:	Comprehensive Approved Workshop Plan	Account: E2316DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
Policy Excess:	Windscreen Excess	SGD 100
Financial Interest:	OVERSEAS-CHINESE BANKING CORPORATION LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature