Date In: 16/11/18 -10:36	Jeb description		Date & Time Con	pleted	Done	by
Res No: NA] 71/2180 207 49/24	SAS e-filing					
Veli No: DW732	E-mail (within 8)	rs, AIC 2hrs)			paragraphic	
D.O.A: Mult- 13:30	i-Motor Claim	Form			16-1	
	i-Motor W/O	Within: OD 2hrs	TP 4hrs)			
OD (TP) Reporting Only	i-Photo Uploa	led				
TP Insurer:	Assessment/Sur	ey Report				
TP Insurer.	Ass't Report by	Fax / Hand to	Owner/Wksp		en e la company de la comp	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:)
TP Particulars: Veh No: 4500	7257	. INC()/Non-INC().	4	
Owner / Driver: (Tel:	Tt.)	_
Policy No: () Pc	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est Status (W	O): N: 0-20	0%; P: 21-79%.	P: 80-100%	6]	
The state of the s	Warranty: YES ()/NO()			
THE RESIDENCE OF THE PARTY OF T	00()/\$2,000()		13.000 Telepa		
General Remarks;-				ak insuo	e (\$) - ; - ;	
() Walk-In Customer: Customer's info	rmation strictly Confi	dential & Str	ictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.	75				Walter State of the State of th
Drive-In ()/ Towed-In (); Invoice	: YES() / NO) () ; To	owing Co: (.")
Remarks:- (INC horline: 6788 6616)			Date&Time Com	338296733	Done	Share and the same of the same
1) Apply for Transport Allowance ()/C	Courtees Cor (The Property Street	Dates 11116 Con	ME: Sul	V. 3130110	a.y
2) QC Check / Post Repair Inspection	Courtesy Car ()					
	()		 			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()					
Injury:						
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NA 18 07575	1 2 3	AR : Accident l DA : Damage A TF : Towing Fe	Reporting (\$30); Assessment (\$100);	r	Ant (S)	The same of the sa
An 18 of 125 :- Claimant's Particulars:- Driver/Owner:	1 2 3 4	AR : Accident l DA : Damage A TF : Towing Fe FT : Follow-Th	Reporting (\$30); Assessment (\$100); c rough Survey rough Survey (Resurve	INC (\$80) \$40/\$45 \$120 y) \$30	Ant (S)	The state of the state of
NA 18 07735 : Laimant's Particulars :- river/Owner: ontact No:	1 2 3 4 5	AR: Accident I DA: Darnage A TF: Towing Fe FT: Follow-Th FT: Follow-Th	Reporting (\$30); Assessment (\$100); Frough Survey rough Survey (Resurve ainst INC Only (wef It	INC (\$80) \$40/\$45 \$120 y) \$30	Ant (S)	The state of the state of
Inmant's Particulars:- river/Owner:	1 2 3 4 5 6 7	AR: Accident IDA: Damage A TF: Towing Fe FT: Follow-Th FT: Follow-Th For claiming aR TR: Re-inspect N1: Idac DA+	Reporting (\$30); Assessment (\$100); rough Survey rough Survey (Resurve ainst INC Only (wef It tion SMRT Survey	INC (\$80) \$40/\$45 \$120 y) \$30) Jan 2005)	Ant (S)	The state of the state of
An 18 of 125. Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 2 3 4 5 6 7	AR: Accident I DA: Damage A TF: Towing Fe FT: Follow-Th FT: Follow-Th For claiming ar TR: Re-inspect N1: Idae DA + NTUC Addition	Reporting (\$30); Assessment (\$100); rough Survey rough Survey (Resurve ainst INC Only (wef It tion SMRT Survey	INC (\$80) \$40/\$45 \$120 y) \$30) Jan 2005)	Ant (S)	The state of the state of
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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 witholding 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.

aforesaid,	
Market Market State of Control of Control	ACCIDENT STATEMENT
Date Of Report	16/11/2018 10:36
Date Of Accident	15/11/2018 13:30
Exact Location Of Accident	JUNC BUONA VISTA FLYOVER & NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU5753Z
Insured/Policyholder	
Name Of Registered Owner	ALANPANG SERVICES
Co Reg No	53356131X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98574079
Alternative Phone No	OFFICE-98574079
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MI000280-R01
Cover Note Number	

Driver		
Name of Driver	PANG KEAH YONG	
NRIC No	S2506383Z	
Date Of Birth	08/07/1960	
Occupation	OUTDOOR	
Date Of Driving Pass	23/05/1979	
Driving Experience	39 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98574079	
Fax Number		
Contact Number	OFFICE-98574079	
EMail Address	NOEMAIL	

BLK 844 YISHUN STREET 81 Address

#12-172

Postcode 760844

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 COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

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 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181115/2105.

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

WONG JEO WAH

Vehicle Registration Number GBD9735J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver

NRIC/Passport Number S8705671F Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name PANG KEAH YONG

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SJU5753Z

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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

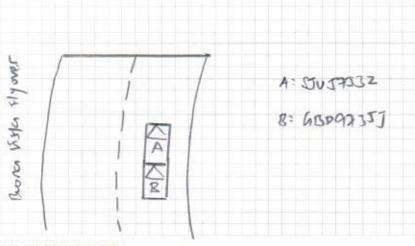
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to police report - 7/20/8/115/2105.
ii .

DECLARATION

g 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

LOCATION: June 1	vista flyover	X Horth	Brong	VIHa R
1. DETAILS OF VEHICLE	+ 4			
a) VEHICLE NUMBER: 15 U.	25255	15		
b)INSURANCE COMPANY: IN	11			
cJPOLICY NUMBER:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
d)POLICY TYPE: (COMPREHENS)	IVE / THIRD PARTY / TH		E &THEFT)	
e)MAKE & MODEL:				
f)TYPE:(SALOON / COUPE / MPY	//VAN/LORRY/MC	TORCYCLE /	OTHERSI	
9) VEHICLE CATEGORY: (PRIVATE	E / COMMERCIAL / M	OTORCYCLE!		
TIPURPOSE OF USING AT ACCIE	DENT TIME: 7015	1 411		
I) ARE YOU CLAIMING UNDER YO	DUP OWN INSURANCE	E (YES/NO)	_	
IF NO, PLEASE STATE (THIRD PAI	RTY CLAIM / REPORTI	NG ONLY)		
2. INSURED / POLICY HOLDER		0		
		(MALE/ FE	MALE)	
b)NRIC/FIN/PASSPORT:	co	NTACT: 98	174079	
C/ADDRESS				
* CONTINUE TO 3.d IF DRIVER AL	CO DOUGHUE			
THO of passengs DRIVER	SO POLICY HOLDER			
(Included) a) NAME: Pang legh ing				
DINRIC/FIN/PASSPORT	5063832 001	(MALE/ FE		
CIADDRESS: BILL 844 Thomas			17427	
Imale			* 177	
*d)DATE OF BIRTH: (&) 7	1960)(DD/MM/YY	YY) -		
e)OCCUPATION: (INDOOR / OUT	(DOOR)	70 8	60	
f) YEARS OF DRIVING EXPRERIENC	E 3 5 1979		()	
4. WAS DRIVER AN EMPLOYEE OF	THE INSURED'S CO	OMPANY? (YE	S/NO)	
IF NO, RELATIONSHIP OF THE	DRIVER WITH INSU	RED: Quan		
5. g/WEATHER CONDITION: (CLEAR	/ RAINING / OTHERS.			
b)ROAD SURFACE: (DRY / WET / C	OTHERS)	
6. WAS ANYBODY INJURED (YES) NO 7. a) REPORTED TO POLICE (YES) NO	O) - onver ony.			
IF YES, PLEASE STATE WHICH POL	ICE STATION		20	
8 THIPD PARTY VEHICLE	LICE STATION:			
No of Missenger at VEHICLE NUMBER MED 973	TI WAR			
Including driver) b) DRIVER'S NAME: Wong . 110	Wah	EL:		
Including driver) b) DRIVER'S NAME: Wang Jr.	65671F CON	TACT:		
9. THIRD PARTY VEHICLE	CON	IACI	200	
d) VEHICLE NUMBER:	MODI	=1 +	100	
THE TAPE OF THE POST OF THE PARTY OF THE PAR				
Industrial of DRIVER'S NAME:				
The of Arthetelet .	CON	TACT		
Induding driver of DRIVER'S NAME: NRIC/FIN/PASSPORT:	СОИ	TACT:		
Including driver f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	CON	TACT:		

Cmail =

fax =

VIDEO =





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 1 of 3 Report No. T/20181115/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2018 17:18		Made:	Vide Report No.:	Station Diary No.: 92	
Thioms	nds itemire	Vienes de la company		Carl Section Control of the Control	
STREET, STREET, STREET,	f Informant: EAH YON		Address: APT BLK 844 YISHUN STRE 760844	ET 81 #12-172 SINGAPORE	
ID Type / ID No.: NRIC NO / S2506383Z			Contact No.: Home/Office: Mobile: 98574079		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 58 08/07/1960			Type of Informant: Driver	1/	
Race: Chinese		10 C	Language: English	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Gelderaland	pation of the Agen	énic de la company	和自己的关键技术	1 / L	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2018 13:30	Type of Location Bend	
11120 - 12120 F	NA VISTA ROAD			98 98	
Weather: Raining		Road Surface: Wet		Road Speed Limit:	
One Way		Traffic Control:		Traffic Volume: Light	
Type of Collis Moving Vehic	ion: le Against - Stationa	гу	- 1	Anyone conveyed by ambulance:	

10000000	1000					
Kertitel and the	NOT THE	Make	ivloyer	୍ରା ଠିଗ୍ରନ	Confilm	Mo of Pagacings
GBD9735J	Lorry	ТОУОТА		Blue	Slightly Damaged	0
SJU5753Z	Car	TOYOTA	ASSESS ASSESSMENT	Silver	Slightly Damaged	2

pokile opini somi vorge:	iliani kana ara kana kana kana kana kana kana
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20181115/2105

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 2 of 3 Report No. T/20181115/2105

CONTINUATION OF REPORT

Name	PANG KEAH YON	3		ID No		S2506383Z
Related Vehicle	SJU5753Z (Car)			Conta	ct No.	98574079
Hospital/Clinic	SILVER CROSS FA	AMILY CLIN	iic .	Class Drivin Licen Expin	g ·	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/11/2018		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	03	Degree o			

Brief Details.

On 15/11/18 at about 1330hrs, I was inside my car (Silver, Toyota, vehicle registration plate number, SJU5753Z) along Buona Vista Flyover. I am working as a grab driver. Inside my car, there is one couple sitting at the back. While waiting for the traffic lights to turn green, out of a sudden, I felt a huge impact coming from the rear of my car. I then came down to make a check and noticed one lorry (Dark Blue, Toyota, vehicle registration plate number, GBD9735J) had hit onto the rear of my car. I have also taken down the particulars of the lorry driver. His name is Wong Jeo Wah, S8705671F, contact: 82928792. After exchanging particulars, both of us left the location. My car rear suffered slight damages and the front part of the lorry suffered slight damages. Both vehicles does not have any in car camera. I have reported the matter to my company as well.

On 15/11/18 at about 1630hrs, I went to Silver Cross Family Clinic located at Blk 846 Yishun #01-3661 to seek medical treatment as I felt pain at the back of my body and pain on my neck. I was attended by Dr Tan Zi Yang Jonathan and was given three days of medical leave from 15/11/18 to 17/11/18.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 3 Report No. T/20181115/2105

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 T F / Sgt 2 OOI JIA JUN	Report: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2018 17:18
Officer In Charge Of Case; TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN	Classification Of Case:
MOHD SAID Contact No.: 65476172	SN 085
Authentication Stamp NP168	ingapore Police Force



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2506383Z





PANG KEAH YONG

馮 佳 荣

CHINESE Date of birm

08-07-1960 Country of birth

MALAYSIA



4852329

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

NP 420A

Class 28 Motorcycles not exceeding 200 cc
Motor Care and Motor Tractors the weight of
which unbacen does not exceed 2500 kilograms

PASS DATE

NRIC No. S2506383Z

13-04-2012

APT BLK 844 YISHUN STREET 81 #12-172 SINGAPORE 760844

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: tmls@toklomarine.com.sg W: www.toklomarine.com

A member of the Tokio Marine Group



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.: 18-MI000280-R01 (Private Motor Car)

1. Index Mark and Registration Number

SJU5753Z

Chassis No.: MR053ZEE106161875

of Vehicle

2. Name of Policyholder

ALANPANG SERVICES

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

16/06/2018

4. Date of Expiry of Insurance

15/12/2018

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

The hirer.

Any other person who is driving on the hirer's order or with his/ 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business, Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) 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: 2135DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value

SGD 2,000 SGD 1,500 SGD 100 Own Damage Claims Excess-Third Party (Sect II)

Windscreen Excess

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

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