

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA 119105194			
Date In: 13/8/19 13:23	Job description	Date & Time Completed	Done by
Ref No: MA/CTZ19013976/h4	SAS e-Ming		
Veh No: SKx 834 D	E-Mail (within 2hrs, AIC 2hrs)		
DOA: 17/6/19 23:45	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/Whsdr		

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

TP Particulars: Veh No: SHA 532 G. 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:	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	Action

MA1905911	Invoice Ref: ()	Am (\$)	Adm (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

MA1905911

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	13/08/2019 13:23
Date Of Accident	17/06/2019 23:45
Exact Location Of Accident	PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX834D
Insured/Policyholder	
Name Of Registered Owner	SEAH CHOON KHIAT
NRIC No	S7213675F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90223556
Alternative Phone No	OFFICE-90223556
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	DMPCSN3087171902
Cover Note Number	-
Driver	
Name of Driver	SEAH CHOON KHIAT
NRIC No	S7213675F
Date Of Birth	28/04/1972
Occupation	INDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90223556
Fax Number	
Contact Number	OFFICE-90223556
E-Mail Address	NOEMAIL

Address	BLK 299B COMPASSVALE ST #07-100
Postcode	542299
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190708/7043. REMARK:VEH HAD BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA532G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

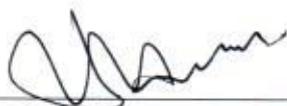
SKETCH PLAN

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:



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

SKETCH PLAN

Unable
to
Provide
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report
F/20190708/7043

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.:



POLICE REPORT (NP299)

Report No. F/20190708/7043

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 08/07/2019 18:31	Vide Report No.	Station Diary No.
Name Of Informant SEAH CHOON KHIAT	Address APT BLK 299B COMPASSVALE STREET #07-100 SINGAPORE 542299	
ID Type / ID No. NRIC NO / S7213675F	Contact No. Home/Office:	Mobile: 90223556
Nationality SINGAPORE CITIZEN	Email Address seah_francis@hotmail.com	
Occupation IT service manager	Sex Male	Age 47
Institution/School Name	Date of Birth 28/04/1972	Race Chinese
Date/Time Of Incident 17/06/2019 23:45 - 18/06/2019 23:50	Location Of Incident APT BLK 299B COMPASSVALE STREET #07-100 SINGAPORE 542299	

Brief details.

I received a letter with reference to TP/IP/40765/2019 requesting for a police report. I had no recollection that I was involved in an accident and I am very concern when I received this letter. Below is the statement that I can recalled to the best of my knowledge which I hope can assist in the investigation. I remembered I was having dinner with my friend at Ponggol Marina Country Club around 7-8 pm. We chat till about 10 plus when I asked to go as I was having a very bad headache and feeling giddy. I rested in the car for awhile as I was still feeling drowsy. As it was late, I decided to drive back as the distance was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2019 18:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190708/7043

not far away from my house. I recalled I travel out from punggol way and back home. The following day, when I went to my car, I saw a small dent on the front left side of my car. I thought someone in the carpark knock or dent my car so I went from level to level to see if any car was damage. However, I found none. At the time, I concluded that I might have hit the kerb when I went up the carpark.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2019 18:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

SALES RECEIPT

VS Motoring

1 Bukit Batok Crescent, #02-46 WCEGA Plaza, Singapore 658064
Tel: 9667 2183 Fax: 6289 2565 email: vs.motoring@gmail.com

Date: 18.6.19
Co Reg No. 53180524K

Hereby confirmed the purchase / Sales of the mention vehicle from / for:

Name Mr Seah Choon Khiet I/C No. S7D1361SF
Or _____ Tel: _____

At agreed price _____ \$ 11605.00

Deposit _____ \$ _____

Finance / Others _____ \$ _____

Balance on delivery _____ \$ 11605.00

Make / Model Mitsubishi Lancer 1.8 GLE Reg No. SKR 837A DOR 20 Jan 2010

Engine No. 4181106031 Ownership 02 Year 2009

Chassis No. 3M4STCY4NAU0000044 Colour Silver

Delivery Date: 18.6.19 Time: 5.15 PM

Note: The owner will be fully responsible for any illegal acts and /or expenses relating to unlawful driving or parking offences arising from the use of the said vehicle at any time prior to the date of delivery.

Remarks _____

(Deposit is Non refundable. In case of Breach of Agreement by seller, the seller has to compensate the buyer twice the amount of deposit paid).

\$ 11605.00 _____
Cheque no. WB6443117 Sign by Buyer _____ Sign by Seller [Signature]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7213675F



Name
SEAH CHOON KHIAT

Race
CHINESE

Date of Birth
28-04-1972

Sex
M

Country of Birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7213675F**

Name
SEAH CHOON KHIAT

Birth Date **28 Apr 1972**

Issue Date **02 Mar 2007**

001482374K

For LKK/NAC Use Only

0368087



NRIC No: **S7213675F**



Blood Group **A+** Date of issue **02-06-1992**

APT BLK 299B COMPASSVALE STREET #07-100
 SINGAPORE 542299

NRIC No: **S7213675F** Date: **02-01-2001** No: **3942625**

For LKK/NAC Use Only

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

PASS DATE

Class 3 **Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** **02 Mar 2007**

Licence No: S7213675F

NP 428A

For LKK/NAC Use Only

MOTOR PRIVATE CAR

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)

Cov. Type: C
PLM 323927

ORIGINAL

CERTIFICATE No.

DMPCSN3087171902

Engine No :4B11DG0751

ChaNo:JMYSTCY4AAU000974

1. Index Mark and Registration
Number of Vehicle

SKX834D

2. Name of Policy Holder

SEAH CHOON KHIAT



3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

20 January 2019

Named Drivers Ex Sect. I S\$1,250.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

19 January 2020

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\$100.00

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. : SING INVESTMENTS & FINANCE LTD AS HP OWNER

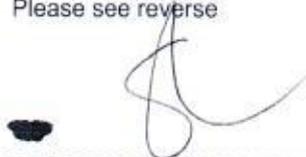
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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).

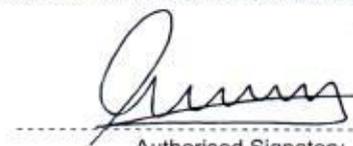
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Officer



Authorised Signatory