

# NATIONAL Assessment Centre Services

(wef 1 Jan 06)

8009237V000M

Date In: 31/01/2013 18:01	Job description	Date & Time Completed	Done by
Ref No: N88/TM128007713/Y	SAS e-filing		
Veh No: 8MT 5882D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/01/2013 17:40	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Ve. No: QND 1443L 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)

Remarks	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

NA2302264

Claimant's Particulars :-	Invoice Preparation Checklist	Amil (\$)	Amil
Driver/Owner:		Is Bill	Add
Contact No:	1) AR : Accident Reporting (\$30);		
Damaged Portion:	2) DA : Damage Assessment (\$100); INC (\$80)		
QC Checked by (Engr-In-Charge):	3) TF : Towing Fee \$40/\$45		
	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:-		
	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 \$0		
	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 First Submission	31/07/2023 18:01 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2023 17:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT5882D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE CHING PING ANGELINE
NRIC No	SXXXX206H
Email Address	russell.97@hotmail.com
Mobile Phone No	(Phone) +65-96218124
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1339

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ0028820-R01

## DRIVER

Name of Driver	OON CHONG WEI, RUSSELL
NRIC No	SXXXX765I
Date Of Birth	08/04/1997
Occupation	Indoor

Date Of Driving Pass	24/11/2016
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96513692
Alt. Phone Number	-
Email Address	russell.97@hotmail.com
Address	BLK 527 WOODLANDS DRIVE 14 #09-503
Address complement	-
Postcode	730527
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	LI HUI MIN
Gender	Female

#### 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 POLICE REPORT T/20230731/7062

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number .....	SND1443L
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BRANDON HO SONG WEI
NRIC No .....	SXXXX238E
Contact Number .....	(Phone) +65-89523988
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 .....	OON CHONG WEI, RUSSELL
Gender .....	Male
Phone No .....	(Phone) +65-96513692
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMT5882D
Were seat belts worn? .....	Yes
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 Authorised 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. 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 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.

abc

Policyholder's Signature / Date & Time

Driver

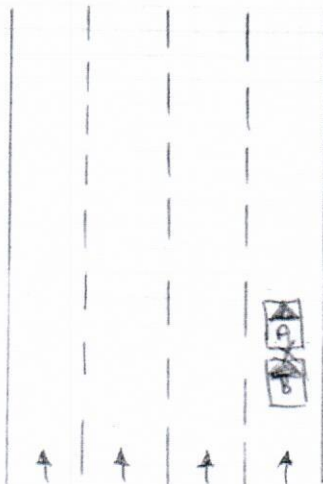
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

31/6/2023

### Sketch Plan

CTE Expressway TNDR SLE



Vehicle A: SMT 58821D

Vehicle B: SND1443L

Describe Circumstances of the Accident

Refer to Police Report  
(Report No: 71 202307311 7062)

Declaration

We declare the foregoing particulars are true in every respect.

alee  
Policyholder's Signature / Date & Time

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

31/07/2023  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230731/7062

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

1 of 3

Report No. T/20230731/7062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2023 15:00	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: OON CHONG WEI, RUSSELL			Address: 527 WOODLANDS DRIVE 14 #09-503 SINGAPORE 730527		
ID Type / ID No.: NRIC NO / S9711765I			Contact No.: Home/Office: Mobile: 96513692		
Nationality: SINGAPORE CITIZEN			Email: RUSSELL.97@HOTMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 08/04/1997	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: COMMERCIAL PLANNING EXECUTIVE			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2023 17:40	Type of Location: Straight Road
Location:  MERGUI ROAD				
Weather: Clear		Road Surface:		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SMT5882D	Car	HONDA	JAZZ			1
SND1443L	Car		VEZEL			0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230731/7062

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

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Report No. T/20230731/7062

**CONTINUATION OF REPORT**

Passenger			
Name	LI HUI MIN	ID No.	S9601810Z
Related Vehicle	SMT5882D (Car)	Contact No.	96581854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,3A Date of Expiry: NIL
Date	29/07/2023	Date	29/07/2023
No. of Days granted Medical Leave	NIL	Degree of	Serious
Driver			
Name	OON CHONG WEI, RUSSELL	ID No.	S9711765I
Related Vehicle	SMT5882D (Car)	Contact No.	96513692
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	30/07/2023	Date	30/07/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A (SMT 5882 D) WAS TRAVELLING STRAIGHT ALONG CTE EXPRESSWAY TOWARDS SLE. WHILE I WAS TRAVELLING STRAIGHT ON LANE 1 OF THE STATED VENUE. WHEN IN FRONT OF MY VEHICLE SLOWED DOWN AND STOP I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER I ALIGHTED THEN I REALISE THAT IT WAS VEHICLE B (SNB 1443 L) HAS COLLIDED ONTO MY VEHICLE. AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT RAFFLES MEDICAL (WOODLAND) AS I FELT PAIN IN MY NECK AND BACK AND WAS GIVEN 3 DAYS MC.  
I WISH TO STATE THAT I HAVE ONE PASSENGER INSIDE MY VEHICLE.



**SINGAPORE  
POLICE FORCE**



T/20230731/7062

3 of 3

Report No. T/20230731/7062

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
31/07/2023 15:00

Classification Of Case:

Date of Accident : 29/07/2023 Accident Time: 17:40 HRS (24-HR-Format)  
Accident Place : CTE Expressway Towards SLE  
Vehicle No. (Car Plate No.) : SMT5882D Make/Model: Honda Jazz (1.3CC)  
Insurance Company : Tokio Marine Policy No: 22-MQ002820-R01  
Owner or Company Name /IC No. : Lee ching Ping Angeline (S701820614)  
Owner or Company Contact No. : 9621 8124 Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : Oon chong wei, Russell (S97117651)  
DRIVER'S Date Of Birth : 08/04/1997 DRIVER'S License Pass Date 24/11/2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -  
DRIVER'S Address : 527 Woodlands Drive 14 # 09-503 (S) 730527  
DRIVER'S Contact No./ Alt No. : 1) 9651 3692 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : russell.97@hotmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 02  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): yes, Driver & passenger -> (Back)  
(Back & Neck)

**Other Party Driver's Particular (if any)**

Vehicle No: <u>CND1443L</u>	Vehicle No: _____
Vehicle Make\Model: <u>Honda vezel</u>	Vehicle Make\Model: _____
Name Driver: <u>Brandon HO Song wei</u>	Name Driver: _____
IC No. Driver/Contact: <u>S9149238E / 8952 3988</u>	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

1 LI HUI MIN (FEMALE)

# 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

FORM MX1

## Certificate of Insurance

**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-MQ002820-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMT5882D Chassis No.: JHMGK3850LS218002
2. Name of Policyholder LEE CHING PING ANGELINE
3. Effective date of the Commencement of Insurance for the purposes of the Act 06/07/2022
4. Date of Expiry of Insurance 05/07/2024
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
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100
Financial Interest:	UNITED OVERSEAS BANK LIMITED

Account: E2316DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature