

[wef 1 Jan'03]

MMA 119072897.

(11) *AP: Reporting Only*

11' Insurg:

Preferred Wksp / HHC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars: Vch No: SJM 7557C 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: YBS () / NO ()

Excess: (\$)) **Loading:** \$1,000 () / \$2,000 ()

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

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

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

Serials: 019C No. 6 - 6788 06 10

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

2) QC Check / Post Repair Inspection ()

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

Injury :

[illegible]

MA 1904119

Comments: Particulate

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments

2002

213

INVOICE INFORMATION		DATE	AMOUNT
1) AIR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Re-survey)	\$30		
For claim against INC Only (yes/no Jan 2005)			
6) TR: Re-inspection			\$75
7) NL: Idao DA + SMIT Survey			\$160
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance			\$3
*NR: Repair Co-ordination			\$10
*N7: Post Repair Inspection			\$25
*N8: DV / Collect Excess Coordination			\$3
TP (N11): TP (N-11 INC) against INC			\$20
8) N12: Idao Mobile			\$0
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	04/06/2019 14:40
Date Of Accident	02/06/2019 01:55
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5998M
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87824933

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
Fleet Policy	NO
Policy Number	MS000981
Cover Note Number	-

Driver

Name of Driver	ASAHRI BIN ABU BAKAR
NRIC No	S7728738H
Date Of Birth	14/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98569708
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 232 COMPASSVALE WALK #02-466
Postcode	540232
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	CHAIN COLLISION
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	4
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - 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 SJM7557C
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL8208K
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC8208E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 ASAHRI BIN ABU BAKAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJY5998M
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.

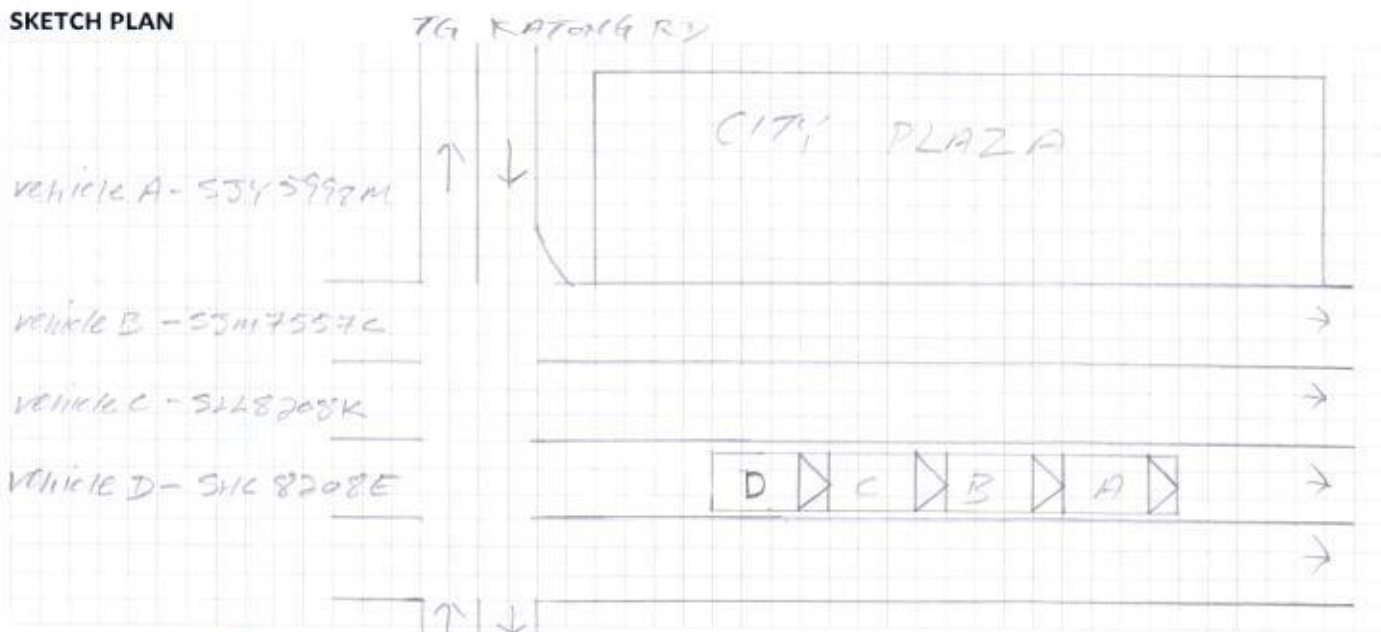
ALLIANCE LEASING PTE LTD
201706503M

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

Please refer to attached Police report.

DECLARATION

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

ALLIANCE LEASING PTE LTD
201706503M

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.: _____



SINGAPORE POLICE FORCE



T/20190603/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190603/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2019 15:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ASAHRI BIN ABU BAKAR			Address: APT BLK 232 COMPASSVALE WALK #02-466 SINGAPORE 540232		
ID Type / ID No.: NRIC NO / S7728738H			Contact No.: Home/Office: Mobile: 98569708		
Nationality: SINGAPORE CITIZEN			Email: ayieash1822@gmail.com		
Sex: Male	Age: 41	Date of Birth: 14/06/1977	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2019 01:55	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear <i>C - 322 8208K</i> <i>D - 74C 8708E</i>				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM7557C	Car	TOYOTA	WISH	Silver	Slightly Damaged	0
SJY5998M	Car	TOYOTA	WISH	White	Slightly Damaged	5

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190603/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190603/7014

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SUFIYAN BIN SURANI	ID No.	S9643143J
Related Vehicle	SJM7557C (Car)	Contact No.	93665451
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ASAHRI BIN ABU BAKAR	ID No.	S7728738H
Related Vehicle	SJY5998M (Car)	Contact No.	98569708
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/06/2019	Date Discharge	02/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the mentioned date and time, I was travelling (SJY5998M) along Geylang Road about to turn right to Paya Lebar Road. As I was approaching the traffic junction, a vehicle in front of me jammed brake and I followed suit. Suddenly, another vehicle (SJM7557C) rear-ended into my vehicle. I heard 2 loud bangs consecutively and my vehicle jerked forward twice. I alighted and realized that it was a chain collision involving 4 vehicles. We exchanged particulars and left the scene shortly after. I felt discomfort in the afternoon and sought medical treatment at UNIHEALTH 24-HR CLINIC (TOA PAYOH) and was awarded 3 days medical leave. That is all.



**SINGAPORE
POLICE FORCE**



T/20190603/7014

3 of 3

Report No. T/20190603/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/06/2019 15:54

Classification Of Case:



T/20190604/2115

1 of 3

Report No. T/20190604/2115

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190603/7014

Report Number T/20190604/2115

Vide Report Number T/20190603/7014

Date/Time of Report Made 04/06/2019 14:04

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant ASAHRI BIN ABU BAKAR

ID Type / ID No. NRIC NO / S7728738H

Home/Office

Mobile 98569708

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 02/06/2019 01:55

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8208E	Car				Slightly Damaged	2
SLL8208K	Car				Slightly Damaged	0

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



T/20190604/2115

2 of 3

Report No. T/20190604/2115

Continuation of CSF For NP168

Name	LOW KIM KEE	ID No.	S1237919F
Related Vehicle	SHC8208E (Car)	Contact No.	NIL
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
Driver			
Name	SHAREN SEE	ID No.	S1287782Z
Related Vehicle	SLL8208K (Car)	Contact No.	96190289
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 Facts.

I wish to add in to my report, T/20190603/7014, 2 more vehicles details stated below that were involved in the accident.



T/20190604/2115

3 of 3

Report No. T/20190604/2115

Continuation of CSF For NP168

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.

Case Sensitivity

No

Officer-In-Charge of Case

TP / AEIT /
SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID

Classification of Case

1) INJURY / OTHERS

Sengkang HPO
2 Sengkang Square
#01-02 S(545025)
Tel: 1800-3438999

UNIHEALTH 24-HR CLINIC (TOA PAYOH)

Blk 178 Toa Payoh Central #01-218 Singapore 310178

Tel: 62031639 Fax: 62549938

Medical Certificate

Date : 02 Jun 2019

MC No. : 0000053512

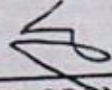
This is to certify that :

Name : ASAHRI BIN ABU BAKAR

NRIC : S7728738H

is Unfit for Duty for 3 days

from 02/06/2019 to 04/06/2019 inclusive.


DANIEL SOONG

MBBS SINGAPORE

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated*

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7728738H**

Name: **ASAHRI BIN ABU BAKAR**

Birth Date: **14 Jun 1977**

Issue Date: **24 Apr 2009**

001734796F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7728738H**

Name: **ASAHRI BIN ABU BAKAR**

اسهري بن ابو بك

Race: **MALAY**

Date of birth: **14-06-1977** Sex: **M**

Country of birth: **SINGAPORE**

S7728738H

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7728738H**

Name: **ASAHRI BIN ABU BAKAR**

Issue Date: **15/4/2011**

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TDVL
33 888 8888
255403

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
C	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	24 Apr 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	11 Dec 2012

S7728738H

S / No. 9000176245

Licence No: S7728738H

NP 428A

4060082

NRIC No: **S7728738H**

Date of Issue: **20-06-2007**

APT BLK 232 COMPASSVALE WALK #02-466
SINGAPORE 540232

NRIC No: **S7728738H** Date: **24-07-2007** No: **5745831**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	28/01/2011
02	TAXI VL	15/04/2011
04	BUS ATTENDANT	28/01/2011

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 W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine Group

Certificate of Insurance

FORM MX1 H

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.: MS000981 (Private Car)

1. **Index Mark and Registration Number of Vehicle** SJY5998M **Chassis No.:** JTDGJ20W505002891

2. **Name of Policyholder** ALLIANCE LEASING PTE LTD

3. **Effective date of the Commencement of Insurance for the purposes of the Act** 18/01/2019 (14:34:59)

4. **Date of Expiry of Insurance** 17/01/2020

5. **Persons or Class of Persons entitled to drive***

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.

* 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*

* 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: 2712DDA

Insurance Plan: Third Party Only

Policy Excess: Excess-Third Party (Sect II) SGD 2,500.00

Financial Interest: NIL

Additional Terms:

1. Vehicle is licensed for private hire by LTA and can be used for private hire limousine services.
2. All drivers must have the necessary private hire licences when used for private hire.
3. YID excess of SGD 1,500 applied on Section 1 & Section 2 separately.
4. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable.
5. Private Hire Usage Vehicle Endorsement is applicable.
6. Approved workshop plan only

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature