

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA18145430

Date In: 9/1/18 - 12:58	Job description	Date & Time Completed	Done by
Ref No: NA/MJH/RO20358/24	SAS e-filing		
Veh No: 5JN812K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/1/18 - 22:30	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:	Veh No: J4D58484	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/RO7350	Invoice Preparation Checklist	Am't (\$) In 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		
	5) RT: 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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. 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	09/11/2018 17:58
Date Of Accident	25/03/2018 22:30
Exact Location Of Accident	JUNC ESPLANADE DR & FULLERTON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR812K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHYE YONG VINCENT
NRIC No	S7337346H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98785544
Alternative Phone No	OFFICE-98785544

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A28961220TMP
Cover Note Number	

### Driver

Name of Driver	HOH XIN EN, JOVELL
NRIC No	S9527059Z
Date Of Birth	24/07/1995
Occupation	INDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87143306
Fax Number	
Contact Number	OFFICE-87143306
Email Address	NOEMAIL

Address	BLK 20 LORONG 7 TOA PAYOH #06-740
Postcode	310020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180510/2030. VEHICLES HAS BEEN SOLD.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5848Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TECK HOCK
NRIC/Passport Number	S1189264G
Contact Number	82818981
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:

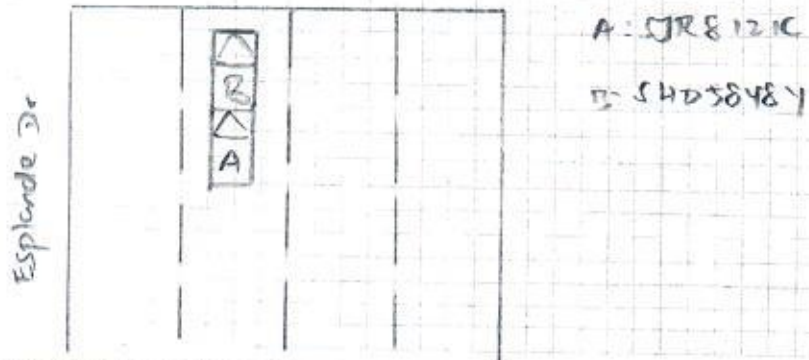
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/85 10/10/86.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 3 / 18) (DD/MM/YYYY), TIME: (02:30) (HH:MM)

LOCATION: Fullerton Road X Esplanade Dr.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: MR 812K  
b) INSURANCE COMPANY: MJI  
c) POLICY NUMBER: \_\_\_\_\_  
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: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Tan Cheong Vincent (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S73273464 CONTACT: 98265544  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Hoh Xin En, Joveli (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S95270592 CONTACT: 87143306  
c) ADDRESS: Blk 20 Lor 7 Tan Pagar Subd 40 (3600)

\*d) DATE OF BIRTH: (24 / 7 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3/2/2014

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

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD8848Y MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Lim Teck Houk  
c) NRIC/FIN/PASSPORT: S11892646 CONTACT: 82818981

## 9. THIRD PARTY VEHICLE

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

Email =

fax =

video =



Police Station Of Origin  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No 1800-4519999

1 of 3  
Report No T/20180510/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 10 43	Video Report No.:	Station Diary No: 61
--------------------------------------------	-------------------	-------------------------

Informant's Particulars

Name of Informant HOH XIN EN JOVELL			Address APT BLK 20 LORONG 7 TOA PAYOH #06-740 SINGAPORE 310020		
ID Type / ID No NRIC NO / S9527059Z			Contact No. Home/Office Mobile: 87143306		
Nationality SINGAPORE CITIZEN			Email		
Sex Female	Age 22	Date of Birth 24/07/1995	Type of Informant Driver		
Race Chinese			Language English		Institution / School Name:
Occupation Student			Driving Licence Information: Class		
			Date of Expiry:		

General Information of the Accident

Type of Accident	Non-Injury Others	Drink Drive No	Date/Time of Accident: 25/03/2018 22:30	Type of Location T-Junction
Location Along Road 1 FULLERTON ROAD				
Traffic light outside Fullerton Bay				
Weather: Clear		Road Surface: Dry		Road Speed Limit.
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5848Y	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0
SJR812K	Car	TOYOTA	VIOS 1.5E A	Black	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569529  
Tel No: 1800-4519999



