

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 08/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/IN/17023334/13	SAS e-filing		
Veh No: 5JE6304P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/12/17 0840	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: SFC72E	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

NA 1707581	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
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			
Auditors' Comments :-	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:-			
	OB*			
	*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 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	08/12/2017 11:45
Date Of Accident	06/12/2017 08:40
Exact Location Of Accident	MOUNT SINAI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE6304P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BRIGHTSTAR CAR RENTAL PTE LTD
Co Reg No	-
Email Address	TANHEHE@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81450033

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI001503-R00
Cover Note Number	

### Driver

Name of Driver	SIM AIK PIN
NRIC No	S1789882E
Date Of Birth	11/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1993
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82601695
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 302A ANCHORVALE LINK #06-60
Postcode	541302
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20171207/2014 & F/20171207/2015.

#### 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	SFC72E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	WONG KHAI LINN(WANG KAILIN)
NRIC/Passport Number	S7200983E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	MATT OSBORNE
------	--------------

Phone Number

81258869

Email Address

**DETAILS OF INJURED PERSON 1**

Name

SIM AIK PIN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJE6304P

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

*Andrew*

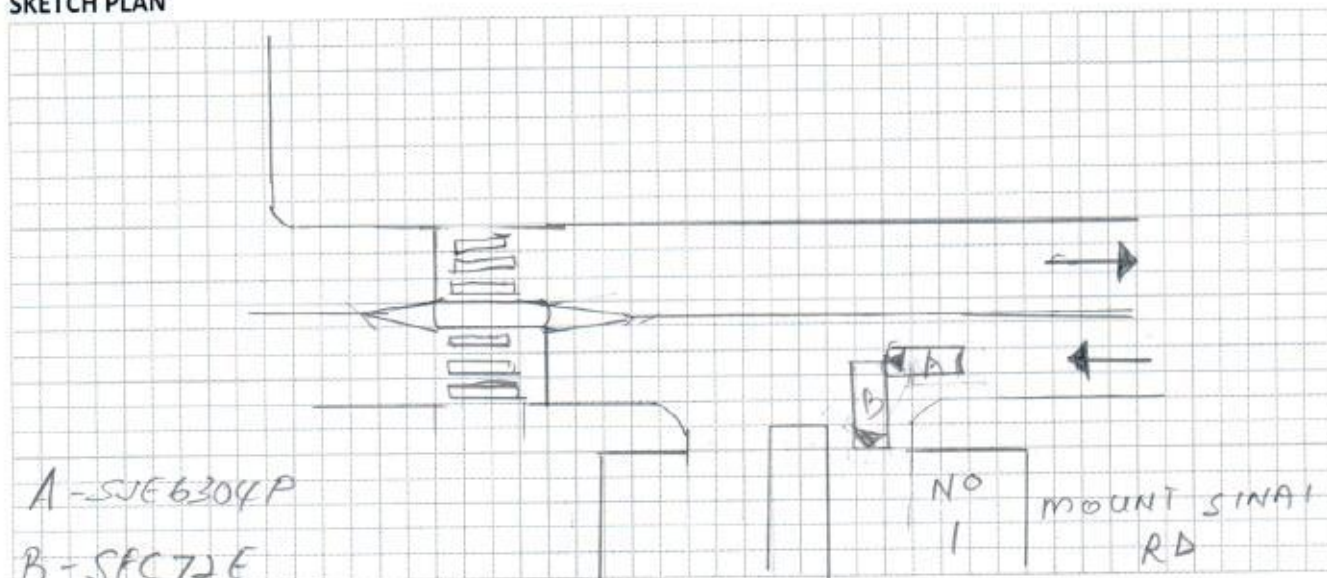
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

8/12/17.

*sfw* 08/12/17

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: F/20171207/2014  
F/20171207/2015

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



F/20171207/2014

1 of 2

## POLICE REPORT (NP299)

Report No. F/20171207/2014

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Date/Time Report Made 07/12/2017 02:46	Vide Report No.	Station Diary No. 11		
Name Of Informant SIM AIK PIN	Address APT BLK 302A ANCHORVALE LINK #06-60 SINGAPORE 541302			
ID Type / ID No. NRIC NO / S1789882E	Contact No. Home/Office	Mobile 82601695		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Grab Driver	Sex Male	Age 50	Date of Birth 11/10/1967	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 06/12/2017 08:40	Location Of Incident MOUNT SINAI ROAD SINGAPORE 1 Mount Sinai Road			

### Brief details.

On 06/12/2017 at about 0840hrs, while I was driving my vehicle (Registration Number: SJE6304P) along Mount Sinai Road at a very slow speed and approaching a zebra crossing, suddenly I witnessed there is a vehicle (Registration Number: SFC72E) had reversed out of number 1 of Mount Sinai Road at a very fast speed. As I was driving, I had hit on the rear side of the vehicle. Both vehicle then stopped and make a check on individual car. We then exchange particulars and both parties left the scene. There is no traffic police and ambulance attended at the accident scene. After the accident, I felt pain at my neck

Signature Of Officer Recording The Report:

F / Sgt 3 TAY MING HONG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
Sr Staff Sgt LIM KIM HWEE  
Contact No.: 64890999

Signature Of Informant:

Date/Time:  
07/12/2017 02:46

Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20171207/2014

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. F/20171207/2014**

area thus I went to the doctor to get myself examine. I was given a total of 2 days of Medical Leave. I wished to state that my passenger namely, Matt Osborne (Fin: G3072252W, HP: 81258869) can be my witness as he had witness the whole accident scene.

Signature Of Officer Recording The Report:

F / Sgt 3 TAY MING HONG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
Sr Staff Sgt LIM KIM HWEE  
Contact No.: 64890999

Signature Of Informant:

Date/Time:  
07/12/2017 02:46

Classification Of Case:

Authentication Stamp







**SINGAPORE  
POLICE FORCE**



F/20171207/2015

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20171207/2015

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Date/Time Report Made 07/12/2017 02:54		Vide Report No. F/20171207/2014		Station Diary No. 15	
Name Of Informant SIM AIK PIN		Address APT BLK 302A ANCHORVALE LINK #06-60 SINGAPORE 541302			
ID Type / ID No. NRIC NO / S1789882E		Contact No. Home/Office Mobile 82601695			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Grab Driver		Sex Male	Age 50	Date of Birth 11/10/1967	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 06/12/2017 08:40		Location Of Incident MOUNT SINAI ROAD SINGAPORE 1 Mount Sinai Road			

**Brief details.**

I wished to add on the driver details for my report.

The details of the driver is as follows:

S7200983E

Wong Khai Linn (Wang Kailin)

Signature Of Officer Recording The Report: F / Sgt 3 TAY MING HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2017 02:54
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt LIM KIM HWEE Contact No.: 64890999	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20171207/2015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171207/2015

I wished to further add that while the driver was reversing out of his unit, there is no one assisting him to check the traffic at the road.

Signature Of Officer Recording The Report:

F / Sgt 3 TAY MING HONG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
Sr Staff Sgt LIM KIM HWEE  
Contact No.: 64890999

Signature Of Informant:

Date/Time:  
07/12/2017 02:54

Classification Of Case:

Authentication Stamp





**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S1789882E**  
 Name **SIM AIK PIN**  
 Birth Date **11 Oct 1967**  
 Issue Date **30 Aug 2012**

002101490F

**REPUBLIC OF SINGAPORE**


 IDENTITY CARD NO. **S1789882E**  
 Name **SIM AIK PIN**  
 沈奕彬  
 Race **CHINESE**  
 Date of birth **11-10-1967**  
 Country/Place of birth **SINGAPORE**  
 Sex **M**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Vehicle Description	Effective Date
Class 1	Motorcycles <= 200 cc	27 Feb 1993
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	21 Jun 1993

28A

Licence No: S1789882E

5324854


 NRIC No. **S1789882E**  
 Date of issue **19-06-2014**  
 Address  
**APT BLK 302A ANCHORVALE LINK**  
**#06-60**  
**SINGAPORE 541302**

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: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MX1H

**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-MI001503-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJE6304P **Chassis No.:** NZE1416080658
2. **Name of Policyholder** BRIGHTSTAR CAR RENTAL PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 21/11/2017
4. **Date of Expiry of Insurance** 01/10/2018
5. **Persons or Class of Persons entitled to drive\***  
Any person who is driving on the Policyholder's order or with their permission.  
The hirer.  
Any other person who is driving on the hirer's order or with his/ 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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**

<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 1,500
	Excess-Third Party (Sect II) SGD 1,500
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	HERITAGE AUTO ENTERPRISE PTE LTD

**Account:** 2397DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Tay Pui Leng Katherine -

Printed 21/11/2017