

ASS REC BY:

REF: CI/MSH18007877/NC

Special Instruction:

Surveyor:

Mubad Ashik

ASSIGNMENT (Office)

From (Person):

Mubad Ashik

of

MSL

Date/Time: 30/04/2018 11:2pm

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

GJU 1138B

Insured:

SGA 8709P

at Workshop m/s

Performance Motors

Tel:

6319 0174

of

803 Alexandra Rd

Policy No:

28988644Qmx

Claim No:

-

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25/04/2018

CA / REV / REP. / REV 24 HRS Wp.

Date/Time:

30/04/2018 1:40pm

Person Contacted:

Caroline

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GJU 1138B - x
	SGA 8709P - x

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Iris Auth'd	Status
Main	30 Apr 2018		30 Apr 2018 13:12 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	TEO TECK CHYE, ID: S1161222I								
Main Claimant:	TAN MIN HWEE, ID: S6838327G								
Vehicle Reg. No.:	SJU1138B	Date of Loss:	25/04/2018 12:00 - :59 [53 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP	Policy/Cover Note No.:	28986644QMX (Comprehensive) Coverage: 25/07/2017 - 24/07/2018						
Vehicle Reg. No. (Insured):	SGQ8709P	Policy No. (Claimant):							
		Excess:							
Repairer:	Performance Motors Limited (Alexandra) 303 Alexandra Road, Sime Darby Performance Centre, 159941 Alexandra - Tel: 63190172/63190174								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 01/05/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
<input type="checkbox"/> ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Denise Tay (LKKAUTO)

From: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Sent: Monday, 14 May 2018 11:00 AM
To: PBSP
Cc: Admin-D (LKKAUTO)
Subject: RE: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018 (Our ref: 556994)

Dear Caroline,

Our insured is adamant that there was no contact between both vehicles after viewing the video. There was also no damages on our insured's vehicle.

We regret we are unable to comment on liability until we surveyed our insured's vehicle to check on the consistency.

Hope the above clarifies.

Thank you.

Ashik Madi
Executive, Claims Services (Motor)
D: +65 6594 2548 | F: +65 6225 7402 | ashik_madi@sg.msig-asia.com



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Team of the Year
2016

800K

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A Member of **MS&AD** INSURANCE GROUP

From: PBSP [mailto:pml-pbsp@sime-darby.com.sg]
Sent: Monday, 14 May, 2018 10:55 AM
To: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Subject: Re: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Ashik,

Please let us have your reply on liability.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint



Celine Fong (LKKAuto)

From: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Sent: Monday, 14 May 2018 11:00 AM
To: PBSP
Cc: Admin-D (LKKAuto)
Subject: RE: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018 (Our ref: 556994)

Dear Caroline,

Our insured is adamant that there was no contact between both vehicles after viewing the video. There was also no damages on our insured's vehicle.

We regret we are unable to comment on liability until we surveyed our insured's vehicle to check on the consistency.

Hope the above clarifies.

Thank you.

Ashik Madi
Executive, Claims Services (Motor)
D: +65 6594 2548 | F: +65 6225 7402 | ashik_madi@sg.msig-asia.com



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From: PBSP [mailto:pml-pbsp@simedarby.com.sg]
Sent: Monday, 14 May, 2018 10:55 AM
To: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Subject: Re: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Ashik,

Please let us have your reply on liability.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint
303 Alexandra Road Singapore 159941
DID: 6319 0174 Fax: 6479 4601

From: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Sent: Thursday, 10 May 2018 4:41:27 PM
To: PBSP
Subject: RE: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

WITHOUT PREJUDICE

Dear Caroline,

We are unable to comment on liability yet.

We are still checking with our insured on your client's video footage.

Thank you.

Ashik Madi
Executive, Claims Services (Motor)
D: +65 6594 2548 | F: +65 6225 7402 | ashik_madi@sg.msig-asia.com



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From: PBSP [<mailto:pml-pbsp@simedarby.com.sg>]
Sent: Wednesday, 9 May, 2018 10:32 AM
To: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Cc: Eileen Ang <eileen_ang@sg.msig-asia.com>
Subject: Re: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Ashik,

Please let us have your reply on liability.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint
303 Alexandra Road Singapore 159941
DID: 6319 0174 Fax: 6479 4601

From: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Sent: Monday, 7 May 2018 11:17:18 AM
To: PBSP
Cc: Eileen Ang
Subject: RE: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

WITHOUT PREJUDICE

Dear Caroline,

We have received your video footage.

We regret we are unable to comment on liability as our insured has yet to report.

Hope the above clarifies.

Thank you.

Ashik Madi
Executive, Claims Services (Motor)
D: +65 6594 2548 | F: +65 6225 7402 | ashik_madi@sg.msig-asia.com



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A Member of **MS&AD** INSURANCE GROUP

From: PBSP [<mailto:pml-pbsp@simedarby.com.sg>]
Sent: Monday, 7 May, 2018 11:13 AM
To: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Cc: Eileen Ang <eileen_ang@sg.msig-asia.com>
Subject: Re: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Ashik,

Please let us have your reply on liability.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint
303 Alexandra Road Singapore 159941
DID: 6319 0174 Fax: 6479 4601

From: PBSP
Sent: Friday, 4 May 2018 12:08:11 PM
To: Muhd Ashik B Madi
Cc: Eileen Ang
Subject: Re: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Ashik,

I have upload the video.

Please review and advise for liability.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint
303 Alexandra Road Singapore 159941
DID: 6319 0174 Fax: 6479 4601

From: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Sent: Friday, 4 May 2018 11:05:24 AM
To: PBSP
Cc: Eileen Ang
Subject: RE: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Caroline,

Our insured has yet to report.

I have sent you an EasiShare upload request to upload your client's video.

Thank you.

Ashik Madi
Executive, Claims Services (Motor)
D: +65 6594 2548 | F: +65 6225 7402 | ashik_madi@sg.msig-asia.com



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A Member of **MS&AD** INSURANCE GROUP

From: PBSP [<mailto:pml-pbsp@simedarby.com.sg>]
Sent: Friday, 4 May, 2018 11:03 AM
To: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Cc: Eileen Ang <eileen_ang@sg.msig-asia.com>
Subject: Re: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Ashik,

Please let us have your reply on liability.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint
303 Alexandra Road Singapore 159941
DID: 6319 0174 Fax: 6479 4601

From: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Sent: Monday, 30 April 2018 1:03:25 PM
To: PBSP
Cc: Eileen Ang
Subject: RE: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Caroline,

Our insured has yet to report the accident.

We are unable to comment on liability.

Thank you.

Ashik Madi
Executive, Claims Services (Motor)
D: +65 6594 2548 | F: +65 6225 7402 | ashik_madi@sg.msig-asia.com



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A Member of **MS&AD** INSURANCE GROUP

From: PBSP [<mailto:pml-pbsp@simedarby.com.sg>]
Sent: Monday, 30 April, 2018 1:00 PM
To: Eileen Ang <eileen_ang@sg.msig-asia.com>
Cc: Muhd Ashik B Madi <ashik_madi@sg.msig-asia.com>
Subject: Re: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Eileen

We are agreeable to use the surveyor below as the SJE.

1) LKK Auto Consultants Pte Ltd

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint

From: Eileen Ang <eileen_ang@sg.msig-asia.com>
Sent: Monday, 30 April 2018 11:34:53 AM
To: PBSP
Cc: Muhd Ashik B Madi
Subject: RE: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Caroline,

We refer to your email dated 30.04.2018.

Please choose one surveyor from the list that you wish for us to appoint to conduct the pre-repair inspection:

- 1) LKK Auto Consultants Pte Ltd
- 2) Formteam Consultancy Pte Ltd
- 3) Automobile Inspection Services Pte Ltd

To facilitate an expeditious claim settlement, we hope you are agreeable for the above surveyor to be the SJE (Single Joint Expert).

If not, you may wish to nominate any of the 10 surveyors listed below as the SJE, depending on their availability:

- | | |
|-------------------|-------------------|
| 1. Adrian Ling | 6. Frankie Pang |
| 2. Kenneth Kong | 7. Ng You Han |
| 3. Marcus Chua | 8. Gary Soon |
| 4. Henry Ng | 9. Chow Bo Xiong |
| 5. Lau Kwok Kwong | 10. Benjamin Chua |

NB: If both of us could not agree with each other's list of nominated SJE, we may still proceed to appoint a motor surveyor to conduct a pre repair survey & post repair inspection within the timeline stipulated under the NIMA protocol.

Thank you.

Eileen Ang
Senior Admin Officer, Claims Services (Motor)
D: +65 6594 2561 | F: +65 6225 7402 | eileen_ang@sg.msig-asia.com



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2016

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A Member of **MS&AD** INSURANCE GROUP

From: PBSP [mailto:pml-pbsp@sime-darby.com.sg]

Sent: Monday, April 30, 2018 9:17 AM

To: Claims <claims@sg.msig-asia.com>

Subject: REQ FOR DIRECT SETTLEMENT- SJU1138B AND SGQ8709P ON 25/04/2018

Dear Sirs,

We refer to the above matter.

We have instructions from our client to seek repair cost and loss of use/car rental from you through Direct Settlement.

Attached is the estimates and supporting documents for your consideration.

Please let us have your confirmation that you agree that liability is clear and we may proceed with Direct Settlement.

If Direct Settlement is approved, kindly let us have your offer for LOU / rental.

In compliance with "State Courts Practice Directions Amendment No.1 of 2016 ", please let us have your list of assessors.

Thank you.

Regards,

Caroline

C/o Performance Motors Limited - Body and Paint

303 Alexandra Road Singapore 159941

DID: 6319 0174 Fax: 6479 4601

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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	26/04/2018 10:36
Date Of Accident	25/04/2018 12:55
Exact Location Of Accident	CORONATION RD (OUTSIDE NANYANG KINDERGARTEN)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1138B
Insured/Policyholder	
Name Of Registered Owner	TAN MIN HWEE
NRIC No	S6838327G
Email Address	MINHWEE68@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93854737
Alternative Phone No	OFFICE-64593995

Vehicle Particulars

Manufacturer	BMW
Model	3 SERIES GT 320
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	17-ME001047-R04
Cover Note Number	

Driver

Name of Driver	TAN MIN HWEE
NRIC No	S6838327G
Date Of Birth	07/10/1968
Occupation	INDOOR
Date Of Driving Pass	10/05/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93854737
Fax Number	
Contact Number	OFFICE-64593995
Email Address	MINHWEE68@GMAIL.COM

Address	32 LUXUS HILL AVENUE
Postcode	804890
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	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIV HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

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

Details of Witness 1

Name	KOH AH KEW
Phone Number	83459475
Email Address:	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ8709P
Vehicle Make/Model/Colour	TOYOTA CAMRY DARK BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

1. Name of Insured	2. Address of Insured
3. Name of Driver	4. Address of Driver
5. Name of Passenger	6. Address of Passenger
7. Name of Passenger	8. Address of Passenger
9. Name of Passenger	10. Address of Passenger
11. Name of Passenger	12. Address of Passenger
13. Name of Passenger	14. Address of Passenger
15. Name of Passenger	16. Address of Passenger
17. Name of Passenger	18. Address of Passenger
19. Name of Passenger	20. Address of Passenger
21. Name of Passenger	22. Address of Passenger
23. Name of Passenger	24. Address of Passenger
25. Name of Passenger	26. Address of Passenger
27. Name of Passenger	28. Address of Passenger
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93. Name of Passenger	94. Address of Passenger
95. Name of Passenger	96. Address of Passenger
97. Name of Passenger	98. Address of Passenger
99. Name of Passenger	100. Address of Passenger

1. Name of Insured

2. Address of Insured

3. Name of Driver

4. Address of Driver

5. Name of Passenger

6. Address of Passenger

7. Name of Passenger

8. Address of Passenger

9. Name of Passenger

10. Address of Passenger

11. Name of Passenger

12. Address of Passenger

13. Name of Passenger

14. Address of Passenger

15. Name of Passenger

16. Address of Passenger

17. Name of Passenger

18. Address of Passenger

19. Name of Passenger

20. Address of Passenger



Sketch Plan Pg. 1

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 reudiate 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 purposes 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: 25/4/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre's Name:

