

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MLA/18/28736**

Date In: 4/10/18 - 12:44	Job description	Date & Time Completed	Done by
Ref No: NA/18/28736/24	SAS e-filing		
Veh No: 5M194E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/9/18 - 22:10	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

)

TP Particulars:	Veh No:	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

NA 1806337	Invoice Preparation Checklist		Am't (\$) Int Bill	Am't (\$) 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			
	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:-			
	Q1)*			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
Ref 1:	Invoice dated	Fee Charged		
Ref 2 / 3:	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	04/10/2018 12:44
Date Of Accident	26/09/2018 22:10
Exact Location Of Accident	BLK 169 PUNGGOL FIELD BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1945E
Insured/Policyholder	
Name Of Registered Owner	CHAN KOK HUAN
NRIC No	S1563917B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90303615
Alternative Phone No	OFFICE-90303615

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU012895
Cover Note Number	

Driver

Name of Driver	CHAN KOK HUAN
NRIC No	S1563917B
Date Of Birth	17/01/1962
Occupation	INDOOR
Date Of Driving Pass	19/04/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90303615
Fax Number	
Contact Number	OFFICE-90303615
EMail Address	NOEMAIL

Address	BLK 169B PUNGGOL FIELD #10-675
Postcode	822169
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	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?	
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20180927/2072.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.:

BIK 169 Ponggol field
Basement carpenter.

WALL

A: SJM 1945E

The diagram shows a horizontal line representing a wall. Below the wall, there are several vertical tick marks. Two rectangular windows are drawn into the wall. The left window is labeled 'A2' and the right window is labeled 'A1'. A dashed line connects the two windows. Below the wall, there is a horizontal arrow pointing to the right.

Refer to police report - P/20180922/12022.

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

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 9 / 18 (DD/MM/YYYY), TIME: 22 : 10 (HH:MM)

LOCATION: Blk 169 Punggol Field basement carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: DM1945E
b) INSURANCE COMPANY: TM2
c) POLICY NUMBER: MV012895
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chan Kok Huan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S563917B CONTACT: 90303615
c) ADDRESS: Blk 169B Punggol Field #10-675 (822167)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 17 / 1 / 1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/4/2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Punggol NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = chan kok huan @ hotmail

fax = 67820961

Vide.o =



**SINGAPORE
POLICE FORCE**



F/20180927/2072

1 of 2

POLICE REPORT (NP299)

Report No. F/20180927/2072

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

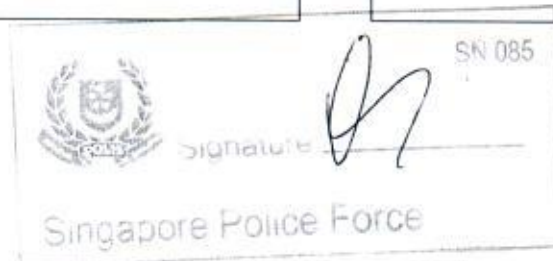
Date/Time Report Made 27/09/2018 14:09	Vide Report No.	Station Diary No. 28		
Name Of Informant CHAN KOK HUAN	Address APT BLK 169B PUNGGOL FIELD #10-675 SINGAPORE 822169			
ID Type / ID No. NRIC NO / S1563917B	Contact No. Home/Office	Mobile 90303615		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation SELF EMPLOYED	Sex Male	Age 56	Date of Birth 17/01/1962	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 26/09/2018 22:10 - 27/09/2018 05:30	Location Of Incident 169 PUNGGOL FIELD THE NAUTILUS @ PUNGGOL SINGAPORE 820169 MSCP LOT 103, DECK 1			

Brief details.

On 26/09/2018 at about 2210hrs, I have parked my vehicle bearing vehicle no. SJM1945E at the MSCP of Blk 169 Punggol Field Lot 103 of deck 1. After parking my vehicle, I alighted from my vehicle and realized that my vehicle was slightly slanted. Hence, I got back onto my vehicle and started the engine. Upon starting the engine, the car jerked and launched forward out of the lot and then back into the parking lot. When it launched forward, the car hit the wall in front and then reversed back into the lot.

Signature Of Officer Recording The Report: F / Sgt 2 LOUIS SEAH ZHENG LIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2018 14:09
Officer In-Charge Of Case: F / Punggol N.P.C / Sgt 3 SEAN TEO KAILIANG Contact No.: 66049999	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)



CONTINUATION OF REPORT

Report No. F/20180927/2072

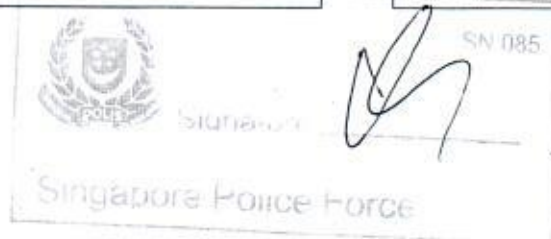
When it hit the wall, the airbag inside the vehicle was activated. After it went back onto the parking lot, I alighted from my car and inspected. I observed that the front bumper and the hood was slightly dented. No one was injured also. I then called for towing service. After calling for the towing service, I went back to my unit at blk 169B Punggol Field #10-675. Before leaving the carpark, I have secured the car with my remote.

On 27/09/2018 at about 0530hrs, I went back to the carpark to check whether the towing service had towed my vehicle. I then observed that my vehicle was not there anymore, thinking that the towing service had towed it away. I then left for work. At about 0730hrs, I called the towing service to check the status of my vehicle but was informed that they did not tow the car. I then went to Punggol NPC to check which I was informed that my car was actually towed away by Traffic Police. I was then advised by Traffic Police IO Rizwan c/n 6547 6185 to lodge a report.

I am lodging this report for record purpose.

Signature Of Officer Recording The Report: F / Sgt 2 LOUIS SEAH ZHENG LIANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2018 14:09
Officer In-Charge Of Case: F / Punggol N.P.C / Sgt 3 SEAN TEO KAILIANG Contact No.: 66049999	Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1563917B



Name

CHAN KOK HUAN

曾國煥

Race

CHINESE

Date of birth

17-01-1962

Sex

M

Country/Place of birth

SINGAPORE



5797520



NRIC No S1563917B



Date of issue

08-09-2017

Address

APT BLK 169B PUNGGOL FIELD
#10-675
SINGAPORE 822169

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

PASS DATE

and Motor Tractor 1 to 14.75

and Motor Tractor 1 to 14.75

LICENCE No



NP 428A

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: M2-0000023-8)

20 MacCallum Street #01-01 Tokio Marine Centre Singapore 069046

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

A member of the
Tokio Marine GroupTOKIO MARINE
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)

65926496

Tok 647 4810

Policy No.: MU012895 (Private Car)

- | | | |
|---|-----------------------|---------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJM1945E | Chassis No.: KMH DU41BR9U654113 |
| 2. Name of Policyholder | CHAN KOK HUAN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 24/12/2017 (00:00:00) | |
| 4. Date of Expiry of Insurance | 23/12/2018 | |
| 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

Account No: 1254DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	MAYBANK		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature