

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MAA419022834

Date In: 18/02/2019 18:19	Job description	Date & Time Completed	Done by
Ref No: NBA/MS99003014N	SAS e-filing		
Veh No: SJF 912B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/02/2019 21:00	I-Motor Claim Form		
OID / 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 VAN. 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: ()	

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<p>MAA41901230</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>2 / 3:</p>	<p>Invoice Breakdown:</p> <table border="1"> <tr><td>1) AR: Accident Reporting (\$30)</td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100)</td><td>INC (\$50)</td></tr> <tr><td>3) TP: Towing Fee</td><td>\$40/\$45</td></tr> <tr><td>4) FT: Follow-Through Survey</td><td>\$120</td></tr> <tr><td>5) FT: Follow-Through Survey (Resurvey)</td><td>\$30</td></tr> <tr><td colspan="2">For claiming against INC Only (ver 10 Jan 2005)</td></tr> <tr><td>6) TR: Re-inspection</td><td>\$75</td></tr> <tr><td>7) NI: Idao DA + SMRT Survey</td><td>\$160</td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td></tr> <tr><td> ON:</td><td></td></tr> <tr><td> *NS: Courtesy Car / Tpl Allowance</td><td>\$5</td></tr> <tr><td> *NG: Repair Co-ordination</td><td>\$10</td></tr> <tr><td> *NT: Post Repair Inspection</td><td>\$25</td></tr> <tr><td> *NB: DV / Collect Excess Coordination</td><td>\$5</td></tr> <tr><td> TE (Nil): TP (Non INC) against INC</td><td>\$20</td></tr> <tr><td>9) NI 2: Idao Mobile</td><td>\$0</td></tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$50)	3) TP: Towing Fee	\$40/\$45	4) FT: Follow-Through Survey	\$120	5) FT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (ver 10 Jan 2005)		6) TR: Re-inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:-		ON:		*NS: Courtesy Car / Tpl Allowance	\$5	*NG: Repair Co-ordination	\$10	*NT: Post Repair Inspection	\$25	*NB: DV / Collect Excess Coordination	\$5	TE (Nil): TP (Non INC) against INC	\$20	9) NI 2: Idao Mobile	\$0
1) AR: Accident Reporting (\$30)																																	
2) DA: Damage Assessment (\$100)	INC (\$50)																																
3) TP: Towing Fee	\$40/\$45																																
4) FT: Follow-Through Survey	\$120																																
5) FT: Follow-Through Survey (Resurvey)	\$30																																
For claiming against INC Only (ver 10 Jan 2005)																																	
6) TR: Re-inspection	\$75																																
7) NI: Idao DA + SMRT Survey	\$160																																
8) NTUC Additional Services:-																																	
ON:																																	
*NS: Courtesy Car / Tpl Allowance	\$5																																
*NG: Repair Co-ordination	\$10																																
*NT: Post Repair Inspection	\$25																																
*NB: DV / Collect Excess Coordination	\$5																																
TE (Nil): TP (Non INC) against INC	\$20																																
9) NI 2: Idao Mobile	\$0																																

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	18/02/2019 18:19
Date Of Accident	17/02/2019 21:00
Exact Location Of Accident	22 BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9112B
Insured/Policyholder	
Name Of Registered Owner	ANG CHEE THONG
NRIC No	S1608607Z
Email Address	ACT118@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97983884
Alternative Phone No	OTHERS-97983884

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X A (A)
Exact Purpose for which vehicle was being used at time of accident	GOING SHOPPING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 28672094 DMV
Cover Note Number	

Driver

Name of Driver	ANG CHEE THONG
NRIC No	S1608607Z
Date Of Birth	08/01/1963
Occupation	INDOOR
Date Of Driving Pass	04/05/1983
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97983884
Fax Number	
Contact Number	OTHERS-97983884
EMail Address	ACT118@YAHOO.COM

Address	1007 LOWER DELTA ROAD #19-02
Postcode	099310
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
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	UNKNOWN
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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: 18/2/2019
1725

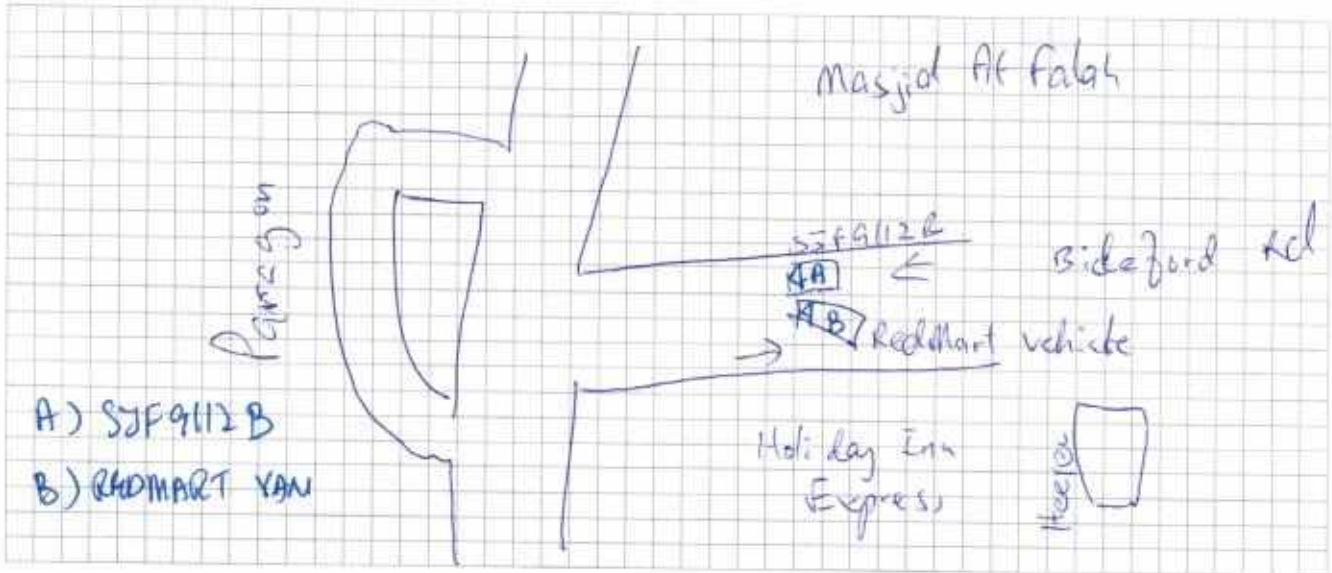
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PCS Report to Police Report
 1/20190717/2057

DECLARATION

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

Policyholder's Signature

Date & Time: 18/2/2019
 1725

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190217/2097

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20190217/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2019 22:09		Vide Report No.: E/20190217/0193		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: ANG CHEE THONG			Address: 1007 LOWER DELTA ROAD #19-02 SINGAPORE 099310		
ID Type / ID No.: NRIC NO / S1608607Z			Contact No.: Home/Office: Mobile: 97983884		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 08/01/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/02/2019 21:00	Type of Location: T-Junction
Location: Along Road 1 BIDEFORD ROAD				
Bideford road towards Paragon, alongside the mosque located 22 Bideford Road				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF9112B	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190217/2097

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3

Report No. T/20190217/2097

CONTINUATION OF REPORT

Driver				
Name	ANG CHEE THONG		ID No.	S1608607Z
Related Vehicle	SJF9112B (Car)		Contact No.	97983884
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 17/02/2019 at about 9.00pm, I was driving my vehicle SJF9112B along Bideford Road towards Paragon, alongside the mosque located at 22 Bideford Road. It's a one lane road

Suddenly a "Redmart" van appeared out of nowhere and overtook my vehicle from my left. As a result, the van side swiped my the left side of my vehicle. The van driver did not stop and continued driving off. I did not managed to get the vehicle registration plate. I then called for police. I do not have an in-car camera installed.

Damages to my car are scratches and dents on my car front left portion. My left side mirror is damage too.

That's all.



