

NATIONAL Assessment Centre Services (wef 1 Jan/05) MMA 118003936

Date In: 8/11/18 19:35	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ 18000465/164	SAS e-filing		
Veh No: SGU 6468 B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/11/18 11:00	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: XE 1115 K INC () / Non-INC () Tel: ()

Owner / Driver: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	6) TR: Re-inspection \$75		
Date 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	08/01/2018 19:35
Date Of Accident	08/01/2018 11:00
Exact Location Of Accident	PIE TWDS AIRPORT B4 STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU6468B
Insured/Policyholder	
Name Of Registered Owner	MR SOH GOCK HUAT
NRIC No	S0557310F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97707559
Alternative Phone No	OFFICE-97707559

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	17-MD001483-R05
Cover Note Number	-

Driver

Name of Driver	MR SOH GOCK HUAT
NRIC No	S0557310F
Date Of Birth	04/11/1949
Occupation	INDOOR
Date Of Driving Pass	24/03/1970
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97707559
Fax Number	
Contact Number	OFFICE-97707559
EMail Address	NOEMAIL

Address BLK 296D CHOA CHU KANG AVE 2 #11-52
 Postcode 684296
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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
 Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE1115K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:



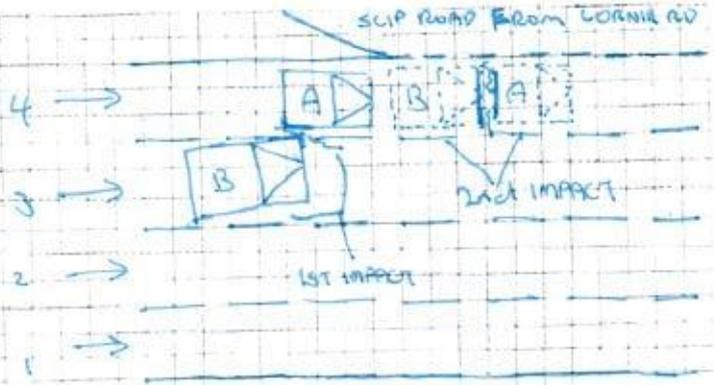
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

VEHICLE A - SGU6468B
 VEHICLE B - XE 115K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG PIE TOWARDS CHANGI, I WAS ON THE FORTH LANE.

WHILE I WAS TRAVELLING STRAIGHT, SUDDENLY I FELT A IMPACT FROM THE RIGHT REAR OF MY VEHICLE, AS DUE TO HEAVY TRAFFIC I SHIFTED SLIGHTLY FORWARD, AS I SAW A BIG TRUCK WAS COVERING TWO LANE (3th AND 4th LANE) SO NOT TO OBSTRUCT THE TRAFFIC FLOW.

WHILE SHIFTING FORWARD, SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE AGAIN.

AND SINCE I SAW THE TRUCK BEHIND ME WAS FULLY ON THE FORTH LANE, SO I PUT ON THE HAZARD LIGHT AND ALIGHTED FROM MY VEHICLE.

I REALIZED THE TRUCK BEHIND (XE 115K) COLLIDED ME FOR THE FIRST TIME WHEN HE WAS SHIFTING LANE FROM 3th LANE INTO 4th LANE, AND COLLIDED TO ME ON THE REAR OF MY VEHICLE FOR THE 2nd TIME WHEN I WAS GOING STRAIGHT, THAN WHEN SLOW DOWN AND STOP DUE TO A VEHICLE CAME INTO MY LANE FROM THE LEFT LANE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SGU6468B VEHICLE B - XE 115K

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

[Signature]

[Signature]

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.:

Vehicle No.	SGU6468B	Model / Make Mitsubishi Lancer 1.6.
Date of Accident	8/1/18	
Time of Accident	11:00 am	HRS
Location of Accident	PIE Towards Airport Before Steven Road Exit.	
Exact purpose use during accident	Personal.	
Name of Owner	SOH GOCK HUAT	
Telephone No.	H/P: 9770 7559	Home: Office:
NRIC	S 0557310F	
Address	Blk 296D Choa Chu Kang Ave 2 #11-52 (684296).	
Claim type	OD	THIRD PARTY REPORTING ONLY
Insurance Company	Tokio Marine.	
Type of Coverage	Comprehensive	Third Party Third Party / Fire / Theft
Policy No.	17-MD001483-ROS	
Name of Driver	As Above If No,	
NRIC	Any Passengers: 1 passenger - FEMALE	
Date of birth	04 NOV 1949	
Occupation	Outdoor / Indoor	Retiree.
Driving License Pass Date	24 March 1970	
Gender	Male / Female	
Contact No.	H/P: 9770 7559	Home: Office:
Address		
Driver have any own vehicle	No,	If yes, Reg No.
Relationship	Employee,	If no, state OWNER
Weather condition	Clear	Raining Other
Road Surface	Dry	Wet Other
Any Injuries	No,	If Yes, Who?
Name And Contact No.		
Name And Contact No.		
Police Report	No,	If Yes, Where?
Vehicle B No.	XE1115K	Any Passengers:
Name of Driver	Panner Selvam Karthikeyan	Contact No.:
Vehicle C No.		Any Passengers:
Vehicle D No.		Any Passengers:
Vehicle E no.		Any Passengers:
Vehicle F No.		Any Passengers:
Vehicle G No.		Any Passengers:
Witness Name		Witness Contact:
Accident Portion	RIGHT REAR; REAR RIGHT, REAR	
Camera Recorder	Yes / No	
Email Address		
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PIE LTD	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	IQN	
FAX NO	6741 0510	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of SOH GOCK HUAT

Licence Number: **S0557310F**
 Name: **SOH GOCK HUAT**
 Birth Date: **04 Nov 1949**
 Issue Date: **07 Jun 2003**

Barcode: 000548402A

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0557310F**

Portrait of SOH GOCK HUAT

Name: **SOH GOCK HUAT**
 Chinese Name: **苏玉发**
 Race: **CHINESE**
 Date of Birth: **04-11-1949** Sex: **M**
 Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	28 Aug 1967
Class 2A	Motorcycles between 201 cc and 400 cc	28 Aug 1967
Class 2	Motorcycles exceeding 400 cc	28 Aug 1967
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Mar 1970
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Jul 1971

Licence No: S0557310F

NP 42BA

224707

Barcode

NRIC No: **S0557310F**

Portrait of SOH GOCK HUAT

Print Group: **A+** Date of Issue: **06-08-1994**

Address: **APT BLK 296D CHOA CHU KANG AVENUE 2 #11-52 SINGAPORE 684296**

NRIC No: **S0557310F** Date: **11-05-1998** No: **2594237**



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-MD001483-R05 (Private Motor Car)

- | | | |
|--|------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGU6468B | Chassis No.: JMYSTCS3A7U011594 |
| 2. Name of Policyholder | MR SOH GOCK HUAT | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 22/05/2017 | |
| 4. Date of Expiry of Insurance | 21/05/2018 | |

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

Account: 1023DDA

Insurance Plan: Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

