

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1814535

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 4/9/18-12-42 | Job description | Date & Time Completed | Done by |
| Ref No: NA/TM215016112/24 | SAS e-filing | | |
| Vch No: 5T71720 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 2/9/18-14-45 | 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: 5H599434 | 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:- (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|---------------------|----------------------|
| NA1805650 | 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 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 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 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Dat. 1: | | | |
| Dat. 2 / 3: | | | |

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 | 04/09/2018 12:42 |
| Date Of Accident | 03/09/2018 19:45 |
| Exact Location Of Accident | AYE (TUAS) BEFORE NORMANTON PARK EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJT7137U |
| Insured/Policyholder | |
| Name Of Registered Owner | SIM JIAN YONG |
| NRIC No | S8921912D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91551113 |
| Alternative Phone No | OFFICE-91551113 |

Vehicle Particulars

| | |
|--|----------------------------------|
| Manufacturer | HYUNDAI |
| Model | AVANTE 1.6 MT ABS AIRBAG 2WD 4DR |
| 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 |
| Fleet Policy | NO |
| Policy Number | MT105361 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN CHING HWEE |
| NRIC No | S7828300I |
| Date Of Birth | 13/09/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/06/2002 |
| Driving Experience | 16 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93293932 |
| Fax Number | |
| Contact Number | OFFICE-93293932 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 453 JURONG WEST STREET 42 #02-102 |
| Postcode | 640453 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | RELATIVE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - J/20180904/2000.

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 | SHB9940Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 90029633 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

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 **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:

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

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

SKETCH PLAN

A=JJ171370
B=SHB99424

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - J/2180904/2002.

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.:



SINGAPORE POLICE FORCE



J/20180904/2000

1 of 2

POLICE REPORT (NP299)

Report No. J/20180904/2000

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

| | | |
|---|--|------------------------|
| Date/Time Report Made 04/09/2018 00:13 | Vide Report No. | Station Diary No. 1 |
| Name Of Informant TAN CHING HWEE | Address APT BLK 453 JURONG WEST STREET 42 #02-102 SINGAPORE 640453 | |
| ID Type / ID No. NRIC NO / S7828300I | Contact No. Home/Office Mobile 93293932 | |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation OPERATION MANAGER | Sex Male | Age 39 |
| Institution/School Name | Date of Birth 13/09/1978 | Race Chinese |
| Date/Time Of Incident 03/09/2018 22:00 | Location Of Incident 561A JURONG WEST STREET 42 #07-143 SPRING HAVEN @ JURONG SINGAPORE 641561 | |

Brief details.

On 03/09/2018 at about 1945hrs, I was driving my friend's car SJT7137U along AYE towards Jurong. Near Normanton Park exit, I got involved in a minor accident with a taxi SHB9940Y whereby I rear ended into the taxi's rear; causing a small crack on the rear bumper. We then exchanged contact numbers and agreed to have a private settlement over the issue. The driver's contact number is HP: 90029633. We then agreed to meet after he had sent his passengers to their destination.

Signature Of Officer Recording The Report:
J / Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 PATRICIA TAN SHILING
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

Date/Time:
04/09/2018 00:13

Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180904/2000

Later on at about 2045, the driver came to my carpark where we discussed about the private settlement. He then demanded that I pay him SGD\$1500.00/- for the repairs. I found it unreasonable and I tried negotiating for a lower amount however he insisted on the said amount. He then said that he will lodge a Police report if I do not want to pay the said amount. I then suggested for him to go over to my friend's (car owner) house to discuss the matter further.

At my friend's house, I called my friend (car owner: Sim Jian Yong HP: 91551113) as he was overseas and asked him to speak to the taxi driver. My friend also found it unreasonable for the taxi driver to ask for SGD\$1500.00/- to settle the repairs. After much discussion over the phone between both parties, an argument broke out over the phone whereby my friend had raised his voice towards the driver as he was unhappy about the issue. The taxi driver then scolded my friend over the phone. I tried to cool both parties down as the conversation got heated. After the conversation, the taxi driver then took a photo of my friend's unit, the lift and mentioned "I know where you live". Subsequently, he left the scene.

I was advised by my friend to lodge a Police report on the matter. I do not know the taxi driver's name. I do not wish to pursue the matter and I am lodging this report for record purposes. No threat or assault towards me.

Signature Of Officer Recording The Report:

J / Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 PATRICIA TAN SHILING
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

Date/Time:
04/09/2018 00:13

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S78283001



Name

TAN CHING HWEE

陈 清 辉

Race

CHINESE

Date of birth

13-09-1978

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licensee's Number: S78283001

TAN CHING HWEE

Birth Date: 13 Sep 1978

Issue Date: 10 Feb 2003



1000104317C



NRIC No. S78283001



Date of issue

19-09-2008

Address

APT BLK 453 JURONG WEST STREET 42
#02-102
SINGAPORE 640453

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

Class 2B Motorcycles not exceeding 250 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

13 Feb 1986

27 Jun 2002



License No: S78283001

NP 428A

Tokio Marine Insurance Singapore Ltd.

Insurance Reg. No: 19230081406 (GST Reg No: M2-000023-4)

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

A member of the
Tokio Marine Group



TOKIOMARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

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.: MT105361 (Private Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJT7137U | Chassis No.: KMHDU41BLAU865265 |
| 2. Name of Policyholder | SIM JIAN YONG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 28/07/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 27/07/2019 | |
| 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).

ADDITIONAL INFORMATION

Account No: 0996DDA

| | |
|---------------------|-----------------------|
| Insurance Plan: | Third Party Only |
| Financial Interest: | KENSO LEASING PTE LTD |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature