

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MNA118062896

Date In: <u>11/5/18-20:00</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/TM218008756/24</u>	SAS e-filing		
Veh No: <u>GX9225A</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: <u>11/5/18-18:10</u>	i-Motor Claim Form		
OD <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SJA484C 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: ( )

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

<u>NA1803069</u>	<b>Invoice Preparation Checklist:</b>	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments:-	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Pat. 1:	8) NTUC Additional Services:-		
Pat. 2/3:	9) N12: Idac Mobile 30		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$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 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	14/05/2018 20:00
Date Of Accident	11/05/2018 18:10
Exact Location Of Accident	ALONG THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX9225A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DHIKSHA ENGINEERING PTE LTD
Co Reg No	201543053Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT100975
Cover Note Number	

### Driver

Name of Driver	SOH MENG SOON (SU MINGSHUN)
NRIC No	S7729379E
Date Of Birth	06/10/1977
Occupation	INDOOR
Date Of Driving Pass	26/06/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96770025
Fax Number	
Contact Number	OFFICE-96770025
Email Address	NOEMAIL

Address BLK 425 SERANGOON AVENUE 1  
#11-217  
Postcode 550425  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
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? YES  
Was any injured conveyed to hospital by ambulance? NO  
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) 2  
Passenger 1  
NAME: ; RAHAMAN MD ATIQR  
GENDER: ; MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180512/2104.

#### 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 SJQ4484C  
Vehicle Make/Model/Colour MAZDA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number 96863158  
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SOH MENG SOON (SU MINGSHUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GX9225A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	RAHAMAN MD ATIQR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GX9225A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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 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.:

Thomson Rd.



(A) GX9225A

(B) SJ24484 C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I was travelling along Thomson Rd. when vehicle in front stop.  
 I also stopped in time and stationary. Suddenly vehicle B  
 came from behind and hit into rear portion of my vehicle~~

Please refer to the Police Report No: T/20180512/P104

DECLARATION

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

Policyholder's Signature  
 Date & Time:



*[Handwritten Signature]*

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

*[Handwritten Signature]*

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

*[Handwritten Signature]*

Date of Accident : 11/05/2018 Accident Time: 18:10 (24-HR-Format)

Accident Place : Thomson Road

Vehicle Reg. No. (Car Plate No.) : GX 9225 A

Vehicle Make/Model : TOYOTA HIACE

Insurance Company : TOPIC MARINE Policy No. MT100975

Owner or Company Name / IC No. : DHIKSHA ENGINEERING PTE LTD / 201543053Z

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : SOH MENG SOON (SU MING SHUN) / 57729379E

DRIVER'S Date Of Birth : 06/10/1977 DRIVER'S License Pass Date 26 Jun 1995

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Employer

DRIVER'S Address : APT BLK 425 Serangoon Ave 1 #11-217(S) 550425

DRIVER'S Contact No./ Alt No. : 1) 96770075 : 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): 1 driver, 1 passenger (male)

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

**Other Party Driver's Particular (if any)**

Vehicle Reg. No: <u>(B) SJQ 4484 C</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Mazda</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: <u>96863158</u>	Driver's Contact & Add: _____

Injured Person ① Driver: SOH MENG SOON / 57729379E  
 ② Passenger: RAHAMAN MD ATIQUR / G1948742X



# SINGAPORE POLICE FORCE



T/20180512/2104

1 of 3

Report No. T/20180512/2104

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 16:57	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars			
Name of Informant: SOH MENG SOON		Address: APT BLK 425 SERANGOON AVENUE 1 #11-217 SINGAPORE 550425	
ID Type / ID No.: NRIC NO / S7729379E		Contact No.:	Mobile: 96770025
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 06/10/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Manager		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2018 18:10	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Head to rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GX9225A	Van				Slightly Damaged	1
SJQ4484C	Car					1



**SINGAPORE  
POLICE FORCE**



T/20180512/2104

2 of 3

Report No. T/20180512/2104

Police Station Of Origin  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No 1800-4880999

CONTINUATION OF REPORT

**Brief Details.**

On 11/05/2018 at about 1810hrs, I was driving my van GX9225A along Thomson Road towards Marymount Road. A vehicle in-front of my vehicle stopped as there was a traffic light ahead. I stopped my van in time and it was stationery. A vehicle SJQ4484C came from behind and hit onto the rear portion of my vehicle. No one was conveyed to hospital and no traffic police attended to the case. I wish to state that I suffered pain on my neck, back and leg. My passenger who is my colleague complaint of pain at the leg area. I went to the Healthway Medical together with my colleague to seek medical attention. I was given 3 days of medical leave and my colleague received 2 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20180512/2104

3 of 3

Report No: T/20180512/2104

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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 3 YUANA BINTE KASSIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/05/2018 16:57

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325



Signature:

Classification Of Case:  
SN 154

Authentication Stamp  
NP168

Singapore Police Force

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7729379E



Name

SOH MENG SOON  
(SU MINGSHUN)

苏 明 顺

Race

CHINESE

Date of birth

06-10-1977

Sex

M

Country of birth

SINGAPORE

S7729379E

4204209



NRIC No. **S7729379E**



Date of issue

**14-04-2008**

**APT BLK 425 SERANGOON AVENUE 1 #11-217  
SINGAPORE 550425**

**S7729379E**

**21/05/2013**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7729379E

Name:

SOH MENG SOON  
(SU MINGSHUN)

Birth Date: 06 Oct 1977

Issue Date: 27 Aug 2003



000777084A

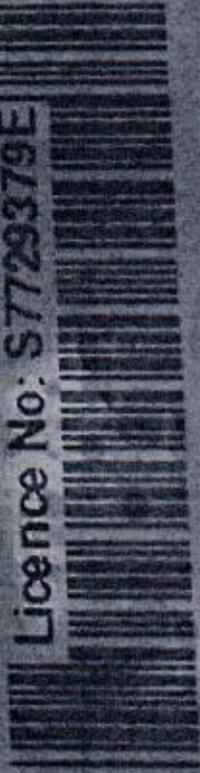


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	31 Oct 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Jun 1995
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	03 Aug 1999

Licence No: S7729379E



NP 428A

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



TOKIO MARINE  
INSURANCE GROUP

A member of the  
Tokio Marine Group

Certificate of Insurance

FORM MZ300

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.: MT100975 (Commercial Vehicle)

- 1. Index Mark and Registration Number of Vehicle: GX9225A Chassis No.: LH1621010399
- 2. Name of Policyholder: DHIKSHA ENGINEERING PTE LTD
- 3. Effective date of the Commencement of Insurance for the purposes of the Act: 29/03/2018 (14:42:49)
- 4. Date of Expiry of Insurance: 28/03/2019
- 5. Persons or Class of Persons entitled to drive\*  
Any person who is driving on the policyholder's order or with their 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\*

- 1) Use in connection with the policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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 No: 2538DDA
Insurance Plan:	Third Party	
Financial Interest:	NIL	
Additional Terms:	(1) Policy excesses are amended as follow:- (a) Additional Excess All Claims for non-employee \$1,500 (b) Additional Excess All Claims for Young, Elderly or Inexperienced Drivers (YEID) \$3,000	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature