

NATIONAL Assessment Centre Services Wef 1 Jan 2005 MMA118107933.

Date In: 2018/18 17:43	Job description	Date & Time Completed	Done by
Ref No: MA1TM218015125/h4	SAS e-filing		
Veh No: 52C77005	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1918/18 12:20.	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 52C78866.	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: 80-160%]	
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:- (INC hotline: 6788 6616)	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

MA1805269	Invoice Preparation Checklist	Ant (\$) for Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	30.00	
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)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QI*		
	*N5: Courtesy Car / Tpl 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	20/08/2018 17:43
Date Of Accident	19/08/2018 12:20
Exact Location Of Accident	ORCHARD GATEWAY LVL 5 CARPARK AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7700S
Insured/Policyholder	
Name Of Registered Owner	MR CHIA JUN HAO
NRIC No	S9049434A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96993335
Alternative Phone No	OFFICE-96993335

Vehicle Particulars

Manufacturer	BMW
Model	523I 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	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-MI001152-R01
Cover Note Number	-

Driver

Name of Driver	MR CHIA JUN HAO
NRIC No	S9049434A
Date Of Birth	31/12/1990
Occupation	INDOOR
Date Of Driving Pass	10/12/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96993335
Fax Number	
Contact Number	OFFICE-96993335
EEmail Address	NOEMAIL

Address	BLK 85 WHAMPOA DR #02-256
Postcode	320085
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	SIDE SWIPE
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?	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 ATTACHED 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	SLC7886G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8202966D
Contact Number	81335725
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:



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



VEHICLE NO : SLK 7700S

MAKE & MODEL : BMW 523i

Date of Accident	19/08/2018	
Time of Accident	12:17 AM / <input checked="" type="radio"/> PM	
Location of Accident	Orchard Gateway Level 5 Carpark Area	
Exact Purpose Usage	<input checked="" type="radio"/> Personal / Private Hire (Uber / Grab) / Commercial	
NAME OF OWNER :	Chia Jun Hao	
Contact No.	96993335	
Nric No	S9049434A	
Type Of Claim	<input checked="" type="radio"/> Third Party / Own Damage / Reporting only	
Insurance Co.	Tokio Marine Insurance	
Type of Coverage	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
Policy No	18-MI001152-RO1	
NAME OF DRIVER :	As above / If No :	
Nric No	S9049434A	Any Passenger: NIL
Date Of Birth	31 / 12 / 1990	
Occupation	Outdoor / <input checked="" type="radio"/> Indoor	
Date Of Driving Pass	10 / 12 / 2010	
Gender	<input checked="" type="radio"/> Male / Female	
Contact no	96993335 Office :	Home :
Address	Blk 85 Whampoa Drive #02-256 SC320085	
Driver Have Any Own Vehicle	NO / If Yes (Reg no) :	
Relationship	Employee / If No :	
Weather Condition	<input checked="" type="radio"/> Clear / Raining / Other :	
Road Surface	<input checked="" type="radio"/> Dry / Wet / Other :	
Any Injuries	<input checked="" type="radio"/> NO / If Yes Who?	
Name		Contact :
Name		Contact :
Police Report	<input checked="" type="radio"/> No / If Yes : Where?	
Vehicle B No :	SLC 7886G	Any Passenger: +1
Name Of Driver	Han Jianshang (S 8202966D)	
Contact No :	81335725	
Vehicle C No :		Any Passenger:
Vehicle D No :		Any Passenger:
Vehicle E No :		Any Passenger:
Vehicle F No :		Any Passenger:
Any Witness		
Witness Contact No		
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE	
Address	1 Kaki Bukit Ave 6 #02-34	
	Kaki Bukit @ Auto Bay	
	Singapore 417883	
Email :	chiajunhao90@gmail.com	Tel : 6745 7367 Fax : 6841 3390

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9049434A**

Name: **CHIA JUN HAO**

Birth Date: **31 Dec 1990**

Issue Date: **10 Dec 2010**



001918921J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9049434A



Name

CHIA JUN HAO

谢俊豪

Race

CHINESE

Date of birth

31-12-1990

Sex

M

S9049434A



Country/Place of birth
SINGAPORE

5865550



NRIC No. S9049434A



Date of issue

18-01-2018

Address

APT BLK 85 WHAMPOA DRIVE
#02-256
SINGAPORE 320085

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) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 E. tmis@tokiomarine.com.sg W. www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP
FORM MX1

A member of the
Tokio Marine Group

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.: 18-MI001152-R01 (Private Motor Car)

- 1. **Index Mark and Registration Number of Vehicle** SLK7700S **Chassis No.:** WBAFP32010C864006
- 2. **Name of Policyholder** MR CHIA JUN HAO
- 3. **Effective date of the Commencement of Insurance for the purposes of the Act** 16/07/2018
- 4. **Date of Expiry of Insurance** 15/07/2019
- 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).

<u>ADDITIONAL INFORMATION</u>		Account: 2633DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
Financial Interest:	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No. : SLK7700S
Vehicle Type : P10 - Passenger Motor Car
Vehicle Attachment 1 : No Attachment
Vehicle Scheme : Normal
Vehicle Make : B.M.W.
Vehicle Model : 523I A
Chassis No. : WBAFP32010C864006
Propellant : Petrol
Engine No. : 07397679N52B25AF
Engine Capacity : 2497 cc
Maximum Power Output : 150.0 kW (201 bhp)
Maximum Laden Weight : 2260 kg
Unladen Weight : 1725 kg
Year Of Manufacture : 2011
Original Registration Date : 16 Jul 2011
Lifespan Expiry Date : -
COE Category : E - Open Category
Quota Premium : \$56,490.00
COE Expiry Date : 15 Jul 2021
Road Tax Expiry Date : 15 Jan 2019
PARF Eligibility Expiry Date : 15 Jul 2021
Inspection Due Date : 15 Jul 2020
Intended Transfer Date : 20 Aug 2018
CO2 Emission : -
CO Emission : -
HC Emission : -
NOx Emission : -
PM Emission : -

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

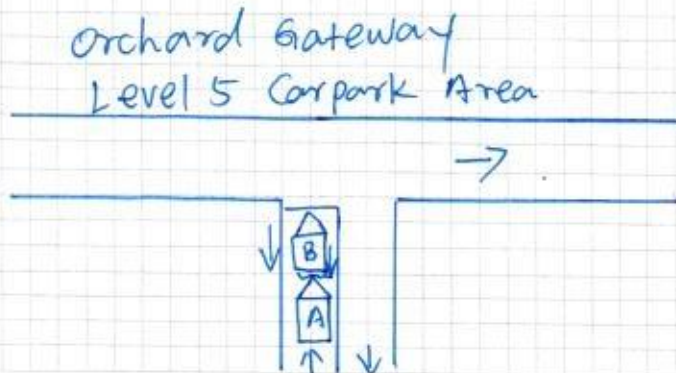
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

SKETCH PLAN



Veh. A: SLK 7700S
Veh. B: SLC 78866

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date & time of accident. I was driving my vehicle (A) (SLK 7700S) along Orchard Gateway Level 5 Carpark area, vehicle (B) (SLC 78866) in front of me slow down and stopped and I follow to stopped. Suddenly vehicle (B) reverse and collided into my vehicle front portion.

DECLARATION

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


Policyholder's Signature
Date & Time: 20/8/18
4.45pm




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


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