

NATIONAL Assessment Centre Services

(Int 1 1000) **NA180239560**

Date In: 18/04/2018 11:50	Job description	Date & Time Completed	Done by
Ref No: NA/7M/10006906/x	SAS e-Mailing		
Veh No: SM 4010E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 08/04/2018 15:55	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (within 2hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yeli No: **GBE 7051G** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note-B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time: ()

Action: ()

NA1802395

Human's Particulars	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Driver/Owner:			Acc. Bill
Contact No:	1) AR: Accident Reporting (\$30)		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$50)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	Excess/Insur. against INC Only (twice 10 Jan 2018)		
	6) TR: Re-inspection \$15		
	7) NI: (ex DA + SMRT Survey) \$160		
	8) NTUC Additional Serv (only)		
C Checked by (Engr-In-Charge):	Q11		
	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DY / Collect Excess Coordination	\$5	
	TP (NI) / TP (Non INC) against INC	\$20	
	P) NI: (ex Mobile	\$0	
	Invoice dated	Per Charged	
	Invoice Paid	Per 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	14/04/2018 11:50
Date Of Accident	08/04/2018 15:55
Exact Location Of Accident	37 LOR 23 GEYLANG (YU LI INDUSTRIAL BLDG CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM4010E
Insured/Policyholder	
Name Of Registered Owner	CHIA CHOI BOON
NRIC No	S1461927E
Email Address	FABIAN@PROMAG.COM.SG
Mobile Phone No	(LOCAL) +65-96397164
Alternative Phone No	OTHERS-96397164

Vehicle Particulars

Manufacturer	LAND ROVER
Model	FREELANDER 2 2.0 I4 SE
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU002719-R01
Cover Note Number	

Driver

Name of Driver	CHIA CHOI BOON
NRIC No	S1461927E
Date Of Birth	29/08/1961
Occupation	INDOOR
Date Of Driving Pass	16/08/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96397164
Fax Number	
Contact Number	OTHERS-96397164
Email Address	FABIAN@PROMAG.COM.SG

Address	38A DUNBAR WALK
Postcode	459333
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180410/2063

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7051G
Vehicle Make/Model/Colour	MERCEDES BENZ VITO115EEU4
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

37 OR 23 GRAYCATH

YU LI INDUSTRIAL BLDG GARAGE

A) SF M 4010 GT

B) GRBZ 7051 GT

A

STATIONARY
PARKING LOT

B

REVERSE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
7/20180410/2063

DECLARATION

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

Policyholder's Signature

Date & Time:

13/4/2018
1540pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

an 14/04/2018
Keshi WINTHO

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: 13/4/2016
15.30pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: [Signature]



Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20180410/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2018 13:25	Video Report No.:	Station Diary No.: 15
Informant's Particulars		
Name of Informant: CHIA CHOI BOON	Address: 38A DUNBAR WALK SINGAPORE 459333	
ID Type / ID No.: NRIC NO / S1461927E	Contact No.: Home/Office:	Mobile: 96397164
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 56	Date of Birth: 29/08/1961
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: SELF-EMPLOYED	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/04/2018 15:55	Type of Location: Car Park
Location: LORONG 23 GEYLANG 37 Lorong 23 Geylang, Yu Li Industrial Bldg open space carpark				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Rear hit side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7051G	Van	MERCEDES BENZ	VITO115E EU4	Silver	Slightly Damaged	1
SFM4010E	Car	LAND ROVER	FREELAND ER 2.2.0 I4 SE	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFM4010E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU002719	28/02/2017	27/02/2019



Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA CHOI BOON	ID No.	S1461927E
Related Vehicle	NIL	Contact No.	96397164
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 8/4/2018 at about 1515hrs, I parked my vehicle(SFM4010E) at the open space carpark of Yu Li Industrial Bldg located at 37 lorong 23 geylang and went up to my office to do some administrative stuff. When I left my office at about 1930hrs, I went to my car and drove to parkway to have dinner together with my family. After dinner, I then realized that there is a dent and scratches on my driver side door.

On 9/4/18, I went back to the location guard house to view the CCTV of the openspace car park and realized that one silver vehicle(GBE7051G) on 8/4/18 at about 1557hrs when the vehicle was reversing they knock onto my side door and drove off without leaving any note. I have a copy of the CCTV footage inside my phone. I wish to state that I do not know the vehicle belong to who.



Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20180410/2063

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:

G /

Sgt 2 MELSON CHEW WEI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI TAN LEE HWANG DAWN

Contact No: 65476215

Signature Of Informant:

Date/Time:

10/04/2018 13:25

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 08/04/2018 (DD/MM/YYYY), TIME: 10:10 (HH:MM)

LOCATION: 37 Lorong 23 Geylang Yu Ti Industrial Building

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFM 4010E
 b) INSURANCE COMPANY: TOKIO MARINE
 c) POLICY NUMBER: 18-MN002719-R01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Land Rover / Freelander
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: STATIONARY AT carpark
 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: CHIA CHOI BOON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1461927E CONTACT: 96397164
 c) ADDRESS: 38A DUNBAR WALK
5449333

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 21/08/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 Aug 1980

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: Mountbatten NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 7016 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = fabrin@promag.com.sg

fax = 67411994

VIDEO:

(Wearnes Automotive Pte Ltd)

Mandy Neo → mandy.neo@wearnes.com
97704368

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1461927E



Name

CHIA CHOI BOON

謝楚文

Race

CHINESE

Date of birth

29-08-1961

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1461927E

CHIA CHOI BOON

Birth Date: 29 Aug 1961

Issue Date: 23 Aug 2004



5616749

Licence No. S1461927E



Date of issue

29-06-2016

Address

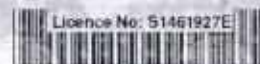
38A DUNBAR WALK
SINGAPORE 459333

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

16 Aug 1990

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg



NP 428A

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: MNA118049560 Vehicle Registration No: SFM 4010E
Name (as shown in NRIC): CHIA CHAI BOON NRIC/FIN/Passport No: S1461927E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 96397164
Email Address: _____
Date of Accident: 08/04/2018 Time of Accident: 15:55
Place of Accident: 37 Lor 28 Geylang (Yuli Industrial Bldg Carpark)
Insurance Company: OKO Marine

(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:

Accident location should be 37 Lor 28 Geylang (Yuli Indus Bldg Carpark)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Keshi A/H/083
NRIC/FIN No.:
Date: 14/04/2018