

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In 02/12/18	Job description	Date & Time Completed	Done by
Ref No NA/SMI18022950/13	SAS e-filing		
Veh No SMG3094T	E-mail (w/In: 8hrs, M/F: 2hrs)		
D/OA 01/12/18 1155	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 to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **EB0332J** 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%; F: 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

NA6808413	Invoice Preparation Checklist	Amt (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	<u>For claiming against INC Only (wef 10 Jan 2005)</u>		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services.-		
	<u>OD:</u>		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	<u>TP (N11) : TP (Non INC) against INC</u> \$20		
	9) N12: Idac 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	22/12/2018 10:03
Date Of Accident	21/12/2018 11:55
Exact Location Of Accident	130 TANJONG RHU RD PEBBLE BAY SINGAPORE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3094T
Insured/Policyholder	
Name Of Registered Owner	SALLY SNG MENG CHOO
NRIC No	S0272636Z
Email Address	SALLYSNGMC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93864867
Alternative Phone No	OTHERS-93864867

Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT111367
Cover Note Number	

Driver

Name of Driver	SALLY SNG MENG CHOO
NRIC No	S0272636Z
Date Of Birth	22/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1976
Driving Experience	42 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93864867
Fax Number	
Contact Number	OTHERS-93864867
E-Mail Address	SALLYSNGMC@GMAIL.COM

Address 9 WILTON GARDENS
 Postcode 455179
 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 SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) 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) 3
 Passenger 1
 NAME: : MISS SYLVIA TAN
 GENDER: : FEMALE
 Passenger 2
 NAME: : CHUA PEI XUAN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes,Please state which Police Station
 Police Station Name MARINE PARADE N.P.C
 Police Station Address ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes,against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20181221/2053

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILES TOO BIG,CAN'T UPLOAD
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EB2332J
 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

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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:

22/12/18

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

Pls refer to the police report: G/2018/221/2053

DECLARATION

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

[Signature] 22/12/18

Policyholder's Signature
Date & Time:

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

[Signature] 22/12/18

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



G/20181221/2053

1 of 2

POLICE REPORT (NP299)

Report No. G/20181221/2053

Police Station Of Origin
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No. 1800-4428999

Date/Time Report Made 21/12/2018 13:40	Vide Report No.	Station Diary No. 28
Name Of Informant SALLY SNG MENG CHOO	Address 9 WILTON GARDENS SINGAPORE 455179	
ID Type / ID No. NRIC NO / S0272636Z	Contact No. Home/Office	Mobile 93864867
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Real estate agent	Sex Female	Age 69
Institution/School Name	Date of Birth 22/06/1949	Race Chinese
Date/Time Of Incident 21/12/2018 11:55	Location Of Incident 130 TANJONG RHU ROAD PEBBLE BAY SINGAPORE 436918	

Brief details.

On 21/12/2018 at about 1158hrs, I was at the basement park of Pebble Bay near to Block 130 Lobby R to visit my cousin. My cousin was seated in the front passenger seat while my friend was seated at the rear passenger seat. I was reversing my car into lot number 78 rear first, when a beige saloon car (EB2332J) was waiting on the right side my car.

When I was reversing in and out of the lot to make sure that I was parking straight, the male Chinese driver in his mid 60s seemed impatient as he kept on leaning forward looking at us. While I was turning

Signature Of Officer Recording The Report:

G / Sgt 2 AMSYAR HAKIM BIN AHMAD JAMAL

Signature Of Informant:

Sally Sng Meng Choo

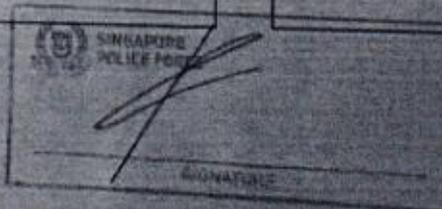
Signature Of Interpreter:
Not applicable

Date/Time:
21/12/2018 13:40

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP JASON FOO XIANG CHAO
Contact No.: 62447200

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20181221/2053

2 of 2

Report No. G/20181221/2053

POLICE REPORT (NP299)

CONTINUATION OF REPORT

my head to check for the rear, all of a sudden the other driver revved his engine and drove straight right in front of me and scrapped the right front portion of my car.

I was shocked and alighted my car straight away however he drove away in a hurry. I kept on waving and shouting to ask him to stop however he did not.

I would like to state that I have a in-car camera however I am not sure how to operate it. There are also CCTV located near the lobby area.

My car sustained scratches at the right front portion. I am not sure the cost of damage.

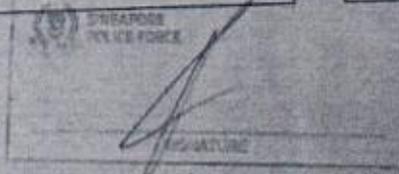
Signature Of Officer Recording The Report:

G / Sgt 2 AMSYAR HAKIM BIN AHMAD JAMAL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP JASON FOO XIANG CHAO
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

[Handwritten Signature] 21/12/18

Date/Time:
21/12/2018 13.40

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S0272636Z**

Name
SALLY SNG MENG CHOO

Birth Date **22 Jun 1949**
Issue Date **20 Aug 2008**

001641775H




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0272636Z**



Name
SALLY SNG MENG CHOO

孙明珠

Race
CHINESE

Date of birth **22-06-1949** Sex **F**

Country of birth
SINGAPORE




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

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

PASS DATE **16 Jun 1976**

NP 428A

Licence No: S0272636Z



4271480



NRIC No. **S0272636Z**



Date of issue
13-08-2008

Address
**9 WILTON GARDENS
SINGAPORE 455179**



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg No. M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

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



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine 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.: MT111367 (Private Car)

- | | | |
|---|---|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMG3094T | Chassis No.: MRHDD4870FP000025 |
| 2. Name of Policyholder | SALLY SNG MENG CHOO | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 14/12/2018 (10:37:56) | |
| 4. Date of Expiry of Insurance | 13/12/2019 | |
| 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: 2456DDA

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:	UNITED OVERSEAS BANK LIMITED		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature