

Date In: 11/11/19 17:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref ID: WA1TMZ19019981/h4	E-mail (within 3hrs, AIC 2hrs)		
Web ID: SLE 1211H	I-Motor Claim Form		
IPCA: 10/11/19 23:00	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OT: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whin		

Proforma Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 52Q 5926P.	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: ()

Reminders: (INC 6788/6616)	Date:	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

Customer's Particulars:	MA1908444	Invoice Preparation Checklist	Amount
Driver/Owner:		1) AR: Accident Reporting (\$30)	30.00
Contact No:		2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:		3) TF: Towing Fee	\$40/\$45
		4) FT: Follow-Through Survey	\$120
		5) FT: Follow-Through Survey (Resurvey)	\$30
		For obtaining at least INC Only (w/c 10 Jan 2005)	
		6) TR: Re-inspection	\$75
		7) NI: Max DA + SMRT Survey	\$140
		8) NTUC Additional Services:	
		OR:	
		*N5: Courtesy Car / Tpt Allowance	\$5
		*N6: Repair Co-ordination	\$10
		*N7: Post Repair Inspection	\$15
		*N8: DV / Collect Excess Coordination	\$5
		TE (N11): TP (Non INC) against INC	\$20
		9) N12: Idan Mobile	\$20
		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	11/11/2019 17:36
Date Of Accident	10/11/2019 23:00
Exact Location Of Accident	BLK 129 AMK AVE 3 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1211H
Insured/Policyholder	
Name Of Registered Owner	TEO PEI LING JANET
NRIC No	S8504773F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91509644
Alternative Phone No	OFFICE-91509644

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	19-MT103445-R01
Cover Note Number	

Driver

Name of Driver	MELVIN NG CHEE KIONG (MELVIN HUANG ZHIQIANG)
NRIC No	S8438248E
Date Of Birth	22/11/1984
Occupation	INDOOR
Date Of Driving Pass	14/12/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96919599
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 871B TAMPINES ST 86 #08-20
Postcode	522871
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191111/2006

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5926P
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: SLE1211H
B: 3LQ5926P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

Date of Accident : 10/11/19 Accident Time: 11/20 (24-HR-Format)
 Accident Place : Blk 129 AMK Ave 3
 Vehicle No. (Car Plate No.) : 3LE 1211H Make/Model: Honda Shuttle
 Insurance Company : TM Policy No: 19-MT103445-RO1
 Owner or Company Name /IC No. : 88504773F Teo ~~Pei~~ Pei Ling, Janet.
 Owner or Company Contact No. : 91509644 Owner's Hp Company Tel
 DRIVER'S Name / IC No. : 88438248E Melvin Ng Chee Kiong
 DRIVER'S Date Of Birth : 22/11/1984 DRIVER'S License Pass Date 14/12/2004
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : Blk 271B Tampines St 86 #02-20 S522871
 DRIVER'S Contact No / Alt No. : 1) 96919599 2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address :
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): NO driver & NO passenger
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: SLQ5926P	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:





**SINGAPORE
POLICE FORCE**



T/20191111/2006

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191111/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2019 01:27	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars			
Name of Informant: MELVIN NG CHEE KIONG		Address: APT BLK 871B TAMPINES STREET 86 #08-20 SINGAPORE 522871	
ID Type / ID No.: NRIC NO / S8438248E		Contact No.: Home/Office: Mobile: 96919599	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 22/11/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RETAIL		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: 10/11/2019 23:00	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 3 OPEN CARPARK ALONG ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE1211H	Car				Slightly Damaged	0
SLQ5926P	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20191111/2006

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191111/2006

CONTINUATION OF REPORT

Driver			
Name	MELVIN NG CHEE KIONG	ID No.	S8438248E
Related Vehicle	SLE1211H (Car)	Contact No.	96919599
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 10/11/2019 at about 2130hrs, I have just parked my vehicle bearing plate number: SLE1211H at the open carpark of this Blk 129 Ang Mo Kio Avenue 3 to attend a wake. Everything was intact and there was no damage.

On the same day at about 2300hrs, I made my way back to my vehicle and noticed that there is a dent on front right bumper. As I have an ongoing vehicle camera, I went back to retrieve the footage. The footage capture one vehicle bearing plate number: SLQ5926P while reversing, the rear bumper collided with my right front bumper. However, after the collision the vehicle carried on with its journey and left.

I wish to inform that I am unsure if there are any CCTV around the parked area. I have the footage from my in-vehicle camera which I am able to provide as evidence if need be.



**SINGAPORE
POLICE FORCE**



T/20191111/2006

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191111/2006

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:

F /
Sgt 2 KOH YEW WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /

Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/11/2019 01:27

Classification Of Case:

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: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP
FORM MXI

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.: 19-MT103445-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLE1211H **Chassis No.:** GK81003550
2. **Name of Policyholder** TEO PEI LING, JANET
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 08/07/2019
4. **Date of Expiry of Insurance** 07/07/2020
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

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100
Financial Interest:	DBS BANK LTD

Account: 2759DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature