

NATIONAL Assessment Centre Services. [part 1 Jan05] MNA 119042265-

Date In: 11/4/19 16:48	Job description	Date & Time Completed	Done by
Ref No: MNA/TMZ190057301h4.	SAS e-filing		
Veh No: STR 96455.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/3/19 10:10.	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SMD 3339 D.	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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Hotline: 6749 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

MNA1902331

Claimant's Particulars:	Invoice/Repairation Checklist	Amo (\$)	QA/IR (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	3000	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bagr-In-Charge):	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) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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: Idas Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	01/04/2019 16:48
Date Of Accident	29/03/2019 10:10
Exact Location Of Accident	UPPER THOMSON RD BESIDE THOMSON PLAZA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR9645S
Insured/Policyholder	
Name Of Registered Owner	JADEN KOH YANG PONG
NRIC No	S8204735B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98488878
Alternative Phone No	OFFICE-98488878
Vehicle Particulars	
Manufacturer	KIA
Model	SPORTAGE 2.0L AT ABS D/AIRBAG 2WD 5DR
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
Fleet Policy	NO
Policy Number	MT104780
Cover Note Number	-
Driver	
Name of Driver	KOH MING CHEE
NRIC No	S1156242F
Date Of Birth	08/08/1955
Occupation	INDOOR
Date Of Driving Pass	31/05/1973
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96660866
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 913 LORONG 1 TOA PAYOH #19-03
Postcode	319772
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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: : HANI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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	SMD3339D
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 KOH MING CHEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJR9645S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HANI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJR9645S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

A: SJR96455

B: SMDR39D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police.

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 : ⁰³ 24/04/19 Accident Time: 10:10 hrs. (24-HR-Format)
Accident Place : Upper Thomson rd Beside Thomson Plaza
Vehicle No. (Car Plate No.) : SJR 96455 Make/Model: Kia Sportage
Insurance Company : TM. Policy No: MT104780
Owner or Company Name / IC No. : S8204735B Jaden Koh Yung Peng
Owner or Company Contact No. : 9888878 Owner's Hp Company Tel
DRIVER'S Name / IC No. : S1156242F Koh Ming Chee
DRIVER'S Date Of Birth : 08/08/1955 DRIVER'S License Pass Date 31/05/1973
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : B 913 Lorong 1 Tca Payoh #19-03
DRIVER'S Contact No. / Alt No. : 1) 96660866 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): 1 Driver & 1 Passenger
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): Both Driver & Passenger: Neck

Other Party Driver's Particular (if any)

Back Pass.

Vehicle No: <u>SHD339D (Mylu)</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:

HANI

Female

APR



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20190329/2214

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 21:32	Vide Report No.:	Station Diary No.: 171
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Informant's Particulars

Name of Informant: KOH MING CHEE			Address: APT BLK 913 LORONG 1 TOA PAYOH #19-03 SINGAPORE 319772		
ID Type / ID No.: NRIC NO / S1156242F			Contact No.: Home/Office: Mobile: 96660866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 08/08/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/03/2019 10:10	Type of Location: Straight Road
Location: Along Road 1 UPPER THOMSON ROAD BESIDE THOMSON PLAZA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR9645S	Car	KIA		Silver	Slightly Damaged	1
SMD3339D	Car	VOLKSWAGO N		Red	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20190329/2214

CONTINUATION OF REPORT

Driver			
Name	KOH MING CHEE	ID No.	S1156242F
Related Vehicle	SJR9645S (Car)	Contact No.	96660866
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HANI	ID No.	S2198040D
Related Vehicle	SJR9645S (Car)	Contact No.	98333995
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Fatal Slight

Brief Details.

On 29/3/19 at about 1005hrs, I am driving my car (SJR9645S) along Upper Thomson Road with my wife. When I was approaching Thomson plaza along Upper Thomson Road, suddenly a car (SMD3339D) made an abrupt left lane change, moving 2 lanes to the left from the turn right lane and appeared before my car and before continuing to drive past the double white line, and intending to turn left into Thomson Plaza. As a result, I was unable to brake my car on time, and had hit onto the left rear passenger door of her car.

