

# NATIONAL Assessment Centre Services [wef 1 Jan 2005] MMA 118091490.

Date In: 16/17/18 14:57	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ 18012847164	SAS e-filing		
Veh No: SKQ 31270	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 14/17/18 16:15	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: JHE 1322, 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%; 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

## 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	16/07/2018 14:57
Date Of Accident	14/07/2018 16:15
Exact Location Of Accident	SLIP RD FROM PASIR RIS DR 8 TO TPE TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3127D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM DAO WEI JOHNATHON
NRIC No	S9242481B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94576690
Alternative Phone No	OFFICE-94576690

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MU012225
Cover Note Number	-

### Driver

Name of Driver	LIM DAO WEI JOHNATHON
NRIC No	S9242481B
Date Of Birth	16/11/1992
Occupation	INDOOR
Date Of Driving Pass	12/07/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94576690
Fax Number	
Contact Number	OFFICE-94576690
Email Address	NOEMAIL



Address	BLK 418B FERNVALE LINK #13-156
Postcode	792418
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JHE1322 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	
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: : ADONIS GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JHE1322
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR3576Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGM6288X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJK8715S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLS8758C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 6**

Vehicle Registration Number SKR8297H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 7**

Vehicle Registration Number SJE7817U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIM DAO WEI JOHNATHON  
Approximate Age  
Injuries Sustain NECK & LOWER BACK  
Injured person in which vehicle? SKQ3127D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name ADONIS  
Approximate Age  
Injuries Sustain NECK & SHOULDER & KNEE  
Injured person in which vehicle? SKQ3127D  
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.:

# SKETCH PLAN

A: 8KQ 81270  
 B: JHE 1222  
 C: STR 95764  
 D: 86M 6288X  
 E: SJK 878158  
 F: 8LS 87580  
 G: 8KR 8297M  
 H: 8JE 78170

Refer to Police Report  
 Date: 20180915 / 2050

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report.  
 T / 20180915 / 2050

### DECLARATION

I/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:

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



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 14 July 2018 (DD/MM/YY) Time: 1615 (HH:MM)
Exact location of accident	SERP Road, from PAFR L/S Drive 8 to TPE towards SLE

## Details of vehicle

Vehicle registration number	SKW3127D			
Vehicle make and model	Honda CRF			
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/>	Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time	Private			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>		

## Insurance information

Insurance company	TMI		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## Insured / Policy holder

Name	Lim <del>Wei</del> Dao Wei Johnathon	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 9242481B		
Contact	9457 6690 1 8186 0829 (Adonis)		
Address	Block 418B Fernvale Park #15-156 Singapore 792418		

## Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	johnathon.lim @ gmail.com		
Date of birth	16 Nov 1992		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	12 July 2012		

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

#### Passenger 1

Name	Adonis
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Penang HPC



Third party vehicle 1 (b)

Name	Chang Kok Sheng
Contact number	83029880
NRIC / Fin / Passport number	780406-08-5439
Vehicle registration number	JHE 1322
Vehicle make model	

Third party vehicle 2 (c)

Name	Aw Yong Thian Leng
Contact number	8428 1573
NRIC / Fin / Passport number	S1679244F
Vehicle registration number	JTR35764
Vehicle make model	

Third party vehicle 3 (d)

Name	Jurani Bin Hafim
Contact number	96570589
NRIC / Fin / Passport number	S0238428J
Vehicle registration number	SGM6288Y
Vehicle make model	

Third party vehicle 4 (e)

Name	Teo Yon Fern
Contact number	9722 2768
NRIC / Fin / Passport number	S7737206H
Vehicle registration number	STK 87158
Vehicle make model	

Third party vehicle 5 (f)

Name	Lim Kheng Hong
Contact number	9689 8864
NRIC / Fin / Passport number	S7012927B
Vehicle registration number	PLS 8758C
Vehicle make model	

Third party vehicle 6 (g)

Name	Lim Pak Sean
Contact number	97310775
NRIC / Fin / Passport number	S1347306D
Vehicle registration number	SKR 8297H
Vehicle make model	

(H) Vehicle 7 - 9385 9351

STK 7817U - Koh Chin Huan S7310865I





# SINGAPORE POLICE FORCE



T/20180715/2050

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180715/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/07/2018 13:27	Vide Report No.: G/20180714/0169	Station Diary No.: 61
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**Informant's Particulars**

Name of Informant: LIM DAO WEI, JOHNATHON			Address: APT BLK 418B FERNVALE LINK #13-156 SINGAPORE 792418		
ID Type / ID No.: NRIC NO / S9242481B			Contact No.: Home/Office: Mobile: 94576690		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 16/11/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2018 16:15	Type of Location: Slip road
Location: Along Road 1 PASIR RIS DRIVE 8 TAMPINES EXPRESSWAY Slip road from Pasir Ris Drive 8 to TPE towards SLE (3.3km)			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ3127D	Car	HONDA	CIVIC 1.6L VTI AUTO	White	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ3127D	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU012225	20/11/2017	23/12/2018





**SINGAPORE  
POLICE FORCE**



T/20180715/2050

2 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180715/2050

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM DAO WEI, JOHNATHON	ID No.	S9242481B
Related Vehicle	SKQ3127D (Car)	Contact No.	94576690
Hospital/Clinic	SHENTON MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/07/2018	Date Discharge	15/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 14/0718 at about 1613hrs, I was driving one white coloured Honda Civic with bearing registration number SKQ3127D consisting of one passenger (Adonis Ang Yi, S9301166Z, DOB: 15/01/1993, Blk 110 Pasir Ris Street 11 #09-611, Hp: 81860829) who was seated at the front passenger seat, travelling along Pasir Ris Dr 8 heading towards the slip road of TPE towards SLE.

While was at the slip road leading to TPE, the road volume was a little congested due to the merging lane at a slow speed when vehicle in front of me jam brake.

As I did not have any sufficient time to react and brake, I collide on the said vehicle (blue coloured Toyota Altis bearing SJE7817U) despite pressing the brake pedal hard and unfortunately, my car had been collided by a vehicle (white coloured Nissan van bearing JHE1322) from the rear.

I then felt another 3 impacts which was coming from the rear and caused my car to inch forward.

Fortunately, none of me and my passenger were injured. I then alighted from my vehicle and discovered that there were a vehicle chain accident involving 08 vehicles. I'm on the fourth vehicle that was involved.

I make a check on all the drivers and none of them were injured.

The affected 1st and 2nd driver had left before Traffic Police came and I had taken down all the affected driver's particulars as listed:

- 1) Lim Kheng Hong, S7012927B, bearing SLS8758C, Hp: 96898864
- 2) Lim Yiak Sian, S1347306D, bearing SKR8297H, Hp: 97310775
- 3) Goh Chin Hian, S7310865I, bearing SJE7817U, Hp: 93857351
- 5) Chong Kok Shong, 780406-08-5439, bearing JHE1322, Hp: 83029880
- 6) Aw Yong Thian Seng, S1679244F, bearing SJR3576Y, Hp: 84281573
- 7) Jurani Bin Naim, S0238428J, bearing SGM6288X, Hp: 96570589
- 8) Teo Yin Fern, S7737206G, bearing SJK8715S, Hp: 97222768

I make a check on my vehicle and there were damages found as listed:

- 1) Front bumper was dislodged
- 2) Front side fenders protrude out



**SINGAPORE  
POLICE FORCE**



T/20180715/2050

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 4

Report No. T/20180715/2050

**CONTINUATION OF REPORT**

- 3) Front grill dislodged
- 4) Front bonnet
- 5) Plate number
- 6) Cooling fans dented in
- 7) Aircon compressor
- 8) Radiator burst/leak
- 9) Front protection bar dented in
- 10) Rear bumper dislodged
- 11) Rear boot dislodge

Traffic Police had come and took my SD card from my front and rear in-car camera that had captured the whole accident.

My car had been sent for damage inspection however I am unsure of any further damages at a current state.

I felt slight pain on my back neck and back body while my passenger felt slight pain on her shoulder, back neck and both knee. Both me and my passenger had gone to Shenton Medical Group for medical check-up and given 02 days of MC dated from 16/07/18 - 17/07/18 and both of us are being called for an X-Ray examination on 16/07/18.





**SINGAPORE  
POLICE FORCE**



T/20180715/2050

4 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180715/2050

**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 2 MOHAMAD ADAM BIN ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID

Contact No.: 65476247

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

15/07/2018 13:27

Classification Of Case:

SN 151



Signature:

Singapore Police Force

**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**LIM DAO WEI,  
JOHNATHON**

NRIC No  
**S9242481B**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S9242481B**  
Name:  
**LIM DAO WEI, JOHNATHON**

Birth Date: **16 Nov 1992**  
Issue Date: **12 Jul 2012**

002086015C

GENERAL TO SG/PV/1049932A/012 00000059154675

NRIC No / Colour  
**S9242481B/ PINK**

Race  
**CHINESE**

Date Of Birth  
**15/11/1992**

Civilian Status  
**GOVT/013**

Address  
**ADDRESS: APT BLK 418B FERNVALE LINK #13-156  
SINGAPORE 792418 DATE: 12.07.2017 S9242481B**

Blood Group  
**A (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**SPECIALIST S10761**

Sex  
**M**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)**

**EFFECTIVE DATE**

**Class 3** Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **12 Jul 2012**

NP 428A

Licence No: S9242481B





## Certificate of Insurance

FORM MX1

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.: MU012225 (Private Car)

1. Index Mark and Registration Number of Vehicle

SKQ3127D

Chassis No.: JHMFD46206S200239

2. Name of Policyholder

LIM DAO WEI JOHNATHON

3. Effective date of the Commencement of Insurance for the purposes of the Act

20/11/2017 (16:05:03)

4. Date of Expiry of Insurance

19/11/2018

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 No: 2717DDA

Insurance Plan:

Third Party Fire &amp; Theft Only

Limit for total loss or theft:

Prevailing Market Value

Financial Interest:

GENIE FINANCIAL SERVICES PTE. LTD.

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature