

**NATIONAL Assessment Centre Services**

Date In: 06/09/21	Job description	Date & Time Completed:	Done by:
Ref No: NA/TM21004360/12	SAS e-filing		
Veh No: SBG 18816	E-mail (within 2hrs. AP: 2hrs)		
DOA 03/09/21 1830	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within OE 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: SKK1316U INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time 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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac 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 (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date: 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 Submission	06/09/2021 18:56 (SGT)
Date of Accident	03/09/2021 18:30 (SGT)
Exact Location of Accident	Sims Dr, Singapore
Additional Location Information	BLK 40 CARPARK LOT 56
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBG1881G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG TECK KOON
NRIC No	SXXXX827H
Email Address	scotchhere123@gmail.com
Mobile Phone No	(Phone) +65-97603625
Alternative Phone No	+65-97603625

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS001123-R02
Cover Note Number	-

## DRIVER

Name of Driver	ANG TECK KOON
NRIC No	SXXXX827H

Date Of Birth	19/08/1969
Occupation	Indoor
Date Of Driving Pass	21/08/1990
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97603625
Alt. Phone Number	+65-97603625
Email Address	scotchhere123@gmail.com
Address	BLK 40 SIMS DRIVE
Address complement	#06-211
Postcode	380040
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORTT/20210904/7012

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	SKK1316U
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) -

**WITNESS DETAILS**

WITNESS 1

Name RICKY  
Phone -  
Email -

SKETCH PLAN

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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 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 disclosures 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.

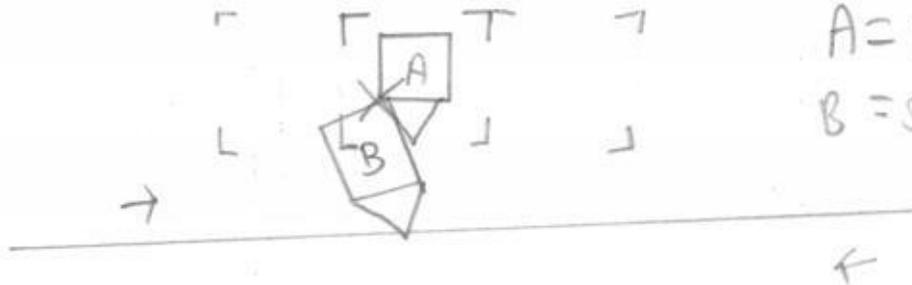
Policyholder's Signature / Date & Time

Sketch Plan

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

*shyu 06/09/21*

Witnessed by Reporting Centre Personnel



A = SBG 18816

B = SKK1316U

SIMS DRIVE BLK 40  
CARPARK Lot 56

Describe Circumstances of the Accident

- REFER TO POLICE REPORT -

T/20210904/7012

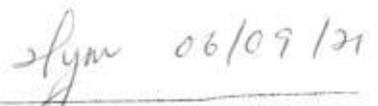
Declaration

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



Witnessed by Reporting Centre Personnel



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210904/7012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2021 10:55	Vide Report No.: G/20210903/0182	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ANG TECK KOON		Address: 40 SIM'S DRIVE #06-211 SINGAPORE 380040	
ID Type / ID No.: NRIC NO / S6928827H		Contact No.: Home/Office:	Mobile: 97603625
Nationality: SINGAPORE CITIZEN		Email: albertatk@gmail.com	
Sex: Male	Age: 52	Date of Birth: 19/08/1969	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Regulatory Affairs Manager		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 03/09/2021 18:00	Type of Location: Car Park
Location: SIMS DRIVE			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBG1881G	Car	HYUNDAI	Elantra	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBG1881G	TOKIO MARINE INSURANCE SINGAPORE LTD.		06/02/2021	05/02/2022



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210904/7012

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	ANG TECK KOON	ID No.	S6928827H
Related Vehicle	SBG1881G (Car)	Contact No.	97603625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

At arid 6-6.30pm on 3/0/2021, I was approaching my vehicle when a gentleman approached me and claim my vehicle was knocked by another white car parked nearby. I found my vehicle was indeed having some dents and scratches. Another gentleman, named Ricky Yeo, also come forward to claim he witnesses the entire incidence. The first gentleman claimed his friend, who called the police, and had his car cam recorded in his car too. By then, police came and survey the scene.  
Place of incident : between block of Blk 40 and Blk 43 Sims Drive Carpark.



**SINGAPORE  
POLICE FORCE**



T/20210904/7012

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210904/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE MING CAI  
Contact No.: 65476350

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/09/2021 10:55

Classification Of Case:

VEHICLE NO: SBG 1881 G	MAKE & MODEL: HYUNDAI ELANTRA	LIFE MANUAL
DATE OF ACCIDENT	03 / 09 / 2021	CC: 1-6
TIME OF ACCIDENT	6:30 AM / PM	
LOCATION OF ACCIDENT	SIMS DRIVE BLK 40 CARPARK, LOT 56	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ANG TECK KOON	
EMAIL	Scotchhere 123 @ Gmail.com	Office: / MOBILE: 9760 3625
NRIC	S 6928827 H	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	TOKYO MARINE	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	21-MS011 23-R02	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	19 / 08 / 1969	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	21 / 08 / 1990	
SEX	Male / Female	
CONTACT NO.	Mobile: / Office: / Home:	
EMAIL		
ADDRESS	BLK 40 SIMS DRIVE #06-211	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. / GROUP:	
RELATIONSHIP	Employee: / If No: SELF	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where? TP	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SKK 1316 U	Any Passenger: -
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	REVOLUTION AUTOMOTIVE	
Have you been approach by unknown person soliciting (s) /	YES / NO	



## 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.: 21-MS001123-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SBG1881G

Chassis No.: KMHD841CMJU631318

2. Name of Policyholder ANG TECK KOON

3. Effective date of the Commencement of Insurance for the purposes of the Act 06/02/2021

4. Date of Expiry of Insurance 05/02/2022

## 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**

Account: 2382DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	MALAYAN BANKING BERHAD	

Insurance for Motor, Travel &amp; Company

LTC Resources



Please contact

Jeffrey 9061 5988 / 9738 9938 KC

Blk 5002 Ang Mo Kio Ave 5

#02-04 Techplace II Singapore 569871

Email: jeffkc03@gmail.com / ngkokchoo12@gmail.com

Tokio Marine Insurance Singapore Ltd.

Authorized Signature