I had alighted my car and took photo of both her car and my car, and noticed that my front bumper was cracked, while her left rear passenger door was dented. I also noticed the driver to be a female driver, however we didn't manage to exchange any particulars. I immediately called for ambulance, and was conveyed to Tan Tock Seng Hospital through the ambulance.

I felt pain on my neck and back, and was injected with painkiller by the doctor. My wife had strained her neck, and also felt pain on her back. She also felt giddy afterwards.

I am given 5 days of MC whereas my wife is giver 3 days of MC.

I doesn't have any in car camera, however I had my phone faced in front on the road on recording mode to record my whole driving journey.



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20190329/2214

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20190329/2214

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:

E /

Staff Sgt NOORNAZREEN BINTE ABULHASAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2019 21:32

Officer In Charge Of Case:



TR / GIT /
20190329/2214
Officer MING CAI

Contact No.: 65476960

SN 168

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1156242F



Name
KOH MING CHEE
許明志

Race
CHINESE

Date of birth
08-08-1955

Country/Place of birth
SINGAPORE

Sex
M

S1156242F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S1156242F



Name
KOH MING CHEE

Birth Date: 08 Aug 1955

Valid Until: 16 Feb 2017

002657467F



5429440



NRIC No. S1156242F



Date of issue
09-02-2015

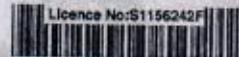
Address
APT BLK 913 LORONG 1 TOA PAYOH
#19-03
SINGAPORE 319772

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	23 Jun 2003
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	31 May 1973

NP 428A

Licence No: S1156242F



Done JADEN KOH YANG PONG - SJ...



Tokio Marine Insurance Singapore Ltd.

Kilangayong Bldg No: 112/1001456/637 Bldg No: 112/1001011/4

20 MacMillan Street #09-01 Tokyo Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / 60 4224 0895 E: tokiomarine@singapore.com.sg W: www.tokiomarine.comA member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MIX1

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.: MT104780 (Private Car)

1. Index Mark and Registration Number of Vehicle: SJR96455 Chassis No.: KNAKH812UAT872719

2. Name of Policyholder: JADEN KOH YANG PONG

3. Effective date of the Commencement of Insurance for the purposes of the Act: 13/07/2018 (14:40:31)

4. Date of Expiry of Insurance: 12/07/2019

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 local 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 18 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions 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 valid if lost. During its currency, if the insurance is cancelled for whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days (unless you have been notified otherwise) or you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan: Third Party Only
Financial Interest: NIL

Account No: Z39700A

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: Z39700A

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Printed: 12-07-2018 14:40:31

Tokio Marine Insurance Singapore Ltd
List of Approved Workshops (With 24 Hours Towing Service)
24-hour Hotline + 1800 225 8647 (in Singapore)
+ 65 6225 9647 (in Malaysia/Thailand)

Zone	Area	Name of Workshop	Address	Contact No.
	Ang Mo Kio	An Lim Motor Company	No. 10 Ang Mo Kio 1st Park Dr, #01-03 ANL Adjacent, S1569427	Tel: 6463 1244 Towing: 9620 1408TH
		Chang Hwa Motor Service	No. 12 Ang Mo Kio 1st Park Dr, #01-04 CHM Adjacent, S1569427	6461 2021 Towing: 8481 2301
	Bukit Merah	An Motor Co. (Pty) Ltd. (Excluding Honda's Parallel Import Vehicles)	253 Alexandra Road S1139375	Tel: 6841 3034 Towing: 6841 3036
		Moon Automotive Pte Ltd	18, 19/18 Bukit Merah Lane 2, #01-04, S1154722	Tel: 6272 3952

