

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MNA118007367

Date In: 15/1/18 - 15:48	Job description	Date & Time Completed	Done by
Ref No: NA/TM218000859/24	SAS e-filing		
Veh No: SKC35428B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/1/18 - 14:00	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: SHF1058J	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%. 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 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

NA1800349	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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		
	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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

at 1:

at 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 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	15/01/2018 15:48
Date Of Accident	13/01/2018 14:00
Exact Location Of Accident	JUNC KALLANG RD & LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5428B
Insured/Policyholder	
Name Of Registered Owner	EAST ASIA ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	201002118K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63924905

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250CGI
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MU012713
Cover Note Number	

Driver

Name of Driver	TAN CHIN HAI
NRIC No	S2018509J
Date Of Birth	15/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1976
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91592621
Fax Number	
Contact Number	OFFICE-91592621
Email Address	NOEMAIL

Address	83 LORONG TANGGAM
Postcode	798767
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180115/2078.

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	SHF1038J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KWEK KIM MIN
NRIC/Passport Number	S1603042B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

TAN CHIN HAI

Approximate Age

Injuries Sustain

NECK & SHOULDER

Injured person in which vehicle?

SKB5428B

Were seat belts worn?

YES

Was this 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.
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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 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.

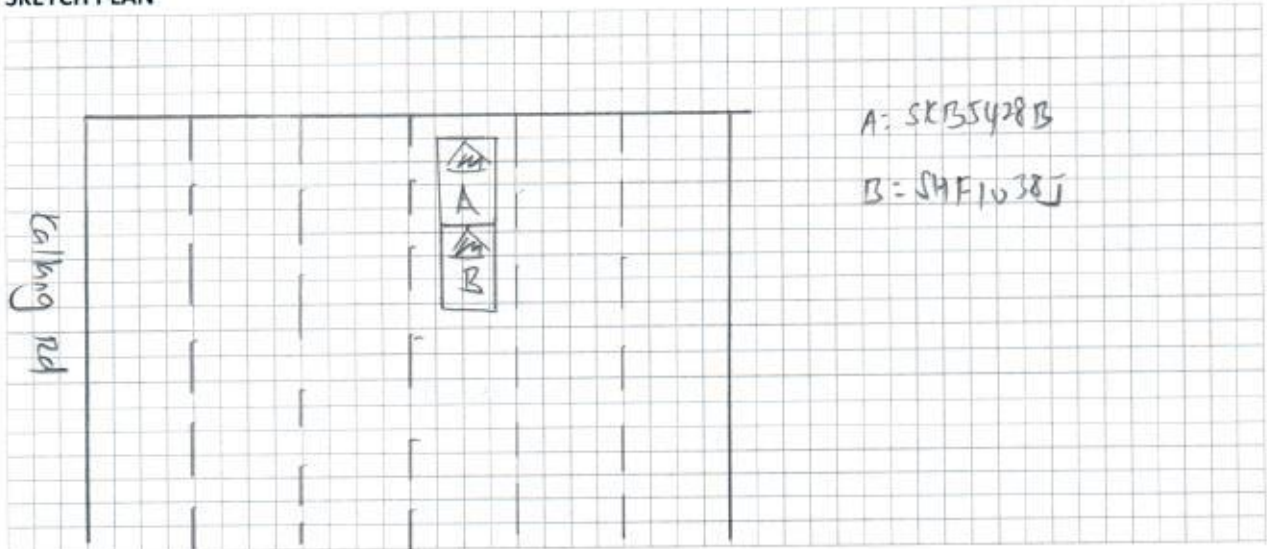


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/1/18 14:00 I was stationary stopped along Kallang Rd as the traffic light along the junction was yellow. suddenly vehicle B collided onto my vehicle rear portion.

