

NATIONAL Assessment Centre Services. (M11 1 1000) M1118129189

Date In: 26/10/2018 14:08	Job description	Date & Time Completed	Done by
Ref No: M11A/TM1180/95241Y	SAS e-Milling		
Veh No: GBL6605D E	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 25/10/2018 20:15	I-Motor Claim Form		
OD / TP Reporting Only	I-Motor W/O (within 20 hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: FBM 4436H	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) (Note: BSL 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 00167	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury:	
Date/Time:	Actions:

M11806949	Invoice Preparation Checklist	Amtd (\$)	Amtd (\$)
Human's Particulars	1) AR: Accident Reporting (\$30):		
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$50)		
Contact No:	3) TP: Towing Fee \$10/\$45		
Damaged Portion:	4) FT: Follow Through Survey \$130		
	5) PT: Follow Through Survey (Recovery) \$30		
	6) TR: Re-inspection \$15		
	7) NI: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) Q1:		
C. Checked by (Engr-In-Charge):	*N1: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DY / Collect Unacc Coordination \$5		
	TP (N1) + TP (N4) INC against INC \$20		
	P) N11: Issue Mobile \$0		
	Invoice dated	File Charged	
	Invoice Paid	Use 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 willful 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 Report	26/10/2018 14:08
Date Of Accident	25/10/2018 20:15
Exact Location Of Accident	ALONG BUKIT BATOK WEST AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6050E
Insured/Policyholder	
Name Of Registered Owner	EIKOH ROLLER INTERNATIONAL (S) PTE LTD
Co Reg No	199806232Z
Email Address	CHUNGSK12@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92270501
Alternative Phone No	OFFICE-68612001

Vehicle Particulars

Manufacturer	FIAT
Model	FIORINO CARGO SEMI GLAZED 1.3 SX
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT106709
Cover Note Number	

Driver

Name of Driver	CHUNG SEOW KOON (ZHUANG SHAOKUN)
NRIC No	S7215046E
Date Of Birth	01/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92270501
Fax Number	
Contact Number	OFFICE-68612001
EEmail Address	CHUNGSK12@GMAIL.COM

Address	BLK 28 JALAN KLINIK #01-45
Postcode	160028
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 - MAJOR/MINOR RD
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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	FBM4436H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AFI HANIF BIN JURAIMI
NRIC/Passport Number	S9338292G
Contact Number	84444337
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

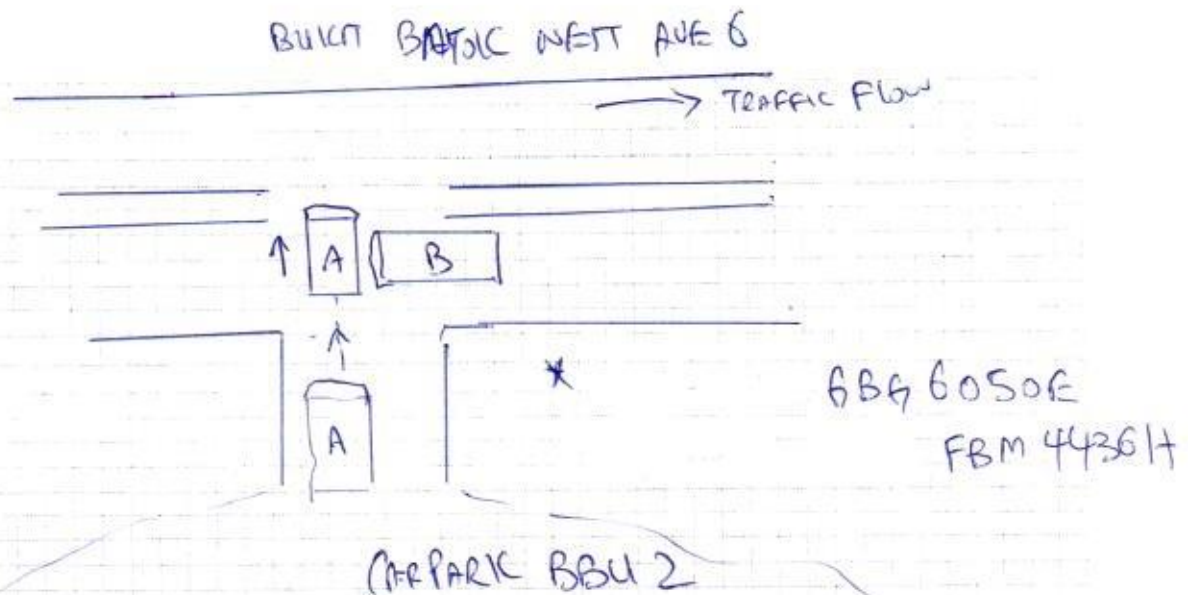
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25/10/18 AT 2015Hrs, I drove out of BUKIT BATOK CARPARKS BBU 2 TO BUKIT BATOK WEST AVE 6 WHILE CROSSING TO BUKIT BATOK WEST AVE 6 (RIGHT TURN), MY VEHICLE ~~GBG 6050E~~ ON GBG 6050E AUTO EMISSION FAIL ME, GEAR UNABLE TO ~~SHIFT~~ CHANGE TO GEAR 2 AND MY VEHICLE STOP AT THE MIDDLE OF THE ROAD AS SHOWN ON THE DRAWING.

UNFORTUNATELY MOTOR CYCLIST FBM 4436H, I SAW IT TO CAME ~~AND~~ TOWARDS AND BANG AND HITS ON MY DRIVER SIDE DOOR.

THE MOTOR CYCLIST ~~AND~~ FALL ONTO THE GROUND ~~UNDER~~ NO OTHER VEHICLE WAS INVOLVED.

THE CYCLIST SUFFER SOME BRUISES ON HIS ARM AND HAND.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25/10/2018 (DD/MM/YYYY), TIME: 20.15 (HH:MM)
LOCATION: BUKIT BATOK WEST AVE 6

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: 6B6 6050 E
b) INSURANCE COMPANY: TOKIO MARINE
c) POLICY NUMBER: MT 106709
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: FIAT / FIORINO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE 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: EICHA ROLLER INTL(S) PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1998062322 CONTACT: 68612001
c) ADDRESS: 45 TUAS VIEW COOP
S/C 637699

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: CITUNG SEOW KOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7215046E CONTACT: 92270501
c) ADDRESS: BLK 28 JALAN KUNIK #01-45
S/C 60028

* d) DATE OF BIRTH: 01/05/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3 AUG 2002

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: FBM 4436H MODEL: HONDA
b) DRIVER'S NAME: MUHAMMAD AFI HANIF BIN SURAIMI
c) NRIC/FIN/PASSPORT: S9338292G CONTACT: 84444337

9. THIRD PARTY VEHICLE

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

Email = chungsk12@gmail.com

Fax = 68612003

Video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7215046E



NAME
CHUNG SEOW KOON
(ZHUANG SHAOKUN)
庄绍坤

RACE
CHINESE

Date of Birth 01-05-1972 Sex M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7215046E

NAME
CHUNG SEOW KOON
(ZHUANG SHAOKUN)

Birth Date 01 May 1972
Issue Date 26 Aug 2003




100077298J

0472213




NRIC No. S7215046E

Blood Group A+ Date of issue 15-08-1992

APT BLK 28 JALAN KLINIK #01-45
SINGAPORE 160028


NRIC No. S7215046E Date: 20/12/2008 No: 6093683

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 30 Aug 2002

Licence No. S7215046E



NP 476A

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**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.: MT106709 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBG6050E | Chassis No.: ZFA22500006F50318 |
| 2. Name of Policyholder | EIKOH ROLLER INTERNATIONAL (S) PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 13/09/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 12/09/2019 | |
| 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: 2464DDB

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	GOLDBELL FINANCIAL SERVICES PTE LTD		
Additional Terms:	1. Additional Excess (YIED) -		
	a) Any driver less than 22 years old and/or less than 2 years driving experience: SGD 2,000		
	b) Any driver between 22 and 26 years old and with more than 2 years driving experience: SGD 1,000		
	2. Key Replacement (Limit SGD 800, excess SGD 50)		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature