

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA118053189

Date In: 23/4/18-12:48	Job description	Date & Time Completed	Done by
Ref No: NA/TMJ18007489/24	SAS e-filing		
Veh No: SGP266H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A.: 23/4/18-11:20	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: Vch No: SAC4779A 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:-	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

	Invoice Preparation Checklist	Amt (\$) In 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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	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 (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 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	23/04/2018 12:48
Date Of Accident	22/04/2018 11:20
Exact Location Of Accident	BLK 23 HOUGANG AVE 3 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP266H
Insured/Policyholder	
Name Of Registered Owner	MR KOH PHEE CHIN
NRIC No	S0132563I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81259052
Alternative Phone No	OFFICE-81259052

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17-MV010455-R01
Cover Note Number	

Driver

Name of Driver	KOH PHEE CHIN
NRIC No	S0132563I
Date Of Birth	07/09/1950
Occupation	INDOOR
Date Of Driving Pass	30/04/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81259052
Fax Number	
Contact Number	OFFICE-81259052
EEmail Address	NOEMAIL

Address	BLK 141 TAMPINES STREET 12 #08-368
Postcode	521141
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 - MAJOR/MINOR RD
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?	
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: : - 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

REFER TO STATEMENT.

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	SHC4779A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR NG
NRIC/Passport Number	
Contact Number	83229990
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.



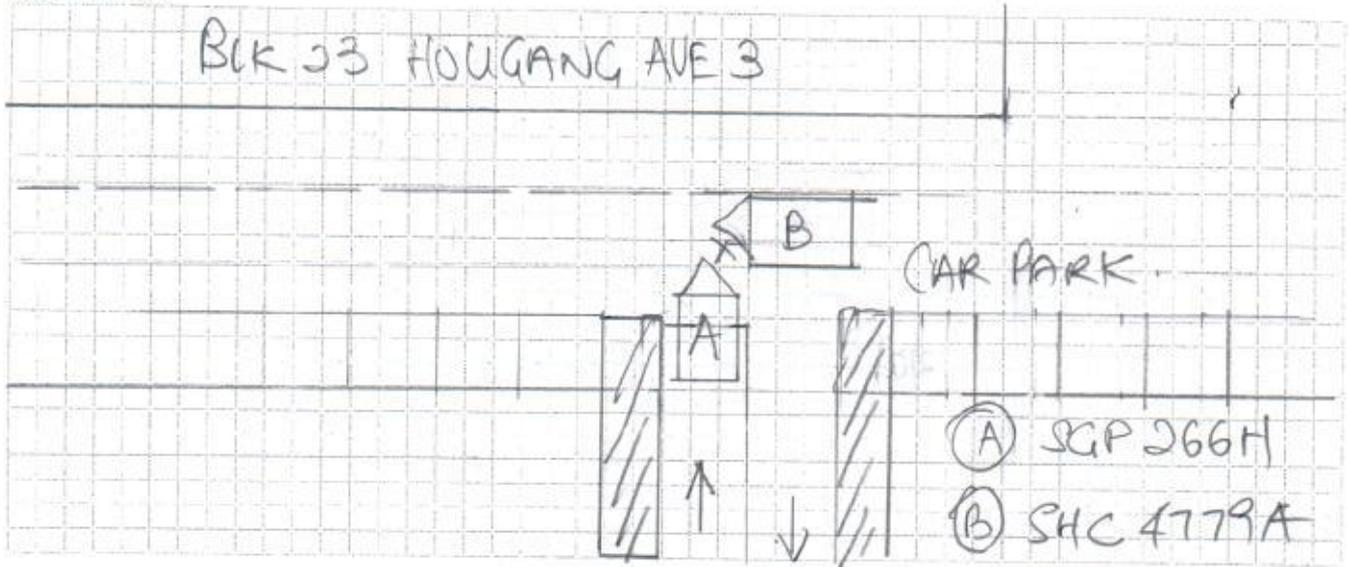
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS GOING TO EXIT FROM THE CARPARK AT BLK J3 HOUGANG AVE 3. I WAS BLOCKED BY A LARGE TRUCK FROM MY VIEW AND DID NOT SEE VEHICLE COMING FROM MY RIGHT. I EXITED & HIT ONTO VEHICLE B'S LEFT BUMPER WITH A SLIGHT DENT.

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.:

HS AUTOMOTIVE SERVICES

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.
 TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SGP 266H

MAKE/MODEL: NISSAN LATI 1.5L

DATE OF ACCIDENT: 22/04/2018
DAY/MONTH/YEAR

TIME: 11 HR 20 MIN AM/PM

LOCATION OF ACCIDENT: HOUANG AVE 3 BLK 23 CARPARK

EXACT PURPOSE USE DURING ACCIDENT: GOING HOME

CAR OWNER

NAME OF CAR OWNER: KOH PHEE CHIN

CONTACT NO: 8125 9052

NRIC: S0132963I

CLAIM TYPE: OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY: TOKIO MARINE

TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO: 17-MV010455-RO1

ACCIDENT DRIVER

AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER: SAME AS ABOVE

NRIC: _____ NO OF PASSENGER/S: 1 FEMALE

DATE OF BIRTH: 07.08.1950

OCCUPATION: RETIRED OUTDOOR INDOOR

DATE OF DRIVING PASS: / /

GENDER: MALE FEMALE

CONTACT NO: 8125 9052

ADDRESS: BLK 141 TAMPINES ST 12 #08-368 (0)521141

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO: /

RELATIONSHIP EMPLOYEE/ IF NOT: /

WEATHER CONDITION: CLEAR RAINING OTHER: _____
 ROAD SURFACE: DRY WET OTHER: _____

ANY INJURIES: NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: NO/ YES

3RD PARTY INFO

VEHICLE B NO: SHC 479A NO OF PASSENGER/S: X

NAME: MR NG.

CONTACT NO: 8322 9990

VEHICLE C NO: _____ NO OF PASSENGER/S: _____

VEHICLE D NO: _____ NO OF PASSENGER/S: _____

VEHICLE E NO: _____ NO OF PASSENGER/S: _____

VEHICLE F NO: _____ NO OF PASSENGER/S: _____

ANY WITNESS: _____

WITNESS CONTACT NO: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S01325631



Name
KOH PHEE CHIN

许丕振
Race
CHINESE
Date of Birth 07-09-1950 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S01325631

Name: KOH PHEE CHIN

Birth Date: 07 Sep 1950

Issue Date: 26 Aug 2015

002465954G

1629344



NRIC No. S01325631



Blood Group A+ Date of issue 28-01-1994

Address

APT BLK 141 TAMPINES STREET 12
#08-388
SINGAPORE 1852 521141

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30 Apr 1976

NP 428A



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) 0221 0111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP
FORM MX1

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-MV010455-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SGP266H

Chassis No.: JN1BAAC11Z0002651

2. Name of Policyholder MR KOH PHEE CHIN

3. Effective date of the Commencement of Insurance for the purposes of the Act 05/12/2017

4. Date of Expiry of Insurance 04/12/2018

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

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value
Financial Interest: HUI HUA CREDIT PTE LTD

Account: 2382DDA

Search for best motor insurance premium?



LTC Resources

Kindly contact : **9061 5988**

Jeffrey Tan (Tel: 6299 3066)

Block 1022 Tai Seng Ave.
#02-3528 Singapore 534415

Fax: 6842 6506. Email: jeffkc03@gmail.com

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

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