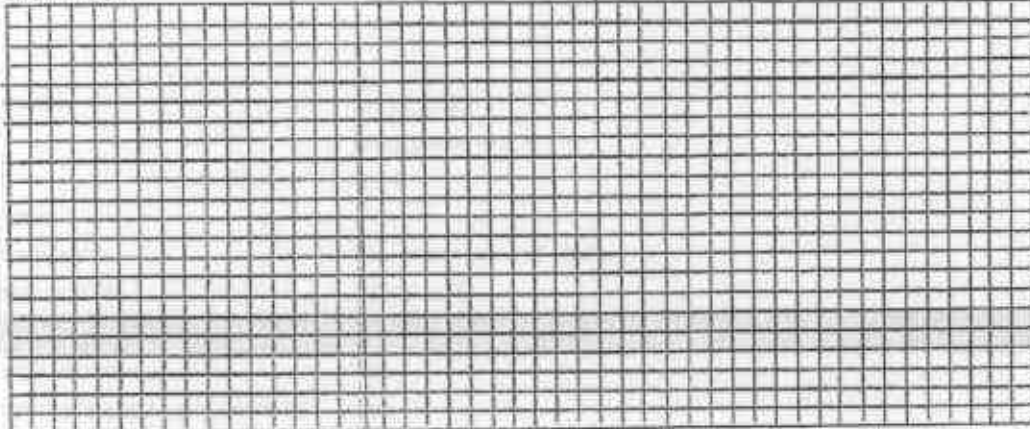
Name:

NRIC/Fin No:

Insurer A/L. Thurekany
Perimeter 100 Motorcyclist
303 Alexandra Road
Safe Data Performance Centre
Singapore 159941

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 Apr 2018, at 12.44 pm I was parked outside Nanyang Kindergarten. A dark blue car drove very closely to my vehicle and scratched the ^{front} right bumper of my car. Scratches are left behind after the incident. Video of the car movement had been recorded by my car camera.

DECLARATION

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

Shion
Policyholder's Signature
Date & Time: 25/4/18

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

[Signature]
Inthiran A/L. Thirumany
Performance Motors Limited
303 Alexandra Road
Singapore 159041
Reporting Centre
Name: Same Day Performance Centre
NRIC/Fin No:

Accident Photo



Accident Photo



Accident Photo



Page 9 of 17

Accident Photo



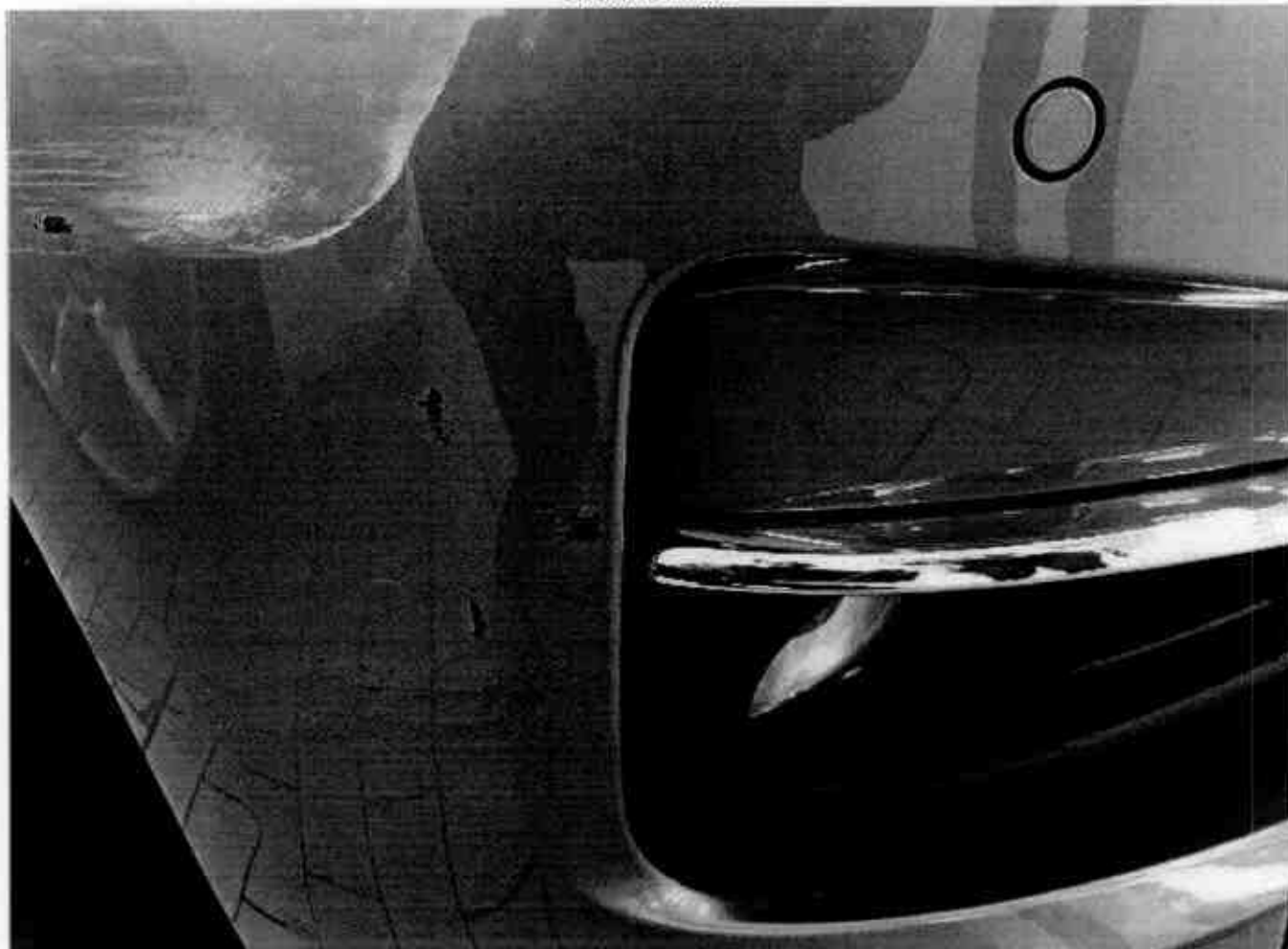
Accident Photo



Accident Photo



Accident Photo



Date: _____		Time: _____	
Location: _____		Weather: _____	
Vehicle 1: _____		Vehicle 2: _____	
Driver 1: _____		Driver 2: _____	
Witness 1: _____		Witness 2: _____	
Police Officer: _____		Investigator: _____	
Case Number: _____		Report Number: _____	
Notes: _____		Signature: _____	
Date: _____		Time: _____	
Location: _____		Weather: _____	
Vehicle 1: _____		Vehicle 2: _____	
Driver 1: _____		Driver 2: _____	
Witness 1: _____		Witness 2: _____	
Police Officer: _____		Investigator: _____	
Case Number: _____		Report Number: _____	
Notes: _____		Signature: _____	
Date: _____		Time: _____	
Location: _____		Weather: _____	
Vehicle 1: _____		Vehicle 2: _____	
Driver 1: _____		Driver 2: _____	
Witness 1: _____		Witness 2: _____	
Police Officer: _____		Investigator: _____	
Case Number: _____		Report Number: _____	
Notes: _____		Signature: _____	

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S663500206 / GST Reg. No.: M400017735

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 : MPML18054781 Vehicle Registration No: SJU1138B
Name (as shown in NRIC) : Tan Min Hwee NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 25.04.2018 Time of Accident : 1255 hrs
Place of Accident : Coronation Road
Insurance Company : Tokio 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:

(size too big)
- attached accident video and damaged
photograph. and police report

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Performance Motors Limited
NRIC/FIN No: 303 Alexandra Road
Date: Sime Darty Performance Centre
Singapore 159941



**SINGAPORE
POLICE FORCE**



T/20180426/7002

1 of 3

Report No. T/20180426/7002

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2018 00:48	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: TAN MIN HWEE			Address: 32 LUXUS HILL AVENUE SINGAPORE 804890		
ID Type / ID No.: NRIC NO / S6838327G			Contact No.: Home/Office: Mobile: 93854737		
Nationality: SINGAPORE CITIZEN			Email: Minhwee68@gmail.com		
Sex: Female	Age: 49	Date of Birth: 07/10/1968	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/04/2018 12:44	Type of Location: Straight Road
Location: CORONATION ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ8709P	Car	TOYOTA	Camry	Blue		1
SJU1138B	Car	BMW	3 Series GT	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ8709P	MSIG INSURANCE (SINGAPORE) PTE. LTD.			

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJU1138B	TOKIO MARINE INSURANCE SINGAPORE LTD.	17-ME001047-R04	30/10/2017	29/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAN MIN HWEE	ID No.	S6838327G
Related Vehicle	SJU1138B (Car)	Contact No.	93854737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25 Apr 18, I was outside Hse No.49, Coronation Road waiting to turn into Nanyang Kindergarten to pick my son at 12.44 pm, a dark blue Toyota Camry, car plate no. SGQ8709P drove very close to my car and scratch my front right bumper.



SINGAPORE
POLICE FORCE



T/20180426/7002

Police Station Of Origin:

2 of 3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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**SINGAPORE
POLICE FORCE**



T/20180426/7002

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180426/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU1138B	TOKIO MARINE INSURANCE SINGAPORE LTD.	17-ME001047-R04	30/10/2017	29/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAN MIN HWEE	ID No.	S6838327G
Related Vehicle	SJU1138B (Car)	Contact No.	93854737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25 Apr 18, I was outside Hse No.49, Coronation Road waiting to turn into Nanyang Kindergarten to pick my son at 12.44 pm, a dark blue Toyota Camry, car plate no. SGQ8709P drove very close to my car and scratch my front right bumper.



**SINGAPORE
POLICE FORCE**



T/20180426/7002

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180426/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
26/04/2018 00:48

Classification Of Case:

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	07/05/2018 12:13
Date Of Accident	25/04/2018 00:00
Exact Location Of Accident	CORONATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ8709P
Insured/Policyholder	
Name Of Registered Owner	TEO TECK CHYE
NRIC No	S1161222I
Email Address:	NOEMAIL
Mobile Phone No	(LOCAL) +65-93651237
Alternative Phone No	Office-93651237

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	28988644QMX
Cover Note Number	

Driver

Name of Driver	TEO TECK CHYE
NRIC No	S1161222I
Date Of Birth	08/06/1956
Occupation	INDOOR
Date Of Driving Pass	16/09/1974
Driving Experience	43 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93651237
Fax Number	
Contact Number	OFFICE-93651237
Email Address	NOEMAIL
Address	54 HAVELOCK RD #16-120
Postcode	
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	NO COLLISION
Weather Conditions	NA
Road Surface	NA

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)	0

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

I DO NOT HAVE ANY ACCIDENT OR ANY CONTACT WITH ANY OTHER VEHICLE. I RECEIVED LETTER FROM INSURANCE COMPANY TO COME AND MAKE THIS REPORT.

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	SJU1138B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Insurance Company

Insurance Policy No.

Insurance Type

Insurance Amount

Insurance Status

Insurance Date

Insurance Validity

Insurance Premium

Insurance Deductible

Insurance Co-insurance

Insurance Excess

Insurance Limit

Insurance Sub-limit

Insurance Co-payment

Insurance Reimbursement

Insurance Settlement

Insurance Claim

Insurance Denial

Insurance Appeal

Insurance Arbitration

Insurance Mediation

Insurance Litigation

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Sketch Plan

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.
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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:

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Road #23
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN

No accident

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. A vertical margin line is present on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled sheet. There are no markings, text, or drawings on the page.

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

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

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

Accident Photo



Accident Photo



STATE OF CALIFORNIA

Department of Transportation

Registration

Vehicle

Plate

SGQ8709P

Vehicle

Plate

Registration

Vehicle

Plate

Registration



Investigator's Name

Investigator's Title

Date

Time of Day

Location

Description of Incident

Witnesses

Remarks

Signature of Investigator

Vehicle Identification Number (VIN)

Driver's Name

Vehicle Make and Model

Year

Color

Registration

Accident Photo



THEY ARE THE ONLY TWO CARS IN THE WORLD THAT CAN BE DRIVEN IN BOTH DIRECTIONS.

THEY ARE THE ONLY TWO CARS IN THE WORLD THAT CAN BE DRIVEN IN BOTH DIRECTIONS.

Accident Photo



FOR MORE INFORMATION, VISIT US AT www.ford.com OR CALL 1-800-4A-FORD

FORD

©2004 Ford Motor Company

Accident Photo



On 10/10/2018, at approximately 10:30 AM, a Toyota Camry (SGQ8709P) was involved in a collision with a wall at the entrance of the garage. The driver, Mr. [Name], was not injured. The car sustained significant damage to the front end and the driver's side door. The collision occurred while the car was being driven into the garage.

The car was towed to the garage and is currently being repaired. The damage to the car is estimated to be around \$10,000. The driver is currently unable to use the car and is using a temporary vehicle.

On 10/10/2018, at approximately 10:30 AM, a Toyota Camry (SGQ8709P) was involved in a collision with a wall at the entrance of the garage.

The driver, Mr. [Name], was not injured. The car sustained significant damage to the front end and the driver's side door. The collision occurred while the car was being driven into the garage.

The car was towed to the garage and is currently being repaired. The damage to the car is estimated to be around \$10,000.

10/10/2018

This document is a copy of the original report and is not to be used for any other purpose. It is the property of the insurance company and will be destroyed after the claim has been settled.

1/1

10/10/2018