**SINGAPORE
POLICE FORCE**



T/20190217/2097

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No. T/20190217/2097

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:
E /
Staff Sgt MUHAMMAD ZULHILMI BIN ABDULL
RAZAK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SSI GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/02/2019 22:09

Classification Of Case:

SN 069

SIGNATURE

rsbm

From: Chee-Thong Ang <act118@yahoo.com>
Sent: Monday, 18 February, 2019 5:21 PM
To: rsbm@lkkauto.com
Subject: Fw: [RedMart Customer Service] Re: Redmart Van - Hit and Run Accident

Hi,

As reported, this is a Hit and Run accident and the van belongs to Redmart company.

I am pursuing claim against their company for the damage.

Tks.

Ang Chee Thong
97983884
Vehicle number- SJF91112B

Sent from Yahoo Mail on Android

----- Forwarded message -----

From: "help@redmart.com" <help@redmart.com>
To: "act118@yahoo.com" <act118@yahoo.com>
Sent: Mon, 18 Feb 2019 at 10:51
Subject: [RedMart Customer Service] Re: Redmart Van - Hit and Run Accident

- Please type your reply above this line -

Simply reply to this email to add any further questions or comments.

Zakiah (RedMart Support Centre)

Feb 18, 10:51 +08

Dear Mr Ang,

Thank you for contacting RedMart.

We have forwarded your concern to our Transport Team and we are currently looking into this matter.

Kindly allow us to take 1 week to provide you on an updated with regards to the hit-and-run incident.

Thank you for your patience with regards to this matter.

Have a great day ahead.

Best Regards,
RedMart Customer Service

www.redmart.com

Open daily from 7 AM — 11 PM

For additional assistance, please contact us at [Customer Support](#)

Did you know? You could return your RedMart plastic bags to our delivery representative for certified recycling!

This email is a service from RedMart Support Centre.

ACCIDENT STATEMENT

ACCIDENT DATE: (17/02/2019) (DD/MM/YYYY), TIME: (21:00) (HH:MM)

LOCATION: 22 Bideford Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSF 9112 B
 b) INSURANCE COMPANY: msig
 c) POLICY NUMBER: P 28672094 DMV
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: SHOPPING
 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: ANG CHEE THONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1608607 CONTACT: 97983884
 c) ADDRESS: 1007 Lower Delta Road #19-02 SINGAPORE 069216

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: A. ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (08/01/1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 04/5/1983

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) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: RIVER VALLEY NIP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN VAN MODEL:
 b) DRIVER'S NAME: KADMAST COMPANY
 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)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = ac1118@yahoo.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1608607Z



Name

ANG CHEE THONG

洪志通

Race

CHINESE

Date of birth

08-01-1963

Country/Place of birth

SINGAPORE

Sex

M



5877585



NRIC No. S1608607Z

Date of issue

23-02-2018

Address

1007 LOWER DELTA ROAD
#19-02
SINGAPORE 099310

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1608607Z

Name

ANG CHEE THONG

Birth Date 08 Jan 1963

Issue Date 13 Aug 2009



VEHICLES LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

DATE

01 May 1983

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2000 kilograms



License No. S1608607Z

NP 4294

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.

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

To: Singapore Police

Fax: 65474885

Report #: T/20190217/2097

DRIVESHIELD - VALUE PLAN**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
P 28672094 DMV	15/01/2019 to 14/01/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Ang Chee Thong 1007 Lower Delta Road #19-02 Singapore 099310		23/11/2018
		Account Number
		680116
Premium	GST	Total Due
SGD674.37	SGD47.21	SGD721.58

RISK NUMBER 1**DRIVESHIELD - VALUE PLAN****OCCUPATION**

IT Manager

FINANCIAL INTERESTUnited Overseas Bank Limited
as Hire Purchase Owners**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

REGISTRATION NO. SJF9112B
 MAKE/MODEL Honda Vezel 1.5X A
 ENGINE NUMBER L15B4028536
 CHASSIS NUMBER RU11108533
 YEAR OF MFG 2015
 CAPACITY 1496 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED MARKET VALUE
 INCL. COE/PARF YES
 OFF-PEAK CAR NO
 NO CLAIM DISCOUNT 50.00% (or F/D)
 GOOD DRIVER'S
 DISCOUNT SGD35.49
 NCD PROTECTOR NOT COVERED
 EXCESS SGD500
 ANNUAL PREMIUM SGD674.37

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit,
 rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Ang Chee Thong