

# NATIONAL Assessment Centre Services. [ref: Jan 09] MWA 118165814.

Date In: 26/12/18 16:05	Job description	Date & Time Completed	Done by
Ref No: NAI TMZ 18023109164.	SAS e-filing		
Veh No: SKS 4188 K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/12/18 12:40.	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: Unknown.	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 repolter.		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )		

Remarks:	(INC to Inc 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

Claimant's Particulars:	WA1808529	Invoice Preparation Checklist	Am (S)	Am (S)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:		For claiming against INC Only (wef 10 Jan 2003)		
Ref. 2/3:		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON*		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idao 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	26/12/2018 16:08
Date Of Accident	18/12/2018 12:40
Exact Location Of Accident	81 KOVAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4188K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MS CHOO HUI MIN
NRIC No	S7785233F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82336299
Alternative Phone No	OFFICE-82336299

### Vehicle Particulars

Manufacturer	BMW
Model	318I
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	18-MU001190-R01
Cover Note Number	-

### Driver

Name of Driver	MS CHOO HUI MIN
NRIC No	S7785233F
Date Of Birth	23/07/1977
Occupation	INDOOR
Date Of Driving Pass	17/11/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82336299
Fax Number	
Contact Number	OFFICE-82336299
Email Address	NOEMAIL

Address	81 KOVAN RD #03-07
Postcode	548173
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?	
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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	UNKNOWN
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

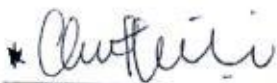
### IMPORTANT NOTICE

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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:

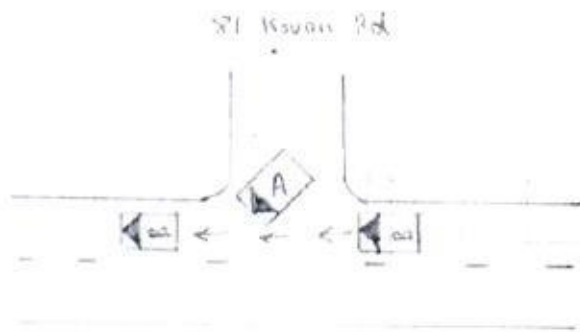
\* 

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



A = SKS 4182 K  
B = Unknown

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### DECLARATION

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

\* *Antoin*

Policyholder's Signature  
Date & Time:

\* *Antoin*

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

*H*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20181224/2140

1 of 3

Report No. T/20181224/2140

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/12/2018 19:37	Vide Report No.:	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: CHOO HUI MIN		Address: 81 KOVAN ROAD #03-07 SINGAPORE 548173	
ID Type / ID No.: NRIC NO / S7785233F		Contact No.: Home/Office: Mobile: 82336299	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 41	Date of Birth: 23/07/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Finance		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2018 12:40	Type of Location:
Location: Along Road 1 KOVAN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS4188K	Car	BMW	318i 2.0 AT D/AB 2WD 4DR GAS/D SR DRL	Grey	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS4188K	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU001190	21/01/2017	25/05/2019





**SINGAPORE  
POLICE FORCE**



T/20181224/2140

2 of 3

Report No. T/20181224/2140

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/12/2018 at about 1745hrs, I received a letter from TP asking me to lodge a traffic accident report with regards to an incident that happened on 18/12/2018 at about 1238hrs along Kovan Road with reference to ref no. TP/IP/69505/2018.

On 18/12/2018 at about 1238hrs, I was driving my vehicle (SKS4188k) out of the gate of my apartment. All of a sudden, I saw a vehicle drove pass from the left and I immediately step on the brake. I did not noticed anything amiss or felt any collision however I noticed the vehicle stop to the side and the driver came out of his vehicle and take a look around his vehicle. He did not approached me and I drove off after about 5minutes.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999



T/20181224/2140

3 of 3

Report No. T/20181224/2140

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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**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 NGIO HAN BOON, DARREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/12/2018 19:37

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUM

Contact No.: 85478151

Classification Of Case:

SN 151

Authentication Stamp  
NP168



Signature:

Singapore Police Force



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7785233F



Name

CHOO HUI MIN

朱 慧 敏

Race

CHINESE

Date of birth

23-07-1977

Sex

F

Country/Place of birth

MALAYSIA



S7785233F



5335088



NRIC No. S7785233F



Date of issue

31-07-2014

Address

81 KOVAN ROAD  
#03-07  
SINGAPORE 548173



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S7785233F**

Name:

**CHOO HUI MIN**

Birth Date: **23 Jul 1977**

Issue Date: **17 Nov 2011**



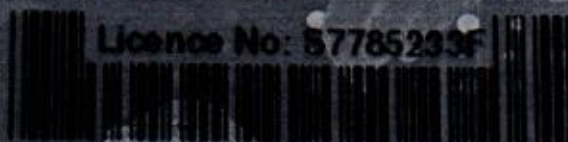


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3** Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **17 Nov 2011**

NP 428A



Licence No: 57785233F



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 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MX1

**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)**

**Policy No.:** 18-MU001190-R01 (Private Motor Car)

- |   |                 |                                       |
|---|-----------------|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                                 | SKS4188K        | <b>Chassis No.:</b> WBAPF72080A794126 |
| <b>2. Name of Policyholder</b>  | MS CHOO HUI MIN |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b>   | 26/05/2018      |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 25/05/2019      |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                                |                 |                                       |
| (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:** 2388DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 800
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature