

REF: CS/FCI24070447/Avp3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at Work _____

of _____

Insured: **SHC 2207Y**

Policy No: _____

Claim's No: **D24006526MFCT**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **VKV9919** Yr Regn: **2017, Nov**Type: M. Car M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Alphard** C.D. **2362**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **237221** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **AN14208336439**Gen. Cond: Good Fair / Poor / BurntSteering: In order Jammed / Leaked / Burnt orBrake: In order Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **235/50R18**R: **235/50R18**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / HTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. **06** mmL/Bal. **06** mmD.O.A. **24/7/2024**

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

21/8/24 **TP 1st Cap.**
Adrian confirmed LS \$7600 (Red 15,490.18, 67%)

COE Expiry

Estimate given during : Yes ()
1st Survey : No (✓)MV: **94K (RM)**PV: **8K (RM)**Nett: **86K (RM) ≈ 24K**

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **6**

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Report Format:

Report Form: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z



SIJIL PEMILIKAN KENDERAAN

JABATAN PENGANGKUTAN JALAN

9RGMXXED

No. Pendaftaran	: VKV9919
No. ID	: 850522045216
Nama Pemunya Berdaftar	: CATHRINE YEO SING LAN
Alamat	: JC 5230 JALAN MERLIMAU PERMAI 17 TAMAN MERLIMAU PERMAI 77300 MERLIMAU MELAKA
No. Chasis/No. Enjin	: ANH20-8336439 / 2AZG398933
Rustan>Nama Model	: TOYOTA / ALPHARD DBA-ANH20W (A)
Keupayaan Enjin	: 2362
Bahan Bakar	: PETROL
Status Asal	: KENDERAAN IMPORT TERPAKAI
Kelas Kegunaan	: PSDN-JIP/VAN/BAS/KVN IND
Jenis Badan/Tahun Dibuat	: WINDOW VAN / 2014
Tarikh Pendaftaran	: 15/11/2017
B. D. M/B. G. K/BTM	: -
Syarat Pendaftaran 1	: -
Syarat Pendaftaran 2	: -
Syarat Pendaftaran 3	: -

LESEN KENDERAAN MOTOR
SELAIN MOTOSIKAL
25 APR 2025
VKV9919

0101021 6FyqFd3 18042024
VEL02010 024597 PIWANA
SEMENANJUNG

28042024 25042025
23625P AD RM729.60
PERSENDIRIAN

6FyqFd3

UAAN MALAYSIA
NGKUTAN JALAN MALAYSIA

RESIT RASMI

ASAL



HIRINE YEO SING LAN
22045216
3919

230 JALAN MERLIMAU PERMAI 17
JALAN MERLIMAU PERMAI
10 MERLIMAU
AKA MALAYSIA
ATAN PENGANGKUTAN JALAN MALAYSIA
1021 - JPJ CAWANGAN MUAR
41801010210024597
MOHONAN /PEMBAHARUAN LKM

No. Resit : 010102174A50940
Tarikh : 18/04/2024
Masa : 10:02:06 AM

Keterangan	Dari	Hingga	Amount (RM)
LKM-PSDN-JIP/VAN/BAS/KVN PSDN	26/04/2024	25/04/2025	729.60
Jumlah			729.60

No. Transaksi
XXXXXXXXXXXX2452

Ringgit Malaysia : Tujuh Ratus Dua Puluh Sembilan Dan Sen Enam Puluh Sahaja
Catatan : 0101021 N PIWANA 0



TOKIO MARINE INSURANS (MALAYSIA) BERHAD
198601000381 (149520-U)

ROAD TRANSPORT ACT 1987 (MALAYSIA) MOTOR VEHICLE (THIRD PARTY RISKS)
RULES 1959 MALAYSIA MOTOR VEHICLES (THIRD PARTY RISKS & COMPENSATION)
ACT (CAP 189) REPUBLIC OF SINGAPORE MOTOR VEHICLES (THIRD PARTY RISKS & COMPENSATION)
RULES 1960 (REPUBLIC OF SINGAPORE) MOTOR VEHICLES INSURANCE THIRD PARTY
RISKS ACT (CAP 90) NEGARA BRUNEI DARUSSALAM

CERTIFICATE OF INSURANCE
SIJIL INSURANS

MX1

POLICY NO. / COVER NOTE NO. **V7191123 / VS192995**
NO. POLISI / NO. NOTA LINDUNG

1. Index Mark and Registration Number of Vehicle : **VKV9919**
Tanda Indeks dan No. Pendaftaran Kenderaan

2. Name of Policyholder : **CATHRINE YEO SING LAN**
Nama Pemegang Polisi

3. Effective date of the Commencement of Insurance : **26-04-2024**
Tarikh Kuatkuasa Tempoh Insurans

4. Date of Expiry of the Insurance : **25-04-2025**
Tarikh Tamat Tempoh Insurans

5. Person or Classes of Persons entitled to drive :
Orang atau kelas orang yang layak memandu

- 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. Dengan syarat orang tersebut dibenarkan memandu menurut undang-undang perlesenan atau undang-undang atau peraturan untuk memandu Kenderaan Bermotor tersebut atau telah dibenarkan dan tidak dilucutkan kelayakannya atas perintah Mahkamah atau atas sebab mana-mana enakmen atau peraturan daripada memandu Kenderaan Bermotor.

6. Limitations as to use / Had-had Penggunaan:

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- (1) Use for hire or reward.
- (2) Use for racing pace-making reliability trial or speed-testing.
- (3) Use for the carriage of goods other than samples in connection with any trade or business.
- (4) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore or Section 7 of the Motor Vehicle Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam are not included under this heading.

Pengehadan dijadikan tidak berkuat kuasa oleh Seksyen 95 Akta Pengangkutan Jalan 1987 (Malaysia) atau Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore or Section 7 of the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam tidak termasuk di bawah tajuk ini.

/ We certify that this covering note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia), Motor Vehicles (Third Party Risks & Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicle Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam.

Saya/Kami dengan ini mengesahkan bahawa Nota Perlindungan ini yang diperuntukan mengikut Bahagian IV Akta Pengangkutan Jalan 1987 (Malaysia), Motor Vehicles (Third Party Risks & Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicle Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam.

ISSUING DATE / TARIKH DIKELUARKAN : **18-04-2024**
AGENCY NO. / NO. AGENCY : **MK-00026340 / IDEAL LIFESTYLE RISK MANAGEMEN**

ISSUED BY / DIKELUARKAN OLEH: **CHEN ANN SOON**


Chief Executive Officer / Ketua Pegawai Eksekutif
TOKIO MARINE INSURANS (MALAYSIA) BERHAD



TOKIO MARINE
INSURANCE GROUP

TOKIO MARINE INSURANS (MALAYSIA) BERHAD

198601000381 (149520-U)
NO. 61, 61-1 & NO. 63, 63-1, JALAN KLJ 6, TAMAN KOTA LAKSAMANA JAYA, 75200 MELAKA, MALAYSIA
Tel No. 06-2889139 Fax No. 06-2889102
Website: www.tokiomarine.com



Tell us your experience with
Tokio Marine

The benefit(s) payable under eligible certificate/policy/product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Tokio Marine Insurans (Malaysia) Berhad or PIDM (visit www.pidm.gov.my).

Manfaat-manfaat yang dibayar di bawah sijil/polisi/produk yang layak adalah dilindungi oleh PIDM sehingga had perlindungan. Sila rujuk Brosur Sistem Perlindungan Manfaat Takaful dan Insurans PIDM atau hubungi Tokio Marine Insurans (Malaysia) Berhad atau PIDM (layari www.pidm.gov.my).

