

NATIONAL Assessment Centre Services

(Unit 1 Jan 2000)

NA117160610

Date In: 06/12/07 10:42	Job description	Date & Time Completed	Done by
Ref No: NBA/MI/1023120/1	SAS e-Mailing		
Veh No: SJN 5809J	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 05/12/2017 12:20	f-Motor Claim Form		
OD: TP / Reporting Only	f-Motor W/O (within: 00 hrs, TP 3hrs)		
	f-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SKJ 3063R	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%(Note: BSL 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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

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

NA1707608	Invoice Preparation Checklist	NA117160610
Human's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)
Contact No:	3) TP: Towing Fee	\$10/\$15
Assessed Portion:	4) FT: Follow-Through Survey	\$120
	5) RT: Follow-Through Survey (Resurvey)	\$30
	Per claimant against INC Only (w/ef 10 Jan 2010)	
	6) TR: Re-inspection	\$75
	7) NI: f&w DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	9) Q1:	
C. Checked by (Engn-In-Charge):	*N3: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DY / Collect Excess Coordination	\$5
	TP (NI) / TP (Non INC) against INC	\$20
	9) N12: f&w DA	\$0
	Invoice dated	File Charged
	Invoice dated	File 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 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 ability.
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 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 Report	06/12/2017 10:42
Date Of Accident	05/12/2017 12:20
Exact Location Of Accident	LOR 6 TOA PAYOH TOWARDS LOR 8 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5809J
Insured/Policyholder	
Name Of Registered Owner	JUPITER SOLUTIONS PTE LTD
Co Reg No	-
Email Address	BERNARD@JUPITER-SOL.COM
Mobile Phone No	(LOCAL) +65-82689095
Alternative Phone No	OFFICE-82689095

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MD004818-R05
Cover Note Number	

Driver

Name of Driver	CHAN KWANG HOR
NRIC No	S1309189G
Date Of Birth	29/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1979
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82689095
Fax Number	
Contact Number	OTHERS-82689095
Email Address	BERNARD@JUPITER-SOL.COM

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKJ3063R
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver YONG HWEE HONG
NRIC/Passport Number S1675891D
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH1549T
Vehicle Make/Model/Colour NISSAN

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

VEHICLE NO: _____

DOA: _____

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 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.

PLEASE NOTE YOUR INSURER MAY HAVE A **14 DAY-TIMEFRAME** FOR YOU TO SUBMIT AN OWN JUPITER SOLUTIONS PTE LTD MAKE CLAIM UNDER YOUR OWN POLICY.

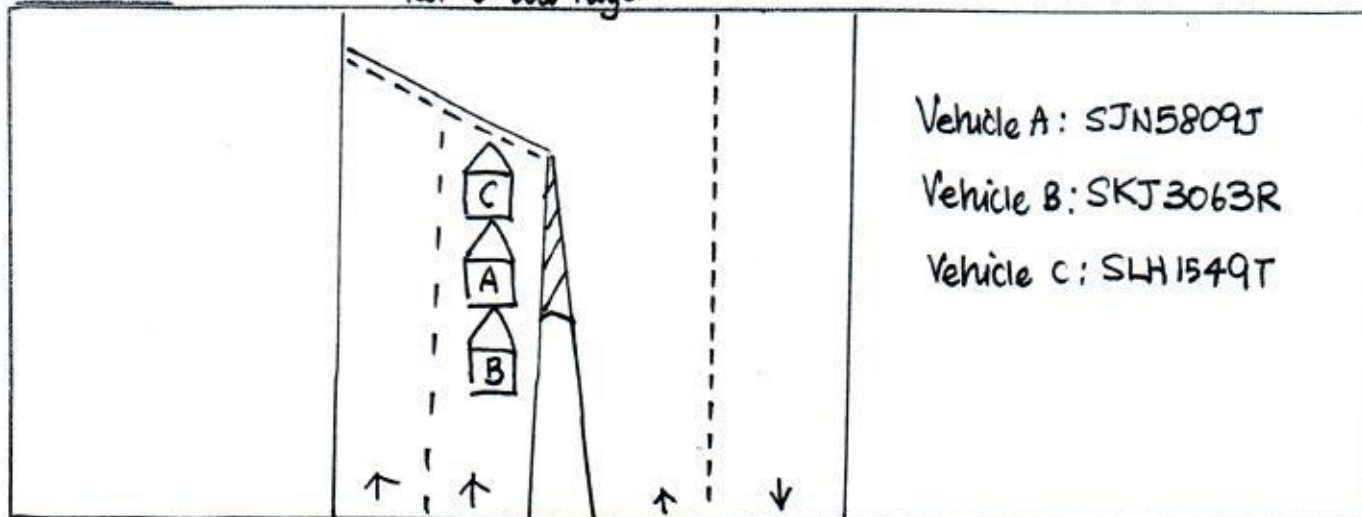
Policyholder's Signature / Date & Time

Signature (if driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Lor 6 Toa Payoh



Vehicle A: SJN5809J

Vehicle B: SKJ3063R

Vehicle C: SLH1549T

Describe Circumstances of the Accident

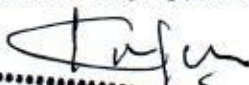
I was travelling along Lor 6 Toa Payoh towards Lor 8 Toa Payoh at 1220Hrs on 05/12/17.

The vehicle C stopped to give way to incoming traffic so I followed and also came to a complete stop.

Suddenly, Vehicle B came from behind and hit onto my stationary vehicle A.

Declaration

JUPITER SOLUTIONS PTE LTD
We declare the foregoing particulars to be true in every respect.



Policyholder's Signature / Date & Time



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

 06/12/2017

Witnessed by Reporting Centre Personnel

Personal Particulars

Date of Accident: 05 / 12 / 2017 (dd/mm/yy)

Time of Accident: 12 : 20 (24 Hrs)

Vehicle No.: SJN 5809 J Vehicle Make / Model: Camry 2.0 Auto

Exact location of Accident: Lor 6 Toa Payoh toward Lor 8 Toa Payoh

Owner's Name / IC No.: Jupiter Solutions Pte Ltd

Driver's Name / IC No.: Chan Kwang Hor

Driver's Contact No.: 82689095 Insurance Company & Policy No.: Tokio Marine

Driver's E-mail address: bernard@jupiter-sd.com 17-MD 004818-R03
Sel. com (chanxrepairs@gmail.com)

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify:

What do you wish to claim? (Please circle one only)

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) 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

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No If Yes, which police station? _____

The Other Party (Vehicle B) Details:

3) Driver's Name / IC No.: _____

Vehicle No.: SKJ 3063 R

Insurance Company: _____

Driver's Contact No: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

C Other (Vehicle C) Involved: SLH 1549 T Nissan

Independent Witness (If Any): _____ Contact No: _____

Preferred workshop Name (If Any): _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

Office : 62722242

82689095

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1309189G



NAME
CHAN KWANG HOR

RACE
CHINESE

Date of Birth
29-10-1958

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1309189G

Name
CHAN KWANG HOR

Birth Date 29 Oct 1958

Issue Date 06 Sep 2003

1000826450D

(YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

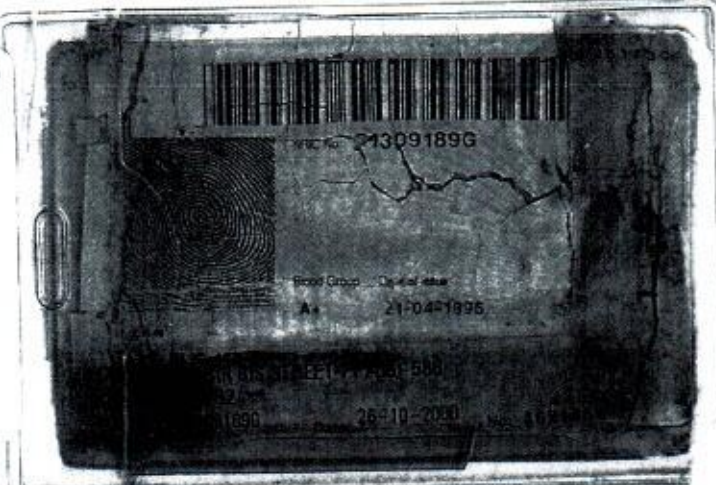
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

26 Oct 1979

Licence No: S1309189G

WP 426A



Barcode

Licence No: S1309189G

Class 3

21-04-1995

26-10-2003



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.: 17-MD004818-R05 (Private Motor Car)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJN5809J | Chassis No.: MR053BK4107042632 |
| 2. Name of Policyholder | JUPITER SOLUTIONS PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 20/08/2017 | |
| 4. Date of Expiry of Insurance | 19/08/2018 | |
| 5. Persons or Class of Persons entitled to drive* | Any person who is driving on the policyholder's order or with their 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: 1195DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreen Excess	SGD 100
Financial Interest:	BANK OF EAST ASIA LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIA117160610 Vehicle Registration No : SJN 5809 J
Name (as shown in NRIC) : CHAM KWANG HOR NRIC/FIN/Passport No : S1309189 G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 82689095
Email Address : _____
Date of Accident : 05/12/2017 Time of Accident : 12:20
Place of Accident : LOR 6 TOWARDS LOR 8 TOA PAYH
Insurance Company : TOKIO MARINE INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INSERT TIP NAME YONG HWEK HONG IL: S1675891D

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSLI WATON
NRIC/FIN No.:
Date: 06/12/2017