

NATIONAL Assessment Centre Services. [ver 1 Jan'05] **MMA 119012876.**

Date In: 28/1/19 11:53	Job description	Date & Time Completed	Done by
Ref No: MA/TMZ 19001758/14.	SAS e-illing		
Veh No: SLG 2385Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/1/19 02:40.	I-Motor Claim Form		
(1) <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Veh No: **SLZ 9120Z.** 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 1100111-6788/6616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA 1900769

Claimant's Particulars	1) AR: Accident Reporting (\$30); INC (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40/\$45)		
Contact No:	3) TP: Towing Fee \$120		
Damaged Portion:	4) FT: Follow-Through Survey \$30		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$75		
Auditors' Comments:	6) TR: Re-inspection \$160		
Date:	7) N1: Idao DA + SMRT Survey		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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 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 28/01/2019 11:53
 Date Of Accident 27/01/2019 02:40
 Exact Location Of Accident ALEXANDRA RD NEAR QUEENSWAY SHOPPING CENTER
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG2385Y
Insured/Policyholder
 Name Of Registered Owner MR LAU TAY SENG
 NRIC No S1477375D
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-92328391
 Alternative Phone No OFFICE-92328391

Vehicle Particulars

Manufacturer HONDA
 Model HRV 1.5 LX CVT
 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 COMPREHENSIVE
 Fleet Policy NO
 Policy Number 18-MH001261-R01
 Cover Note Number -

Driver

Name of Driver LAU JUNSHEN ROLAND
 NRIC No S9410517Z
 Date Of Birth 28/03/1994
 Occupation INDOOR
 Date Of Driving Pass 17/09/2012
 Driving Experience 6 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92328391
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK 69 TELOK BLANGAH HEIGHTS #07-267
 Postcode 100069
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 (including own vehicle) 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) 4
 Passenger 1 NAME: : DESMOND
 GENDER: : MALE
 Passenger 2 NAME: : GARY TAN
 GENDER: : MALE
 Passenger 3 NAME: : RAFAEL RAJEEV
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TELOK BLANGAH NPP
 Police Station Address ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - 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 SLZ9120Z
 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

LAU JUNSHEN ROLAND

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SLG2385Y

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:

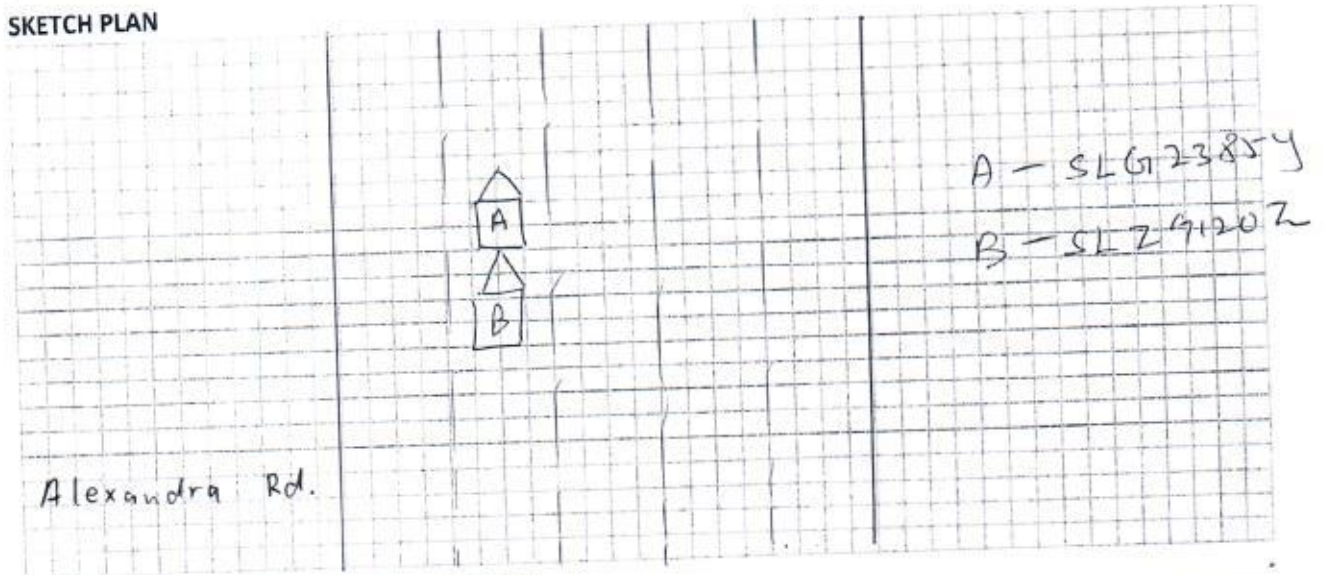
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to the police Report T/20190127/2088

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.:

Date of Accident : 27/01/19 Accident Time: 02:40 (24-HR-Format)
Accident Place : Along Alexandra Road
Vehicle, No. (Car Plate No.) : SLG 2385 Make/Model: Honda HRV
Insurance Company : TOKIO Policy No: MH001261
Owner or Company Name /IC No. : Lau Tay Seng /S1477375D
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Lau Junshen Roland
DRIVER'S Date Of Birth : 28/3/1994 DRIVER'S License Pass Date 17/9/2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : B1K 69 Telok Blangah Heights
#01-267 510069
DRIVER'S Contact No./ Alt No. : 1) _____ 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): 4 person
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
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle, No: <u>SLZ 9120Z</u>	Vehicle, No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Desmond (male)

Gary Tan (male)

Rafael Rajeev (male)



SINGAPORE POLICE FORCE



T/20190127/2088

1 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20190127/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2019 18:57	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: LAU JUNSHEN ROLAND			Address: APT BLK 69 TELOK BLANGAH HEIGHTS #07-267 SINGAPORE 100069		
ID Type / ID No.: NRIC NO / S9410517Z			Contact No.: Home/Office: Mobile: 92328391		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 28/03/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name: SIT
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2019 02:40	Type of Location: X-Junction
Location: Along Road 1 ALEXANDRA ROAD				
Near to Queensway Shopping Center				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SLG2385Y	Car	HONDA	HRV		Seriously Damaged	3
SLZ9120Z	Car					0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLG2385Y	TOKIO MARINE INSURANCE SINGAPORE LTD.	18-MH001261-R01	26/09/2018	25/09/2019



**SINGAPORE
POLICE FORCE**



T/20190127/2088

2 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20190127/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LAU JUNSHEN ROLAND	ID No.	S9410517Z
Related Vehicle	SLG2385Y (Car)	Contact No.	92328391
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/01/2019	Date Discharge	27/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27.01.2019 at about 0235hrs, I was driving my vehicle bearing registration no: SLG2385Y and was driving along Alexandra Rd. I came to a full stop at the cross junction near to Queensway Shopping Center as the traffic light was red. While I was waiting for the traffic light to turn green, there was a sudden impact at the rear of my vehicle. I then realized that someone has knocked onto my vehicle. I got out of the vehicle and discovered that the rear bumper was badly dented. I took photographs of both vehicles and we exchanged particulars and contact numbers. After which, I dropped off my friends who were with me and subsequently went back home. On the same day at about 0900hrs, when I woke up, I felt pain at the back of my body and went to seek medical treatment at Mount Alvernia Hospital and was given outpatient sick leave for 5 days.

I wished to state there is a rear in car camera installed at my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190127/2088

3 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20190127/2088

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:

D /

Staff Sgt MUHAMMAD RASIDI BIN NGAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

27/01/2019 18:57

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN 045

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of LAU JUNSHEN ROLAND

License Number: **S9410517Z**

Birth Date: 28 Mar 1994
Issue Date: 17 Sep 2012

Barcode: 002106405E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9410517Z

Portrait photo of LAU JUNSHEN ROLAND

Name: **刘浚琛**
LAU JUNSHEN ROLAND

Race: **CHINESE**
Date of birth: **28-03-1994**
Country of birth: **SINGAPORE**

Sex: **M**

Signature: 

Portrait photo of LAU JUNSHEN ROLAND

NRIC No. **S9410517Z**

Date of issue: **17-04-2009**

Barcode

4389751

Address: **APT BLK 69 TELOK BLANGAH HEIGHTS
#07-267
SINGAPORE 100069**

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

Class 3 Motor Car < 2000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

EFFECTIVE DATE 17 Sep 2012

License No: **S9410517Z**

NP 429A

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: tmsis@tokiomarine.com.sg www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MX1

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-MH001261-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLG2385Y Chassis No.: JHMRU1830GX200617
2. Name of Policyholder MR LAU TAY SENG
3. Effective date of the Commencement of Insurance for the purposes of the Act 26/09/2018
4. Date of Expiry of Insurance 25/09/2019
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: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100
Financial Interest:	DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature