

NATIONAL Assessment Centre Services

Print 1 Jan 2008

MAK18154862

Date In: 29/1/2008 18:21	Job description	Date & Time Completed	Done by
Ref No: NBAKT18021578/Y	SAS e-filing		
Veh No: SKU 952L	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 05/01/2008 17:40	I-Motor Claim Form		
OD / TP: Reporting Only	I-Motor W/O (within 24 hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeh No: SKU 7144Y	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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC Hotline: 6788 0016	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:

Human's Particulars:	Invoice Preparation Checklist:	Amount:	Remarks:
Driver/Owner:	1) AR: Accident Reporting (350)		
Contact No:	2) DA: Damage Assessment (500) INC (450)		
Damaged Portion:	3) TP: Towing Fee \$10/\$45		
	4) FT: Follow-Through Survey \$150		
	5) RT: Follow-Through Survey (Resurvey) \$70		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q13:		
	*NI: Courtesy Car / Tpl Allowance \$5		
	*NI: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$15		
	*NI: DY / Collect Excess Coordination \$5		
	TE (NI): TP (Non-INC) against INC \$70		
	9) NI: 1 day mobile \$10		
	Invoice dated	Paid Charged	
	Invoice dated	Not 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	29/11/2018 18:21
Date Of Accident	05/09/2018 17:40
Exact Location Of Accident	JERVOIS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU952L
Insured/Policyholder	
Name Of Registered Owner	JOANNA TAN AI LING
NRIC No	S7321116F
Email Address	TIENGUI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96725409
Alternative Phone No	OTHERS-90037884

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3036901800
Cover Note Number	

Driver

Name of Driver	KOH TIEN GUI
NRIC No	S6801801C
Date Of Birth	08/01/1968
Occupation	INDOOR
Date Of Driving Pass	17/02/1987
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96725409
Fax Number	
Contact Number	OTHERS-90037884
EMail Address	TIENGUI@GMAIL.COM

Address	37G JERVOIS ROAD
Postcode	249027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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?	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?	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 SKETCH PLAN

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	SLK7144Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 12.55 pm

Reporting Centre Personnel's Signature
Name: Keshi Kumar
NRIC/FIN No. 29/11/2018

SKETCH PLAN

Unknown / no collision.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on ~~the~~ 28/9/2018 I received a ~~police~~ letter from the ~~traffic police~~ Singapore Police Force stating that I was allegedly involved in a hit and run accident at Jervois Road.

I ~~state~~ state to ~~conf~~ that I am ~~not~~ not aware of any such accident at the location and at the time stated. Also my car is not in any way damaged. I deny any such allegation.

I have filed a police report stating as such.

On 9/10/2018, ~~as~~ I received from my lawyers a letter of even date from the Singapore Police Force confirming that no action is being taken in this case.

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.:

12.55
29/11/2018

29/11/2018
Rashid Khorram



**SINGAPORE
POLICE FORCE**

TRAFFIC POLICE
10 UBI AVE 3
SINGAPORE 408865
Tel : 65476244/43
Fax : 65474749

Your Ref: Pis Advise

Our Ref: TP/IP/51929/2018(TP114825/SR)

Date : 09/10/2018

NICHOLAS & TAN PARTNERSHIP LLP
80 RAFFLES PLACE #43-03
UOB PLAZA 1
SINGAPORE 048624

Dear Sir / Madam

ACCIDENT INVOLVING VEHICLE NOS: SKU952L AND SLK7144Y ON 05/09/2018.

I refer to your application dated 26/09/2018. I wish to draw to your attention to the item(s) marked "X" hereunder:-

- ☐ Please be informed that Traffic Police will not investigating into the accident as it is a non-injury case which did not fall within the various categories of exception. You may wish to know that this is pursuant to the Non-injury Accident Reporting Scheme which was implemented on 1 May 1999.
- ☐ This case is still under investigation by IO _____. Tel no: _____.
- ☒ **No action is being taken against anyone in this case. This does not preclude further prosecution should new evidence emerge later. Our findings do not affect insurance and civil claims.**
- ☐ Action is being taken against the driver of vehicle no: _____ for Inconsiderate Driving.
- ☐ The driver of vehicle no: _____ has accepted the offer of composition on _____ for Inconsiderate Driving.
- ☐ The driver of vehicle no: _____ has been given a warning for Inconsiderate Driving.
- ☐ The driver of vehicle no: _____ has pleaded guilty in Court no: 24 on _____ for Inconsiderate Driving.
- ☐ Please be informed that we are unable to release the report of vehicle no: _____, as your client has not lodged any accident report.
- ☐ A copy of Police Report T/ _____ is attached as requested.
- ☐ There is no Police Report for vehicle no: _____.
- ☐ There is no Sketch Plan in this case.
- ☐ The Coroner's Inquiry was held on _____ in Court no: 22 C.I. No: _____.

Yours Faithfully


SITI ROHAIYAH KASMANI
for HEAD INVESTIGATION
TRAFFIC POLICE

*Delete where inapplicable

A FORCE FOR THE NATION

NP 510

ACCIDENT STATEMENT

ACCIDENT DATE: (5/9/2018) (DD/MM/YYYY). TIME: (17:10) (HH:MM)

LOCATION: Jarvis Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 952 L
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMR CN 3036901500
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PORSCHE MCAN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: Joanna Tan Ailing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7321116 F CONTACT: 96725409
 c) ADDRESS: 37 G Jarvis Road S249027

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Koh Ten Gui (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S650501 C CONTACT: 90037884
 c) ADDRESS: 37 G Jarvis Road S249027

* d) DATE OF BIRTH: (08/11/1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/12/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: Beo Crescent

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 7144Y 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: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = Tienqui@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6801801C



Name

KOH TIEN GUI

高天贵

Race

CHINESE

Date of birth

08-01-1968

Country of birth

SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6801801C

Name

KOH TIEN GUI

Birth Date 08 Jan 1968

Issue Date 05 Feb 2003



3786515

NRIC No. S6801801C

Date of issue

05-10-2005

376 JERVOIS ROAD
SINGAPORE 249027

NRIC No. S6801801C

Date: 27/03/2011

No: 6550788

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

PASS DATE

17 Feb 1967

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



Licence No. S6801801C

NP 428A

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)

CERTIFICATE No.	DMPCSN3036901800	Engine No : 118250 Chassis No: WP1ZZZ95ZFLB27998
1. Index Mark and Registration Number of Vehicle	SKU952L	
2. Name of Policy Holder	MDM JOANNA TAN AI LING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24 MAY 2019	NAMED DRIVERS EX SECT. I.....S\$1,500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$350.00
4. Date of Expiry of Insurance	25 MAY 2019	
5. Persons or Classes 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.

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST 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.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : MAYBANK AS HP OWNER

* 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.

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). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA18154821 Vehicle Registration No : SKU952L

Name (as shown in NRIC) : KOH Tian Gue NRIC/FIN/Passport No : S6601801

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 96725409

Email Address : _____

Date of Accident : 05/09/2018 Time of Accident : 17:40

Place of Accident : JALVOIS ROAD

Insurance Company : CHINA AIRWAYS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number to SKU952L

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Koh Y. Wong
NRIC/FIN No.:
Date: 30/11/2018