# TAT HENG MOTOR WORKS

BLK 10, ANG MO KIO IND PK 2A # 02-09 AMK AUTOPOINT SINGAPORE 568047

TEL: 6483 7103 FAX: 6481 7732

FACSIMILE TRANSMITTAL SHEET

TO : AIG INSURANCE

DATE: 7/5/2

ATTN: MOTOR CLAIMS DEPT

FROM

: Gina

RE: THIRD PARTY CLAIM

Dear Sir

Attached the GIA report for your kind attention.

We are instructed by the owner to claim on behalf.

Please kindly contact us for pre-repair inspection as soon as possible.

Thank you.

From: Tat Heng Motor Works

Gina

Tel: 64837103

MALM18056928 / Ah Um Motor Company - AMK ENTRY DATE & TIME: 02/05/2018 10:33 SUBMITTED BY: Elleen Chua

# fax: 64153727

### 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 misroprosentation or witholding 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.

<ol> <li>By the lodgement of this report to the insurers, you aforesaid.</li> </ol>	ou hereby consent to the archiving of this report at the centre and t	o copies of the report being made available		
	ACCIDENT STATEMENT			
Date Of Report	02/05/2018 10:33			
Date Of Accident	01/05/2018 12:05			
Exact Location Of Accident	TANJONG PAGAR PLAZA CAR PARK LEVEL 2(SLOPE)			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKZ7836S	***		
Insured/Policyholder				
Name Of Registered Owner	SU CHEW NGOH			
NRIC No	S1851488E			
Email Address	NGOXINGJUN@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-96716838			
Alternative Phone No	OTHERS-86933487			
Vehicle Particulars				

Manufacturer HONDA

Model CRV 2.4 5AT 2WD S/R

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

THIRD PARTY PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 18-MV001001-R02

Cover Note Number 02/02/2018 - 01/02/2019

Driver

Name of Driver NGO XING JUN NRIC No \$8728064J Date Of Birth 19/09/1987 Occupation INDOOR Date Of Driving Pass 11/10/2007

Driving Experience 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86933487

Fax Number

Contact Number

EMail Address NGOXINGJUN@GMAIL.COM Address

BLK 4 TANJONG PAGAR PLAZA #18-21

Postcode

081004

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

- -

insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

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?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Something of the major of the control of the contro

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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJJ9305R

AIG

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JEAN LIM BEE HUI

NRIC/Passport Number
Contact Number

\$7773194F

97268799

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

Date of accident: 1/5/2018 Tin	ne: 12:05 Pur	cation: 1	THU JONE PHONE	TLAZA CARTARK	LEVEL
My Vehicle A: SKZ 7836 S	/ehicle B: S크고 9:		Vehicle C;		( SLot &
SKETCH PLAN				<u></u>	
STOPE ->	# B SJJ 9305 R J J J J J SKZ 7836 S	5		ECOND STOREY	
ESCRIBE CIRCUMSTANCES OF THE ACCIDE	INT			• • • • • • • • • • • • • • • • • • • •	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<u> </u>	
I was leaving the corpark, go		level 3	towards level	2. When 1	-
was on the store going down	/		in Front of me	***************************************	-
stopped at the end of the sk		e car			<del></del>
		reversing	and theret los		7
car.			•··	)	
Veh B. Jean Jep: 97.	fum Reg >6 3799	د لح <i>ل</i>	سا ۶ ت	.२३६ <b>२</b> ५	<u> </u>
<u> </u>					
Claim OD/TP at Ah Lim Motor	Claim OD/TP at o	ther work	shop 🖺 Repo	orting Only	
Remarks: Please forward a copy of my ef My workshop: Total Anne 1005					
Email address	lor Works P(1 @yahoo.com				
& myself : GINA _ Totherage Email address :	@yahoo.com	J			
Note: Please take note that your insurer you own policy. Kindly check with your or	have 14 days timefran Vn insurer for more ir	e for you to	o submit own dama	ige claim under	
DECLARATION		900000000	(H)	<i>1</i>	
/We declare the foregoing particulars are true in	every respect.			(	
In Church Jo	2m 2/5/2018	9:56	7	X.	
Policyholder's Signature Oriver's St			Reporting Centre Pers	onnel's Signature	-
Date & Time: (If driver is Date & Time:	not the policyholder)		Name: NRIC/FIN No.:	- W	

All the motor company

#### Sketch Plan Pg. 2

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 evailable upon application by
  interested parties.
- 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:
  - 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.

2/5/18 9.50

Policyholder's Signature

Date & Time:

2/5/18 9:51

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

#### Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8728064J





NGO XING JUN



Aber CHINESE 19-09-1987 SINGAPORE





Hp. 96716828 / 86232487. Email: mgoxingjun@gmail.om

5729765



APT BLK 4 TANJONG PAGAR FLAZA #18-21 BINGAPORE 08:004

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

ON THRACE

S / No 9000304807

NP 428A

## Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 392 8000 (Millios) 18 g No. M./ 000002 6 (I) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

↑ (65) 6221 6111 ↑ (65) 6221 4355 / (65) 6224 0895 ↑ tmis@tokiomarine.com.sg 🦠 www.tokiomarine.com

or top distort of the табы (4апры газаці



## POLICY SCHEDULE

RENEWAL

INSURED	/	ADDRESS
---------	---	---------

ou drew moon

BUE & TAILFORD PAGAR PLACE.

# 18 - .: 1

STHIGAPORE 081004

POLICY NO

: 18-MV001001-R02

POLICY TYPE

ACCEPT DATE

: . . . .

PREMIUM DUE

: : : : n 10 - C

ACCOUNT

RISK NUMBER : 0001 Private Motor Car BUSINESS/PROFESSION OF INSURED SELF-EMPERIORS CONTRIBUTED AND ADMINISTRAL REGISTRATION NO : SKC/8:50 MAKE : HONDA CETT .4 GAR Will sign and a TYPE OF BODY : (311) CUBIC CAPACITY : .1354 YEAR OF MANUFACTURE : 2015 YEAR OF REGISTRATION : .0010 SEATING CAPACITY (INCLUDING DRIVER): 5 ENGINE NUMNBER 軟品有效性的心质1+ > 5 CHASSIS NUMBER : MRHEH395-91-0 00 10 TYPE OF COVER Comprehens: W Appropriation of the Phan. SUM INSURED i Rudraiting the Let 1 .... FINANCIAL INTEREST : OCBC KARR : DESTRIC EXCESS Own Damage Claims : 560 1,000 Windship on Bycess : 3000 1000 ANNUAL PREMIUM (SGD) Basic Premium A . . 1.41 . . 44; Less Hills chirality 4. 8 - 134 Less Safe Diktor Discount 46.40 MCD Protection 01.000 TOTAL PREMIUM BEFORE GST 1. "11 DRIVER'S PARTICULARS

NRIC/PASSPORT AGE MARITAL DRIVING NAME STATUS EXPERIENCE NO SU CHEW NOOTH 018814×4E 11 OF YEARS

The above policy is subject to the following Clauses, Warranties, Endorsement,

Jacket: TMTP MCT. L T

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8728064J





Piperin

NGO XING JUN









美兴俊 CHINESE

Date of both 19-09-1987 COUNTY/PHED OF WITH SINGAPORE

5729765





18-04-2017

APT BLK 4 TANJONG PAGAR PLAZA #18-21 SINGAPORE 081004