

NATIONAL Assessment Centre Services. Print 1 Jan 2009 SM 0920C2000

Date In: 2/12/20 16:13	Job description	Date & Time Completed	Done by
Ref No: MA/TMT 20013271/h4	SAS e-filing		
Veh No: SLA 5555K	E-mail (within 3hrs, AIC 2hrs)		
ICLA: 23/11/20 20:00.	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: SLU 61972	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 repolier.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 100111 67886616)	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:	Location:

MA 21 00072	Invoice Description Checklist	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$10)			
3) TP: Towing Fee \$40/\$45			
4) PT: Follow-Through Survey \$120			
5) LT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2009)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
ON:			
*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		

Claimant's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Eng-In-Charge):
Auditors' Comments:
Ref. 1:
2/3

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 Submission	02/12/2020 16:13 (SGT)
Date of Accident	23/11/2020 20:00 (SGT)
Exact Location of Accident	Lor 23 Geylang, Singapore
Additional Location Information	CARPARK GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5555K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RICHARD TAN PICK LONG
NRIC No	SXXXX040Z
Email Address	RICHARDT@ARINAHOGAN.COM
Mobile Phone No	(Phone) +65-82882233
Alternative Phone No	+65-82882233

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	911
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	19-MT109415-R01
Cover Note Number	-

DRIVER

Name of Driver	RICHARD TAN PICK LONG
NRIC No	SXXXX040Z
Date Of Birth	29/05/1962
Occupation	Outdoor

Date Of Driving Pass	01/10/1980
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82882233
Alt. Phone Number	+65-82882233
Email Address	RICHARDT@ARINAHOGAN.COM
Address	550 HAVELOCK RD #09-03
Address complement	-
Postcode	169638
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	AFTER RAINED
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	SLU6197Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
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 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

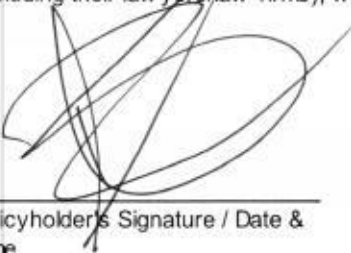
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



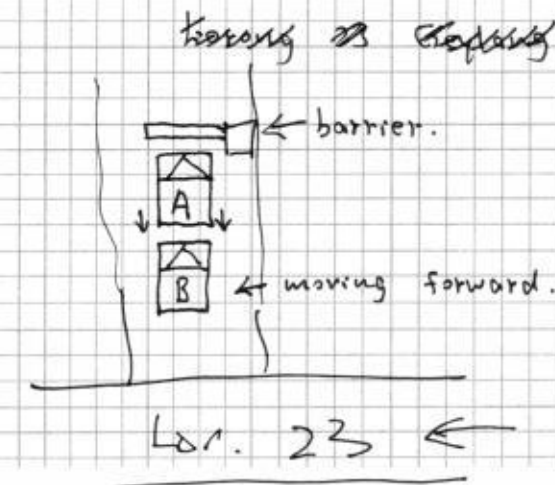
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLA 5555K

B = SLU 6197Z

Describe Circumstances of the Accident

I was ~~entering~~^{Enter} the Carpark Gantry. When the ~~Gate~~ barrier open and suddenly the barrier close back. I check behind that was clear traffic. I started to Reversed back my Veh. Suddenly Veh B come from behind and hit onto my Veh rear portion. there was no ~~serious~~ visible damage on Veh B. my Veh only suffer number plate crack.

Declaration

We declare the foregoing particulars are true in every respect.



POLICY SCHEDULE

INSURED / ADDRESS

RICHARD TAN PICK LONG

169 JALAN JURONG KECHIL

#01-11

SINGAPORE 598669

POLICY NO : 19-MT109415-R01
POLICY TYPE : PRIVATE MOTOR CAR
POLICY PERIOD : 30/11/2019 TO 29/11/2020
DATE OF ISSUE : 29/10/2019
ACCEPT DATE : 29/10/2019
PREMIUM DUE : SGD 4,057.89
(inclusive of GST)

ACCOUNT : 2633DDA

RISK NUMBER : 0001 Private Motor Car
BUSINESS/PROFESSION OF INSURED : SELF-EMPLOYED/OWN COMPANY
REGISTRATION NO : SLA5555K
MAKE : PORSCHE 911 CARRERA
TYPE OF BODY : H.Performance/Sports/Cabriolet
CUBIC CAPACITY : 3436
YEAR OF MANUFACTURE : 2012
YEAR OF REGISTRATION : 2013
SEATING CAPACITY (INCLUDING DRIVER) : 4
ENGINE NUMBER : MA104D01692
CHASSIS NUMBER : WP0ZZZ99ZDS100466
TYPE OF COVER : Comprehensive Approved Workshop Plan
SUM INSURED : Prevailing Market Value

EXCESS

Section I (Incl. Fire & Theft) : SGD 5,000
Excess outside Singapore : SGD 10,000
Windscreen Excess : SGD 500

ANNUAL PREMIUM (SGD)

Basic Premium	5,702.88
Less NCD (30.00%)	1,710.86
Less Safe Driver Discount	199.60
TOTAL PREMIUM BEFORE GST	3,792.42

DRIVER'S PARTICULARS

NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
S15630402	57		32 YEARS

NAME
RICHARD TAN PICK LONG

This policy is subject to the following Clauses, Warranties, Endorsement,
attached hereto :-

KH

From: May Tan <maytan@rm3c.net>
Sent: Tuesday, 1 December 2020 1:55 PM
To: Kristy
Cc: Richard Tan
Subject: Fwd: SLA5555K - DOA 23.11.20 - MT109415 (RICHARD TAN PICK LONG) - NON REPORTING CASE (OUR REF: M2005895 / CK)
Attachments: CI SLA 5555 K exp 29Nov21.pdf; Policy SLA 5555 K exp 29Nov21.pdf

Dear Kristy,

Kindly refer to the email below from TMIS. May I know who drove this vehicle at the point of this accident?

Kindly report to the nearest TMIS' authorised workshop for file this accident, please.

With warmest regards,

May Tan

General Insurance Advisor

RM3C Pte Ltd.
7500A Beach Road #05-321, The Plaza, Singapore 199591
H: +65 97320905 | T: +65 62912783 | Website: www.rm3c.net

Social media:



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

From: Betty Wong <BettyWong@tokiomarine.com.sg>
Date: Tue, Dec 1, 2020 at 1:49 PM
Subject: SLA5555K - DOA 23.11.20 - MT109415 (RICHARD TAN PICK LONG) - NON REPORTING CASE (OUR REF: M2005895 / CK)
To: maytan@rm3c.net <maytan@rm3c.net>

Dear Sir/Madam

**** NON REPORTING CASE**

ACCIDENT INVOLVING SLA5555K & SLU6197Z - ALONG LORONG 23 GEYLANG

Please be informed that we have received a TP's claims (SLU6197Z) against our Insured as mentioned above.

Kindly assist us on the non-reporting issue.

Please ignore this email if your clients had reported the above accident thru our Approved Workshop.

Thank you

Kindly note that in accordance with the latest measures introduced by the Government to curb the spread of the Covid-19 virus, our response/processing time may be delayed. All correspondence will be by way of email only. We seek your understanding on the same.

Best Regards

Betty Wong

Administrative Assistant, Motor Claims

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

T (65) 6592 6410 | F (65) 6221 2101

E bettywong@tokiomarine.com.sg | W www.tokiomarine.com

A member of the

Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com.

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

ACCIDENT STATEMENT

ACCIDENT DATE: 23/11/20 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: Along Lorong 23 Geylang Carpark Gantry

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 5555K
 b) INSURANCE COMPANY: TMZ
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Porsche 911
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Richard Tan Pick Long (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 8288 2233
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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 After Rained)

b) ROAD SURFACE: (~~Dry~~ / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU 61972 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

RSPH@

Air waiting CI

Email = richardt@arinahogan.com

fax = -

VIDEO = No.

arinahogan.com.