MOTOR INSURANCE SCHEDULE / JADUAL INSURANS MOTOR

CLASS / POLICY : KELAS / POLISI	PC PRIVATE CAR - PRIVATE USE	DATE : TARIKH	18-04-2024
POLICY NO. / COVER NOTE NO. / POLICY WORDING CODE: NO. POLISI / NO. NOTA LINDUNG / KOD POLISI	V7191123 / VS192995 / CVPCO124	ACCOUNT NO. : NO. AKAUN	MK-00026340
THE INSURED & ADDRESS : PEMILIK & ALAMAT	CATHRINE YEO SING LAN JC 5230 JLN MERLIMAU PERMAI 17 TAMAN MERLIMAU 77300 MERLIMAU MELAKA	AGENT NAME : NAMA EJEN	IDEAL LIFESTYLE RISK MANAGEMENT
PERIOD OF INSURANCE : TEMPOH PERLINDUNGAN	a. FROM 26-04-2024 (00:00:01 AM) TO 25-04-2025 DARI HINGGA (BOTH DATES INCLUSIVE) / (TERMASUK KEDUA-DUA TARIKH) b. ANY SUBSEQUENT PERIOD FOR WHICH THE INSURED SHALL PAY AND THE COMPANY SHALL AGREE TO ACCEPT A RENEWAL PREMIUM MANA-MANA TEMPOH SELANJUTNYA YANG MANA PIHAK DIINSURANSKAN HENDAKLAH MEMBAYAR DAN SYARIKAT HENDAKLAH BERSETUJU MENERIMA SATU PREMIUM PEMBAHARUAN	PREMIUM : PREMIUM	RM 2,511.53
CONTACT NO. / TALIAN UNTUK DIHUBUNGI:	0126721143	NCD 55.00% : DISKAUN TANPA TUNTUTAN (WEF: 26-04-2024)	1,381.34
I/C NO. (NEW) / (OLD) : NO. KP (BARU) / (LAMA)	850522-04-5216	EXT. PREMIUM : PREMIUM TAMBAHAN	502.50
NATIONALITY : KEWARGANEGARAAN	MALAYSIA	SERVICE TAX 8.00% : CUKAI PERKHIDMATAN 8.00%	130.62
BUSINESS / PROFESSION : PERNIAGAAN / PEKERJAAN	ADMINISTRATIVE OFFICER	PREMIUM MOTOR : MOTOR PREMIUM	1,763.31
BUSINESS REGN NO. : NO. PENDAFTARAN SYARIKAT		STAMP DUTY : DUTI SETEM	10.00
		TOTAL PAYABLE : JUMLAH PEMBAYARAN	1,773.31

VEHICLE REGISTRATION NO. NO. PENDAFTARAN KENDERAAN	MAKE MODEL & TYPE OF BODY MODEL BUATAN DAN JENIS BADAN	H.P/CUBIC CAPACITY/ TONNAGE OR WATT H.P/KEUPAYAAN ENJIN/ TAN ATAU WATT	YEAR OF MANUFACTURE TAHUN DIPERBUAT	SEATING CAPACITY INCLUDING DRIVER KAPASITI TEMPAT DUDUK TERMASUK PEMANDU	INSURED'S ESTIMATE OF VALUE INCLUDING ACCESSORIES & SPARE PARTS(RM) NILAI ANGGARAN ANDA TERMASUK AKSESORI & ALATGANTIAN(RM)
VKV9919	TOYOTA ALPHARD VAN	2362.0 CC	2014	7	93,900.00

ENGINE/MOTOR NO. : NO. ENJIN/MOTOR	2AZG398933	CHASSIS NO. : NO. CASIS	ANH208336439
NAMED DRIVERS : PEMANDU YANG DINAMAKAN	ALL DRIVERS		
HIRE PURCHASE OWNERS : PEMILIK SEWA BELI	-	TYPE OF COVER : JENIS PERLINDUNGAN	COMPREHENSIVE
REGISTRATION CARD NO. : NO. KAD PENDAFTARAN	NA	EXCESS : LEBIHAN	0.00

SUBJECT OTHERWISE TO TERMS, EXCEPTIONS AND CONDITIONS OF THE POLICY AND THE ENDORSEMENTS/WARRANTY/MEMORANDUM AS NUMBERED BELOW:

SELAINNYA TERTAKLUK KEPADA TERMA, PENGECUALIAN DAN SYARAT-SYARAT POLISI INI DAN PENGENDORSAN/WARANTI/MEMORANDUM SEPerti TERSEBUT DIBAWAH:

		(RM)	(RM)
Code	Description	Value	Premium
89	COVER FOR WINDSCREENS, WINDOWS AND SUNROOF	3,000.00	450.00
D518	WAIVER OF COMPULSORY EXCESS FOR UNNAMED DRIVER(NON-TARIFF)	-	15.00
D527	UNLIMITED TOWING (NON-TARIFF)	-	30.00
72	LEGAL LIABILITY OF PASSENGERS FOR NEGLIGENT ACTS	-	7.50
E113	ABI SUM INSURED	-	-

Geographical Area: Malaysia, Republic of Singapore and Negara Brunei Darussalam.

