

NATIONAL Assessment Centre Services. (vnt 1 1/1/00) **NA18021109**

Date In: 12/08/2018 12:54	Job description	Date & Time Completed	Done by
Ref No: NA18021100275414	SAS e-illing		
Veh No: SLP 33272	E-mail (with this, AIC this)		
D.O.A: 10/05/2018 15:20	E-Motor Claim Form		
OD TP Reporting Only	E-Motor W/O (with this, OD this, TP this)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars	Yeh No: SHC 890TX	INC () / Non-INC ()
Owner / Drivers:	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: 1 to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks:	INC () / Non-INC ()	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: _____

On-site Time / Action: _____

NA1800948	Invoice Breakdown Charges	Unit	Rate	Total
1) AR: Accident Reporting (\$30)				
2) DA: Damage Assessment (\$100)	INC (\$30)			
3) TP: Towing Fee				
4) FT: Follow Through Survey				
5) PT: Follow Through Survey (Resurvey)				
Excludes repairer's INC Only (wef 10 Jan 2018)				
6) TR: Re-inspection				
7) N1144 DA + SMRT Survey				
8) NTUC Additional Services				
9) Q11				
*N1: Courtesy Car / Tpl Allowance				
*N1: Repair Coordination				
*N1: Post Repair Inspection				
*N1: DY / Collision Unass Coordination				
TP (N1) / TP (N1) INC against INC				
*N1: 1st Mile Mobile				
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 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	12/02/2018 12:54
Date Of Accident	10/02/2018 15:20
Exact Location Of Accident	366 ORCHARD ROAD DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3327L
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-83888241
Alternative Phone No	OFFICE-83888241

Vehicle Particulars

Manufacturer	HONDA
Model	GRACE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING 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-M1000277-R00
Cover Note Number	

Driver

Name of Driver	LIM LIHAN
NRIC No	S8126731F
Date Of Birth	26/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83888241
Fax Number	
Contact Number	OTHERS-83888241
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 488B CHOA CHU KANG AVENUE 5 #02-145
Postcode	682488
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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?	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 POLICE REPORT F/20180122/2003 (COLLISION TYPE IS TP REVERSE AND HIT INSURED)

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	SHC8907X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG WOEI CHANG
NRIC/Passport Number	
Contact Number	90080745
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:



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

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

12/02/2018
Rosa A. A. A.

A) SLP 3327L
B) SHC 8907

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

INTER TO POLICE REPORT

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

[Signature]

Reporting Centre Personnel's Signature
Name: Res. 1111111111
NRIC/FIN No.:



POLICE REPORT (NP299)

Report No. F/20180211/2003

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 11/02/2018 00:17	Vide Report No.	Station Diary No. 5		
Name Of Informant LIM LIHAN	Address APT BLK 488B CHOA CHU KANG AVENUE 5 #02-145 SINGAPORE 682488			
ID Type / ID No. NRIC NO / S8126731F	Contact No. Home/Office	Mobile 83888241		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation FULL TIME DRIVER	Sex Male	Age 36	Date of Birth 26/08/1981	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 10/02/2018 15:20 - 10/02/2018 15:20	Location Of Incident 366 ORCHARD ROAD SINGAPORE 238904			

Brief details.

On 10/02/2018 at about 1520hrs, I was driving my grab reg plate no. SLP3327L towards Yotel Hotel. I turned into the drop off point in front of the hotel lobby to alight my passengers. There was comfort cab reg plate no. SHC8907X in front of my car alighting his passengers. After the passengers alighted from the cab (SHC8907X), the driver (Ng Woei Chang S7129998H HP: 90080745) drove forward to exit the roundabout.

Upon seeing him drove forward , I then followed and drove my car in front of the lobby to alight my

Signature Of Officer Recording The Report: F / Sgt 2 VIVIAN TEO MAN LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 00:17
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sgt 2 LEE SHI HUI, ISABELLA Contact No.: 64629999	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180211/2003

passenger. I stopped my car in front of the hotel lobby and allow my passengers to alight.

Suddenly, the driver from the cab reversed and the rear of his cab hit the front of my car. The cab driver inch forward and alighted. We both check on the damages and I took down his particulars. There are CCTVs located at the lobby, I checked with the hotel and confirmed that the whole incident was captured. My vehicle also has a in car camera which has captured the whole incident, however I am unable to view the footages.

I am lodging this report for insurance claims.

Signature Of Officer Recording The Report:

F / Sgt 2 VIVIAN TEO MAN LING 

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sgt 2 LEE SHI HUI, ISABELLA
Contact No.: 64629999

Authentication Stamp

Signature Of Informant:



Date/Time:
11/02/2018 00:17

Classification Of Case:





**SINGAPORE
POLICE FORCE**



J/20180211/7004

1 of 2

POLICE REPORT (NP299)

Report No. J/20180211/7004

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 11/02/2018 10:53	Vide Report No.	Station Diary No.
Name Of Informant A'ADI BIN SALLEH	Address APT BLK 611 BUKIT PANJANG RING ROAD #06-878 SINGAPORE 670611	
ID Type / ID No. NRIC NO / S7110940B	Contact No. Home/Office: Mobile: 90222036	
Nationality SINGAPORE CITIZEN	Email Address aadi@smrt.com.sg	
Occupation	Sex Male	Age 46
Supervisor	Date of Birth 09/04/1971	Race Javanese
Institution/School Name	Language English	
Date/Time Of Incident 10/02/2018 21:35 - 10/02/2018 21:45	Location Of Incident KRANJI EXPRESSWAY	

Brief details.

I was involved in an accident with a private car at the above location. At the junction, the car had stopped abruptly. I was not able to stop my motorcycle in time and collided into the RHR of the car. My motorcycle was slightly scratched and the car was slightly dented. The car is still able to move on its own.

We agreed to exchange particulars since the 3rd party driver has the intention to make a insurance claim. While in the state of confusion, I took the snapshot before returning it to the 3rd party driver.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 10:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180211/7004

I spoke to him for a bit and told him to contact me if he changes his mind and wants to settle this privately. We then moved off from the location.

When I arrived at the destination at Blk 118 Teck Whye Lane, I realised that I have forgotten to exchange contact numbers with him and also did not note down his vehicle number for my record.

I proceeded back to the accident location but the car was no more in sight.

I am making this report for my record purpose. I will also be reporting this accident to my insurance.

Subjects Involved			
Victim			
Person Name	Lim Heng Chyn		
ID Type	OTHERS / Driving Licence	ID No	S7318284J
Gender	Male	Age	45
Race	Chinese	Language	English
Relation To Informant	3rd Party Driver		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 10:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 12 / 2018 (dd/mm/yy) Time of Accident: 15 : 30 (24-HR-FORMAT)

Vehicle No.: SAP 3327L Vehicle Make & Model: HONDA GAZE

Exact location of Accident: 366 ORCHARD ROAD (3) 238904

Policyholder's Name / IC No.: CAR CARE LEARNING PTE LTD

Driver's Name / IC No.: LIM LIHAN (As Above) ☐

Driver's Contact No.: 8588 8341 Company Contact No: _____

Driver's Address: 4883 CHAN CHU HANG AVENUE 3 #02-145 (3) 682485

Email address (if any): edison@carcare.com.sg Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

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

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: SI ANG MO KIO AVENUE 9

The Other Party(s) Details:

1. Driver's Name / IC No.: NG NGEI CHANG Vehicle No: SHC 8907X

Driver's Contact No: 9008 0745 Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

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

Preferred Workshop Name: _____ Contact No: _____

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8126731F**

Name: **LIM LIHAN (LIN LIHAN)**

Birth Date: **26 Aug 1981**

Issue Date: **25 Mar 2003**

0003206158




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8126731F**

Name: **LIM LIHAN**

林 勵 翰

Race: **CHINESE**

Date of birth: **26-08-1981**

Country/Place of birth: **SINGAPORE**

Sex: **M**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	09 Apr 2001
Class 2A	Motorcycles between 201 cc and 400 cc	12 May 2003
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	05 Jun 2003

S8126731F

S/No. 9000008561

NP 428A

License No: S8126731F



5522546

NRIC No. S8126731F

Date of issue: **15-08-2015**

Address: **APT BLK 488B CHOA CHU KANG AVENUE 5 #02-145 SINGAPORE 682488**




Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 19230014M) (GST Reg No: M2-0000023-4)
20 MacArthur Street #09-01 Tokio Marine Centre Singapore 069046
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0996 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MZ406

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-MI000277-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLP3327L Chassis No.: GM41109822
2. Name of Policyholder CAR COVE LEASING PTE. LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Act 31/05/2017
4. Date of Expiry of Insurance 30/05/2018

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.

3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

* Limitations rendered inoperative by Section 4 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 25 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: 2397DDA

Insurance Plans: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value
Policy Excess: Excess-Third Party (Sect II) SGD 1,500
Financial Interest: HERITAGE AUTO ENTERPRISE PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorized Signature

User Name: Lin Jinqian Priceolls

Printed: 15/02/2017