T/20180510/2030

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Report No. T/20180510/2030

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	Lim Teck Hock	ID No.	S1189264G
Related Vehicle	SHD5848Y (Car)	Contact No.	82818981
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOH XIN EN, JOVELL	ID No.	S9527059Z
Related Vehicle	SJR812K (Car)	Contact No.	87143306
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 25/03/2018 at about 10.25am, I was driving my car (plate number SJR812K) along Fullerton Road. As I was approaching the traffic light outside the Fullerton Bay, the traffic light turned amber and I had already started breaking. However, there is a taxi in front of me (plate number SHD5848Y) of about one car length ahead that had made at emergency brake in front of me as his car has crossed the white line. The taxi then reversed and as I have not come to a complete stop, the front of my car had collided into the rear of the said taxi.

No Traffic Police or Ambulance came to scene. Both cars are slightly damaged, no one is injured. I am lodging this report under instructions from SI Cecilia from Traffic Police.





POLICE FORCE



T/20180510/2030

Police Station Of Origin  
Ang Mo Kio South N P C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569829  
Tel No 1800-4519999

3 of 3

Report No T/20180510/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 ELLIE PRATIWI RAHMASARIYANTI BINTI  
MOHAMED YUSOF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

10/05/2018 10:43

Classification Of Case:



## PURCHASE / SALES AGREEMENT

NAME Bonny Lai Zhen Shun I/C NO 587731937  
OF Platinum Leasing Hk Ltd. TEL 81780446  
HEREBY CONFIRM THE PURCHASE / SALES OF THE MENTION VEHICLE FROM / TO:  
NAME Vincent TIAN CHIB YONG I/C NO 5733734614  
OF - TEL 98785544  
AT AGREED PRICE \$18000 \$ \$18000  
DEPOSIT - \$ -  
BAL ON DELIVERY - \$ -  
FINANCE CO Hong Leong DATE DUE 17/5/2008 FINANCE BALANCE \$14887.10  
FULL SETTLEMENT FEE - BALANCE DUE -  
MAKE / MODEL Toyota Vios 1.5A REG NO SJR 812 K  
ENGINE NO 1N2X431024 REG DATE 23 MAY 2006  
CHASSIS NO MR053HY4204137675

### REMARKS

- In The Event of the purchasers failing to pay the balance, the vendor shall have the right to seize the car and forfeit the deposit paid by the purchaser.
- It's agreed that the buyer will be fully responsible for the vehicle for any illegal acts which may rise from the use thereof including traffic offences.

from [Signature] at - am/pm.

Signature of Seller

\$ -  
Cash/Cheque

Signature of Buyer

Note: In case breach of Agreement

1. The seller will have to pay Double of the deposit amount Exact pay to him/her.
2. The buyer will have his deposit forfeited.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9527059Z**

Name: **HOH XIN EN, JOVELL**

Birth Date: **24 Jul 1995**

Issue Date: **03 Feb 2014**

002271554D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9527059Z**

Name: **HOH XIN EN, JOVELL**

何 欣 恩

Race: **CHINESE**

Date of birth: **24-07-1995**

Sex: **F**

Country of birth: **SINGAPORE**







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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 03 Feb 2014

Licence No: **S9527059Z**

NP 428A



4824551

65754

NRIC No: **S9527059Z**

Date of issue: **01-09-2010**

Address: **APT BLK 20 LORONG 7 TOA PAYOH #06-740 SINGAPORE 310020**







**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

**COPY**

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
 Individual Ownership

**PRIVATE MOTOR CAR - TP**  
**Third Party**

Certificate No. A 28961220 TMP

**1. Index Mark and Registration Number of Vehicle**

SJR812K

**2. Name of Policyholder**

Tan Chye Yong Vincent

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

11/06/2017

**4. Date of Expiry of Insurance**

10/06/2018

**5. Persons or Classes of Persons entitled to drive\***

Tan Chye Yong Vincent

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

**6. Limitations as to use\***

Use only for social domestic and pleasure purposes and for the Policyholder's business.

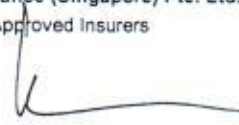
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

  
 for Chief Executive Officer