Kawasan Geografi: Malaysia, Republik Singapura dan Negara Brunei Darussalam.

Limitation as to use / Authorised Driver: As described in the Certificate of Insurance.

Had Penggunaan / Pemandu yang diberi kuasa: Seperti yang tercatat dalam Sijil Insuran.



SINGAPORE POLICE FORCE



T/20240725/7008

1 of 4

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

Report No. T/20240725/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2024 00:18	Vide Report No.: F/20240724/0185	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE CHEEN YOON			Address: 350B CANBERRA ROAD #08-217 SINGAPORE 752350		
ID Type / ID No.: PASSPORT / A53344697			Contact No.: Home/Office: Mobile: 98526699		
Nationality: MALAYSIAN			Email: cathrine_yeo@yahoo.com		
Sex: Male	Age: 44	Date of Birth: 21/06/1980	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: 21/06/2034		

General Information of the Accident

Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2024 20:50	Type of Location: slip road
Location: LORONG CHUAN			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: stationary head to rear	Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2207Y	Motor car	TOYOTA	PRIUS	Blue	Seriously Damaged	1
VKV9919	Motor car	TOYOTA	ALPHARD	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
VKV9919	TOKIO MARINE INSURANS (MALAYSIA) BERHAD	V7191123	26/04/2024	25/04/2025



**SINGAPORE
POLICE FORCE**



T/20240725/7008

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

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Report No. T/20240725/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
PASSENGER			
Name	Unknown PASSENGER	ID No.	NIL
Related Vehicle	SHC2207Y (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	TAY CHEE WEE	ID No.	G7163103L
Related Vehicle	VKV9919 (Motor car)	Contact No.	82664287
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2024	Date Discharge	24/07/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Serious
Driver			
Name	LEE CHEEN YOON	ID No.	A53344697
Related Vehicle	VKV9919 (Motor car)	Contact No.	98526699
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: 21/06/2034
Date Treatment	24/07/2024	Date Discharge	24/07/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Serious



**SINGAPORE
POLICE FORCE**



T/20240725/7008

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

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Report No. T/20240725/7008

CONTINUATION OF REPORT

Passenger			
Name	CATHRINE YEO SING LAN	ID No.	S8561790G
Related Vehicle	VKV9919 (Motor car)	Contact No.	98526699
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2024	Date Discharge	24/07/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	93890133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE STATED DATE AND TIME , I WAS DRIVING VEHICLE VKV9919 ALONG SERANGOON AVE 2 ENTERING THE SLIP ROAD INTO LORONG CHUAN.
AS WE WERE ENTERING I CHECKED FOR ON COMING VEHICLE ON MY RIGHT WHEN SUDDENLY VEHICLE SHC2207Y WITHOUT STOPPING COLLIDED ON TO MY VEHICLE REAR PORTION .
AT THE POINT OF IMPACT MY VEHICLE WAS STARIONARY .
I THEN ALIGHTED AND CHECKED MY VEHICLE THEN EXCHANGED PARTICULAR WITH THE TAXI DRIVER .
I THEN WENT TO CONSULT A DOCTOR AND RECIEVED 2 DAYS MC .
I AM MAKING THIS REPORT FOR MEDICAL AND INSURANCES PURPOSES .



**SINGAPORE
POLICE FORCE**



T/20240725/7008

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

4 of 4

Report No. T/20240725/7008

CONTINUATION OF REPORT



Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

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

Date/Time:
25/07/2024 00:18

Classification Of Case:

This report is lodged at Toa Payoh NPC Kiosk 1
NP168