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 Personne's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 1 / 18) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: Junc Kallang Rd & Lavender St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB 5428B
- b) INSURANCE COMPANY: TMZ
- c) POLICY NUMBER: MU612913
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: East Asia Engineering & Construction (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 63924905
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Chin Hai (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S20185057 CONTACT: _____
c) ADDRESS: 81 Wang Tanggum (798767)

*d) DATE OF BIRTH: (15 / 3 / 1951) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/1976 (C/MS 3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
b) ROAD SURFACE: DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO) - neck & shoulder
7. a) REPORTED TO POLICE (YES / NO) - pending
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHF-1038J MODEL: _____
b) DRIVER'S NAME: Kwek Kim Min
c) NRIC/FIN/PASSPORT: S663042B CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. Any video captured by car camera? (Yes or No)

email =

$$f_{\max} =$$



**SINGAPORE
POLICE FORCE**



T/20180115/2078

1 of 3

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

Report No. T/20180115/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 14:03	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: TAN CHIN HAI			Address: 83 LORONG TANGGAM SINGAPORE 798767	
ID Type / ID No.: NRIC NO / S2018509J			Contact No.: Home/Office:	Mobile: 91592621
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 15/03/1951	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/01/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG WAY 1 LAVENDER STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF1038J	taxi				Slightly Damaged	0
SKB5428B	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180115/2078

2 of 3

Police Station Of Origin:
Hougang N.P.C

Report No. T/20180115/2078

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

On 13/1/2018 at about 1400hrs, I was driving my car with vehicle no. SKB 5428B along Kallang Way going towards Lavender Street and approaching the traffic light. The traffic light turn red and I stopped my car at the traffic light. While waiting for the traffic light to change, a SMRT taxi with vehicle no SHF1038J suddenly hit the rear of my car. Both of us then exchanged particulars with each other. The particular of driver SHF1038J as follows:Kwek Kim Min S1603042B DOB 18/02/1963. There is slight damages on both cars. The rear part of my car was abit dented while the other party car damages is that the headlight is cracked and damaged. After the accident, we both left the location. On the same day, I went to TTSH as I felt a bit aching on the neck area and I was given MC from 13/1/2018 to 15/1/2018.



**SINGAPORE
POLICE FORCE**



T/20180115/2078

3 of 3

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

Report No. T/20180115/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 NUR KHAIRIAH BINTE KHAIRIL ANWAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

15/01/2018 14:03

Classification Of Case:

Authentication Stamp

NP168



Tan Tock Seng
HOSPITAL

Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433

TEL: (65) 6255 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH18010944
NAME: TAN CHIN HAI		NRIC: S2018509J

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **3** day(s) from **13-Jan-2018** to **13-Jan-2018**
15-Jan-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **13-Jan-2018 16:22** to **13-Jan-2018 19:37**

13-Jan-2018 Date	ONG JIN HAN MALCOLM (19665G) Issued by	Emergency Department Location	 Signature
 A member of National Healthcare Group Adding years to healthy life			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2018509J



Name
TAN CHIN HAI

陈振海

Race
CHINESE

Date of Birth
15-03-1951

Sex
M

Country of Birth
JOHORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2018509J

TAN CHIN HAI

Birth Date: 15 Mar 1951
Issue Date: 11 May 2004




0200482



NRIC No. S2018509J



Group Code Date of Issue
O+ 23-12-1991

83 LORONG TANGGAM
SINGAPORE 798767
No. S2018509J


Date: 29/04/2014 (R)

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

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

PASS DATE
02 Apr 1976

Licence No: S2018509J



NP 428A

TOKIO MARINE
INSURANCE GROUPA member of the
Tokio Marine Group

Certificate of Insurance

FORM MX4

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.: MU012713 (Private Car)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKB5428B | Chassis No.: WDD2120472A411277 |
| 2. Name of Policyholder | EAST ASIA ENGINEERING & CONSTRUCTION PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 13/12/2017 (00:00:00) | |
| 4. Date of Expiry of Insurance | 12/12/2018 | |
| 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 No: 142600B

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	HUI HUA CREDIT PTE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature