

NATIONAL Assessment Centre Services

[wrl 1 Jan'05]

MMA 119063177

Date In:	15/5/19 14:17	Job description	Date & Time Completed	Done by
Ref No:	NA/TMZ 19008605/164	SAS e-filing		
Veh No:	SLX 8567K	E-mail (within 2hrs, AIC 2hrs)		
TELEA	15/5/19 07:30	I-Motor Claim Form		
OD: <u>TP</u> 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/Whse		

Preferred Wksp / INC Analysis Wksp / GW: (

Tot:

Будет:

TP Particulars:

Yeh No:

SME 9594-M

INC() / Non-INC()

Tel:

Owner / Driver: (

Policy No: (

Period: (

1

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: (

WORTH

YES () / NO ()

Excess: (\$

Loading

000 (

2,000 ()

General Remarks

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repailer.

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

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

Comments: (INC 46946-0788 4616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

1) Upload Resurvey Photo [Repair Cost > \$3000]

Injury :

[illegible]

MA1903528

Chummins Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments

244

31.2/32

Invoice Description	Amount (\$)	Payable (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (vof 10 Jan 2003)		
6) TR: Re-Inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Bxcess Coordination	\$3	
TP (N11): TP (N'n 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	15/05/2019 14:17
Date Of Accident	15/05/2019 07:30
Exact Location Of Accident	JUNC OF PIONEER NORTH RD & UPP JURONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8567K
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MJ001255-R00
Cover Note Number	-

Driver

Name of Driver	CHUNG KEN KEN
NRIC No	S7265542G
Date Of Birth	30/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83035246
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 914 TAMPINES ST 91 #03-35
Postcode	520914
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : ROBIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME9594M
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 CHUNG KEN KEN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX8567K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ROBIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX8567K
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.:

Boon Lay Way

Upp Jurang Rd

A = SLX 8567

B = SME 9594

Pioneer Rd North

B = SME 9594 M

Pioneer Rd North

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

I/We declare the foregoing particulars are true in every respect.



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

[Signature]

Reporting Centre Personnel's Signature	
Name:	
NRIC/FIN No.:	



SINGAPORE POLICE FORCE



T/20190515/2085

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190515/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 13:25	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: CHUNG KEN KEN		Address: APT BLK 914 TAMPINES STREET 91 #03-35 SINGAPORE 520914	
ID Type / ID No.: NRIC NO / S7265542G		Contact No.: Home/Office: Mobile: 83035246	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 30/06/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2019 07:30	Type of Location: T-Junction
Location: Along Road 1 PIONEER ROAD NORTH				
T-junction of Pioneer north road and Upper Jurong Road- going towards Pioneer north road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SLX8567K	Car				Seriously Damaged	1
SME9594M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190515/2085

Police Station Of Origin:
Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20190515/2085

CONTINUATION OF REPORT

Driver			
Name	CHUNG KEN KEN	ID No.	S7265542G
Related Vehicle	SLX8567K (Car)	Contact No.	83035246
Hospital/Clinic	LITTLE CROSS FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/05/2019	Date Discharge	15/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG ZHEN YANG	ID No.	S84900004D
Related Vehicle	NIL	Contact No.	81255645
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

Brief Details.

On the 15/05/2019 at around 0730hrs, I am travelling along the T-junction between Pioneer Road North and Upper Jurong Road. It is a four lanes road and I am on the second lane from the right. It was a heavy traffic and there was one vehicle (V1) in front of me (V2). As the traffic light turns green and the V1 started moving slowly, however, there was a yellow box in front of me and thus I had to slow down my vehicle. Suddenly, one vehicle SME9594M (V3) then collided onto the rear of my vehicle.

Both of us then got down of the vehicle and exchanged particulars. I also have a passenger on board, Robin, 84567444 who informed me that he will be seeking treatment as he is feeling pain at the neck. Subsequently, around 1300hrs, I felt pain at my chest and back area and thus I went to seek treatment at Little Cross Family Clinic Pte Ltd and was given three days of medical leave from 15/05/2019 to 17/05/2019 due to musculoskeletal injury.

The damages are dents on the boots and unable to close.

There is no in- car camera inside my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190515/2085

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190515/2085

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:
G /
Sgt 1 LAM XUE TING

Signature Of Interpreter:
Not applicable

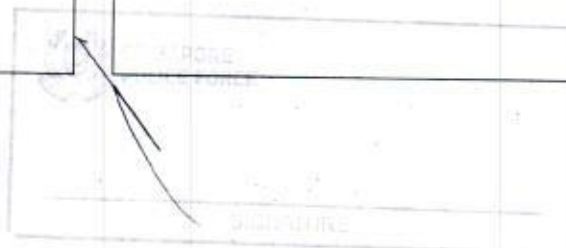
Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/05/2019 13:25

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Chung Ken Ken

License Number: **S7265542G**

Name: **CHUNG KEN KEN**

Birth Date: **30 Jun 1972**

Issue Date: **20 Mar 2012**

Barcode: 002052467D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7265542G

Portrait photo of Chung Ken Ken

Name: **CHUNG KEN KEN**

Chinese Name: **郑健健**

Race: **CHINESE**

Date of birth: **30-06-1972**

Sex: **M**

Country/Place of birth: **MALAYSIA**

Small portrait photo of Chung Ken Ken

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles ≤ 200 cc	23 Mar 2007
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	23 Mar 2007

NP 428A

Barcode: License No: S7265542G

5399578

Barcode

NRIC No: **S7265542G**

Fingerprint image

Date of issue: **11-12-2014**

Address: **APT BLK 914 TAMPINES STREET 91 #03-35 SINGAPORE 520914**

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 MX1 H

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-MJ001255-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLX8567K **Chassis No.:** ZVW518042486
2. **Name of Policyholder** FORTE AUTO LEASING PTE. LTD.
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 12/09/2018
4. **Date of Expiry of Insurance** 12/10/2019
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: 1141DDB

Insurance Plan:	Third Party, Fire & Theft
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess - Fire & Theft SGD 2,500
	Excess-Third Party (Sect II) SGD 2,500
Financial Interest:	TECK WEI CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 11/09/2018