

ApeosPort-V C5576

Transmission Report

G3-ID
Local Name
Company Logo

+65 6221 2101
Tokio Marine Insurance SG

Date & Time : 15/03/2018 11:45
Page : 1(Last Page)

The job has been sent.
Original Size: A4

Tokio Marine Insurance Singapore Ltd.
Company Reg No. : 192200012M1051 Hq. No. M2 090022 A1
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0695 E: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



Date : 15.3.18
To : Catherine Lim LLC
Your Ref No. : CL180348/T/CC.sg
Fax No. : 6438 0111
Attention :
Our Ref No. : TBA
Our Fax No. : 6221 2101
BY FAX ONLY

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO : SLD8228U
TMIS VEHICLE NO. : SKJ3251P
DATE OF LOSS : 13.3.18

We refer to your Notice of Accident dated 15.3.18.

Our insured has not reported the accident to us.

We intend to conduct a Pre-Repair Survey of the damage to your client's/your customer's vehicle and propose to use one of the motor surveyors named in the list below, as a single joint expert.

List of our motor surveyors

- STA Inspection Pte Ltd
- Kelvin Automotive Appraising Services
- FormTeam Consultancy Pte Ltd
- RT Appraisal Pte Ltd
- HM Automotive Appraisal Services
- Koays Accident Reconstruction Pte Ltd
- Tokio Marine Insurance Singapore Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one or more of the listed motor surveyors.

Please reply either by fax (6221 2101) or by email (motorclaims@tokiomarine.com.sg). We are not liable for any delay caused, if otherwise. Thank you.

Regards,

Motor Claims - Shirley Too
DID : 6592 6409 - All Third Party Claims

Hishivan
- non optm
- pls. assist.
- Thk you
15-3-18

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	4758 64380111		3-15; 11:44	22 Secs	1/1	Super G3		Completed

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

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INSURANCE GROUP

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Motor Claims - Shirley Too
DID : 6592 6409 - All Third Party Claims

CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
 岑 NOTARY PUBLIC - 公证官
 玲 COMMISSIONER FOR OATHS - 宣誓官
 律
 師 CATHERINE C.L. LIM
 館 DIRECTOR
 LL.B (HONS) SINGAPORE - 法律系 - 律師
 M.B.A. (BUSINESS LAW) - 商业系 - 碩士



20 Havelock Road #03-01
 Central Square Singapore 059765
 UEN No. 201310922K
 GST Registration No. 201310922K
 Tel: (65) 6438 5500
 Fax: (65) 6438 0111
 www.catherinelimllc.com
 Email: info@catherinelimllc.com
 CATHERINE LIM LLC is a law corporation
 with limited liability

Our Ref: CL/180348/1/CC.sg
 Your Ref: SKJ 3251P

Date: 15 Mar 2018

M/s Tokio Marine Insurance Singapore Ltd
 20 McCallum Street
 #09-01 Tokio Marine Centre
 Singapore 069046
 Attn: Motor Claims Dept

via fax: 6221 2101 and by hand

Phua Soo Teck @ Ng Chua Teck
 42 Nallur Road
 Singapore 456659

CERTIFICATE OF POSTING
 (Please be informed that all supporting documents
 have been forwarded to your insurer.)

Dear Sir

**RE: NOTICE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO
 PRE-ACTION PROTOCOL FOR NON-INJURY MOTOR ACCIDENT CLAIMS (NIMA)**

ACCIDENT INVOLVING SLD 8228U / SKJ 3251P ON 13.03.2018 AT 525 BALESTIER ROAD

We are instructed by Car Cove Leasing Pte Ltd to notify you of a road traffic accident involving our client's vehicle No. SLD 8228U and vehicle No. SKJ 3251P driven by you at the material time. A copy of the Singapore Accident Statement and/or Police Report is enclosed.

As a result of the accident, our client's motor vehicle has been damaged. Before our client proceed to repair the damaged motor vehicle, please let us know within 2 working days of your receipt of this notice whether you/your insurer would like to conduct a pre-repair survey of the motor vehicle. If we do not receive any reply from you/your insurer within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please let us know your appointed surveyor.

Venue: Wahyu Automotive Body Work
 176 Sin Ming Drive
 #05-09 Autocare

Contact: Edwin @ 8781 8338 ** please call to arrange as vehicle not in workshop

Yours faithfully


 cc: clients

MSI118035060 / STA INSPECTION PTE LTD - Sin Ming
ENTRY DATE & TIME: 14/03/2018 13:13
SUBMITTED BY: Wong Lip Yong

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 14/03/2018 13:13
Date Of Accident 13/03/2018 08:55
Exact Location Of Accident S25 BALESTIER ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD8228U
Insured/Policyholder
Name Of Registered Owner CAR COVE LEASING PTE LTD
Co Reg No NA
Email Address EDWIN@CARCOVE.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-81122447
Vehicle Particulars
Manufacturer AUDI
Model A6
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 THIRD PARTY
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SI17V07394/VPE/R01
Cover Note Number
Driver
Name of Driver TAN CHAI KOK
NRIC No S82319061
Date Of Birth 25/09/1982
Occupation INDOOR
Date Of Driving Pass 28/07/2004
Driving Experience 13 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81122447
Fax Number
Contact Number
Email Address EDWIN@CARCOVE.COM.SG

Address	BLK 106B DEPOT ROAD #18-575
Postcode	102106
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL3251P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97354559
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 willful 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.



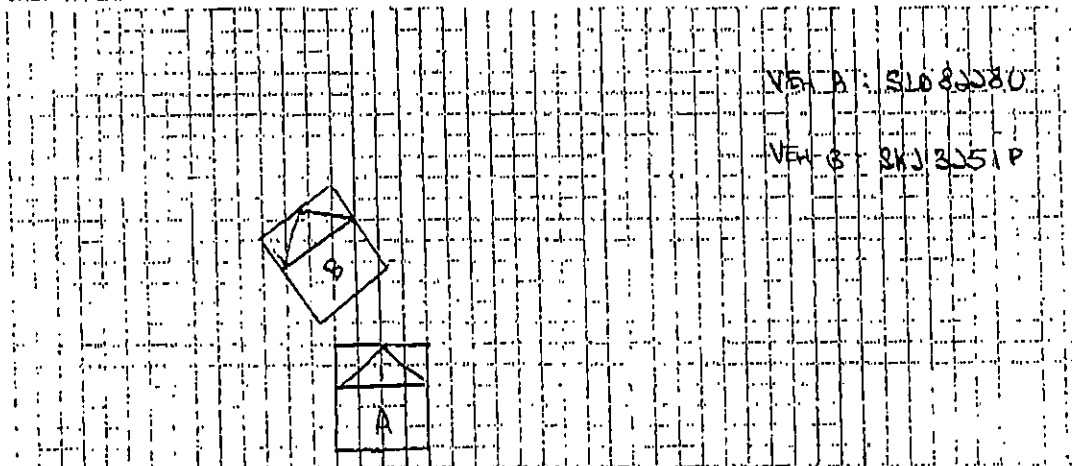
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 16th MARCH 2018, I PARKED MY CAR SLD 8228U
INSIDE A PARKING LOT OF THE TEMPLE AT 225 CALESTIER ROAD. I
WAS STANDING OUTSIDE TO HAVE A SMOKE AND I SAW THIS VEHICLE
SKJ3251P TRYING TO REVERSE HIS CAR TO EXIT. WHILE REVERSING
HALFWAY HE KNOCKED ONTO MY CAR ON THE FRONT. I SAW HIM
CAME DOWN FROM HIS CAR AND CHECKED AFTER THAT HE ACT LIKE
NOTHING AND DRIVE OFF. MY FRIEND SAW IT AND STOP HIM FROM
MOVING OFF, SO HE CAME DOWN AND PASS ME HIS CONTACT
NUMBER ONLY.

DECLARATION

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

Policyholder's Signature

Date & Time:

15/03/2018 10:44AM FAX

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No: