

NATIONAL Assessment Centre Services (wef Jan 04)

Date In: 26/07/08	Job description	Date & Time Completed	Done by
Ref No: NA/9M/18013664/13	SAS e-filing		
Veh No: SLG96440	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/07/08 2200	i-Motor Claim Form		
OD: (TP) 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 to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLG58305 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

NA1804738	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	26/07/2018 17:37
Date Of Accident	25/07/2018 22:00
Exact Location Of Accident	JUNC OF WOODLANDS AVE 7 & WOODLANDS SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9644D
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBIL LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81266644

Vehicle Particulars

Manufacturer	SSANGYONG
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV009483-R01
Cover Note Number	

Driver

Name of Driver	TAN KOK HWEE(CHEN GUOHUI)
NRIC No	S7528932D
Date Of Birth	01/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81266644
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 805 YISHUN RING ROAD #07-4287
Postcode	760805
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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: : CUI HAIDONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180726/2069

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	SLG5830J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE KONG HOONG
NRIC/Passport Number	S7469751H
Contact Number	96387704
Address	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG1147A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KHAIRUDIN BIN MD SEEDDEE
NRIC/Passport Number S1711957E
Contact Number 96959424
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

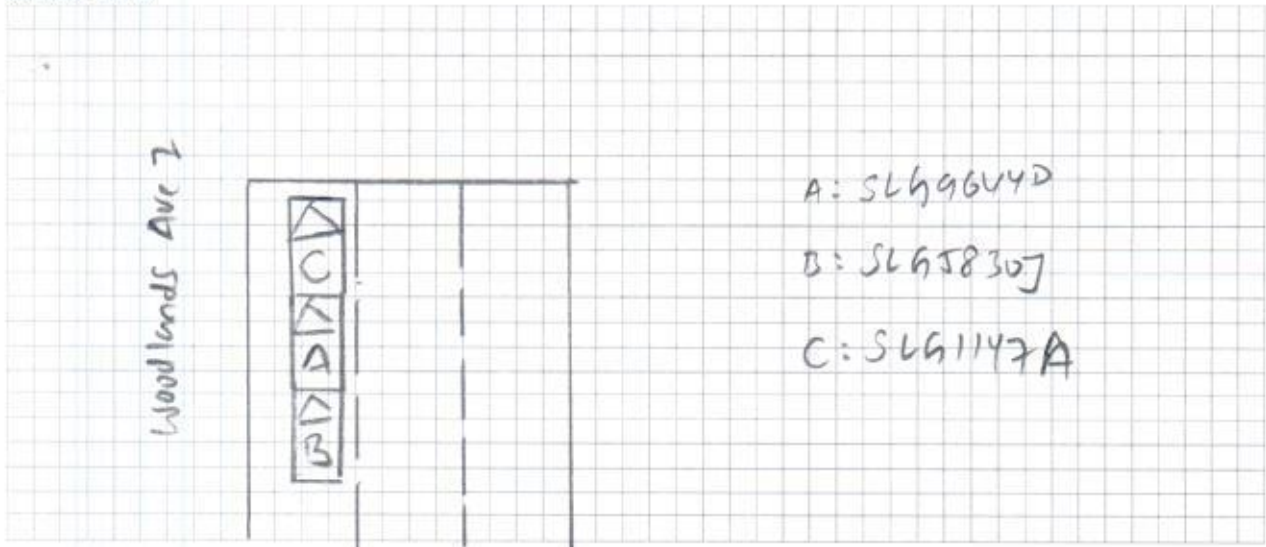
DETAILS OF INJURED PERSON 1

Name TAN KOK HWEE(CHEN GUOHUI)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLG9644D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CUI HAIDONG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLG9644D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/201807276/2069.

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: *slm* 26/07/18
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180726/2069

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Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180726/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 13:10		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: TAN KOK HWEE			Address: APT BLK 805 YISHUN RING ROAD #07-4287 SINGAPORE 760805		
ID Type / ID No.: NRIC NO / S7528932D			Contact No.: Home/Office: Mobile: 81266644		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 01/10/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Electrician		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2018 22:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 7 WOODLANDS SQUARE At T-Junction of Woodlands Avenue 7 and Woodlands Square				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLG1147A	Car				Slightly Damaged	0
SLG5830J	Car				Slightly Damaged	0
SLG9644D	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180726/2069

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180726/2069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHAIRUDIN BIN MD SEEDDEE	ID No.	S1711957E
Related Vehicle	SLG1147A (Car)	Contact No.	96959424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YEE KONG HOONG	ID No.	S7469751H
Related Vehicle	SLG5830J (Car)	Contact No.	96387704
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	NIL	Degree of Injury	NIL
Driver			
Name	TAN KOK HWEE	ID No.	S7528932D
Related Vehicle	SLG9644D (Car)	Contact No.	81266644
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20180726/2069

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180726/2069

CONTINUATION OF REPORT

Passenger			
Name	CUI HAIDONG	ID No.	G2332583M
Related Vehicle	SLG9644D (Car)	Contact No.	83131378
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	0507	Degree of Injury	Slight

Brief Details.

On 25/07/2018 at about 2200hrs, I was driving my vehicle with vehicle number SLG9644D along Lane 3 of Woodlands Avenue 7 towards Woodlands Square. I have one passenger namely Cui Haidong, bearing FIN No G2332583M, with contact number 83131378, seated at the front passenger seat as well. As the traffic light signal was red at the T-Junction of Woodlands Avenue 7 and Woodlands Square ahead, I came to a stop at the said T-Junction, behind one vehicle with vehicle number SLG1147A. After coming to a complete stop, at about 5 seconds later, I felt an impact from the rear of my vehicle. The impact has caused my vehicle to move forward, colliding into the rear of the vehicle with vehicle number SLG1147A ahead of me. I then stepped out of my vehicle and discovered that my vehicle had been knocked into by one vehicle with vehicle number SLG5830J.

After that, I exchanged particulars with the other 2 drivers and left the scene. No traffic police was being called to scene, and there was no one who was conveyed to the hospital via an ambulance as well. After the incident, there are some scratches inflicted on the front bumper of my vehicle, there are also multiple big dents inflicted on the rear of my vehicle, which has cause my bonnet to be unable to be opened, and also the right rear light to be dislodged. There is also a crack found on the vehicle license plate.

Subsequently, I drove to Mount Alvernia Hospital along with my passenger to have ourselves examined by the doctor, as I have felt some aches on the back of my body. My passenger was given a 7-day MC, whereas I was given a 5-day MC, with regards to our injuries.

This is not the first time whereby I was involved in a traffic accident. I have retrieved the in-car camera footage of my vehicle, at the time of the incident.



**SINGAPORE
POLICE FORCE**



T/20180726/2069

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180726/2069

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 TAY YUAN DENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Signature Of Informant:

Date/Time:
26/07/2018 13:10

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 7 / 18) (DD/MM/YYYY), TIME: (22 : 00) (HH:MM)

LOCATION: Jmc woodlands area 7 & woodlands square

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL69644D
b) INSURANCE COMPANY: JMC
c) POLICY NUMBER: 17-MV209483-201
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Automobli Leasing Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Ick Hwee (Chin Goh Y.) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7528932D CONTACT: 81266644
c) ADDRESS: Dlx 805 Yishun Ring Road #22-4287 (760805)

* d) DATE OF BIRTH: (1 / 12 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/6/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL65830J MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SL65830J SL61147A MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = Admin@mycar.sg.

Fax =

VIDEO =

Stamp:
With original sketch
P/W

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7528932D



Name

TAN KOK HWEE
(CHEN GUOHUI)

陈国辉

Race

CHINESE

Date of birth

01-10-1975

Sex

M

S7528932D

Country of birth

SINGAPORE



3776865



NRIC No. S7528932D

Date of issue

04-10-2005

Address

APT BLK 805 YISHUN RING ROAD
#07-4287
SINGAPORE 760805

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7528932D**
 Name: **TAN KOK HWEE (CHEN GUOHUI)**
 Birth Date: **01 Oct 1975**
 Issue Date: **18 Feb 2010**

001832263H

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

Class	Description	PASS DATE
Class 2B	Motorcycles ≤ 200 cc	08 Jul 1992
Class 2A	Motorcycles between 201 cc and 400 cc	10 Mar 1994
Class 3	Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg	11 Jun 1997
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg	09 Sep 1998
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250 kg	

NP 428A

Licence No: S7528932D

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

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MX4

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.: 17-MV009483-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLG9644D **Chassis No.:** KPT36B1USGP112770
2. **Name of Policyholder** AUTOMOBIL LEASING PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 19/10/2017
4. **Date of Expiry of Insurance** 18/10/2018
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*

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: 2348DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,500
	Windscreen Excess SGD 100
Financial Interest:	MOTOR-WAY CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

MOTOR-WAY CREDIT PTE LTD
1094 LOWER DELTA ROAD
MOTORWAY BUILDING
SINGAPORE 169205
TEL: 64682200 FAX: 62735535
CO. REG. NO. 199206992R
GIA NO. C003950