

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2003

NA/18/52365

Date In: 24/1/2008 12:17	Job description	Date & Time Completed	Done by
Ref No: NA/18/52365/1	SAS e-filing		
Veh No: SG1 33804	E-mail (within 2hrs, AIC 2hrs)		
DOA: 23/1/2008 17:35	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: JDE 882	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: YBS () / 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

NA1807682	Invoice Preparation	Fee Charged
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)	
Contact No:	3) TP: 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 2003)	
Ref: 1:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*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: Idao 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 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	24/11/2018 12:17
Date Of Accident	23/11/2018 17:35
Exact Location Of Accident	SIMEI AVE TWRDS PIE INFRONT OF PEDESTRIAN CROSSING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3380U
Insured/Policyholder	
Name Of Registered Owner	TOH KIM MENG
NRIC No	S7215419C
Email Address	DANNYTOH1972@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97498520
Alternative Phone No	OTHERS-97498520

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	M496272
Cover Note Number	

Driver

Name of Driver	TOH KIM MENG
NRIC No	S7215419C
Date Of Birth	04/05/1972
Occupation	INDOOR
Date Of Driving Pass	25/04/1990
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97498520
Fax Number	
Contact Number	OTHERS-97498520
Email Address	DANNYTOH1972@GMAIL.COM

Address	BLK 658 YISHUN AVENUE 4 #11-337
Postcode	760658
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	COLLISION - HEAD TO REAR
Weather Conditions	CLOUDY
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JDE882 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181124/2022

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	JDE882
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIN MUN FAH
NRIC/Passport Number	G2642043T
Contact Number	82671318
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

24/11/2018
1029

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

24/11/2018
Raphi Winton

SKETCH PLAN

Tombrow Pike (74AS)

Phone House
Address

Siman Ave

A) SGT 33804

B) JDE 882

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/2018/1124/2022

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

24/11/2018 1029 am

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

[Signature] 24/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]



SINGAPORE POLICE FORCE



T/20181124/2022

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181124/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 11:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TOH KIM MENG		Address: APT BLK 658 YISHUN AVENUE 4 #11-337 NEE SOON CENTRAL VIEW SINGAPORE 760658	
ID Type / ID No.: NRIC NO / S7215419C		Contact No.: Home/Office: Mobile: 97498520	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 04/05/1972	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 23/11/2018 17:35	Type of Location: Bend
Location: Along Road 1 SIMEI AVENUE				
Slip road into PIE, Before Pedestrian crossing				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
JDE882	Van					1
SGT3380U	Car	HONDA	CITY CVT	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGT3380U	INDIA INTERNATIONAL INSURANCE PTE LTD	M496272	18/04/2018	17/04/2019



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181124/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN MUN FAH	ID No.	G2642043T
Related Vehicle	JDE882 (Van)	Contact No.	82671318
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	TOH KIM MENG	ID No.	S7215419C
Related Vehicle	SGT3380U (Car)	Contact No.	97498520
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 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 ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG SIM MEI AVENUE, HEADING TOWARDS PIE(TUAS). JUST BEFORE THE PEDESTRIAN CROSSING ON THE BEND INTO PIE, I SAW THAT THERE WAS A PEDESTRIAN GOING TO CROSS SO I STOPPED MY VEHICLE TO LET THE PEDESTRIAN CROSS. SUDDENLY, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE AND DISCOVERED THAT I HAD BEEN HIT BY A MALAYSIAN VAN BEARING THE PLATE NUMBER JDE882.

AFTER THE COLLISION, BOTH PARTIES GOT OFF OUR VEHICLES AND INSPECTED ON THE DAMAGES. UPON ALIGHTING, THE DRIVER OF JDE882 TOLD ME THAT HE TRIED TO BRAKE BUT DUE TO THE WET ROAD SURFACE, HIS VEHICLE SKIDDED A BIT WHICH IS WHAT CAUSED THE COLLISION. WE EXCHANGED PARTICULARS BEFORE LEAVING.



**SINGAPORE
POLICE FORCE**



T/20181124/2022

3 of 3

Report No. T/20181124/2022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/11/2018 11:00

Classification Of Case:



ACCIDENT STATEMENT

ACCIDENT DATE: 23/11/2018 (DD/MM/YYYY), TIME: 17:36 (HH:MM)

LOCATION: Simei Ave towards PIE (Tuas) in front of pedestrian crossing

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT3380U
b) INSURANCE COMPANY: India International Insurance
c) POLICY NUMBER: M496272
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda City
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)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Toh Kim Meng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7215419C CONTACT: 97498520
c) ADDRESS: Blk 658, Yishun Ave 4 #11-337S(760658)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Toh Kim Meng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7215419C CONTACT: 97498520
c) ADDRESS: Blk 658, Yishun Ave 4 #11-337S(760658)

* d) DATE OF BIRTH: 04/05/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25041990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JD E 882 MODEL: Nissan C20
b) DRIVER'S NAME: Chin Mun Fah
c) NRIC/FIN/PASSPORT: G2642043T CONTACT: 82671318

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = dannytoh1972@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7215419C



Name
TOH KIM MENG

卓 錦 明

Race
CHINESE

Date of birth
04-05-1972

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7215419C**

Name
TOH KIM MENG

Birth Date **04 May 1972**

Issue Date **09 Apr 2003**




000368772K1

4271006



NRIC No. **S7215419C**



Date of issue
29-08-2008

Address
**APT DLK 05B YISHUN AVENUE 4
#11-337
SINGAPORE 760658**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 2B	Motorcycles not exceeding 300 cc	PASS DATE 22 May 1009
Class 3	Motor Cars and Motor Tractors the weight of which (including load) does not exceed 3500 kilograms	28 Apr 1990

Licence No: S7215419C



426A

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)

This certificate is non transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 legislation relating to compulsory insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: 87396SE	Insured/Named Drivers Excess: Nil
Third Party Only	Young &/or Inexperience Drivers Excess: \$2500/- Sect. II for age < 21 years or > 65 years &/or S'pore D.L. < 2 years
CERTIFICATE NO.	M496272
1. Index Mark and Registration Number of Vehicle	SGT 3380 U
2. Name of Policy Holder	Toh Kim Meng
3. Effective date of the Commencement of Insurance for the purposes of the Act	18th April 2018
4. Date of Expiry of Insurance	17th April 2019
5. Person or Classes of Person entitled to drive*	
<p>(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to himself or his/her employer or his/her partner.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his/her 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.</p>	
<p>6. Limitations as to use*</p> <p>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.</p>	
<p>* 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 indicated under these headings.</p>	

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).

Date of Issue: **14/11/2018**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

**M X 1 (PRIVATE CAR)
INDIVIDUAL (OWNERSHIP)**

Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance 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).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN ENDORSEMENTS OF CRIMINAL LIABILITY.

Agent/Broker Name: **Sommes**