

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MLA 119 101731**

Date In: <b>3/8/19-11:44</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/2019 07601/24</b>	SAS e-filing		
Veh No: <b>8P57263</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>2/8/19-17:00</b>	i-Motor Claim Form		
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>6B36935D</b>	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 hotline: 6788 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

<b>NA 1905764</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Auditors' Comments:-	9) N12: Idac Mobile 30		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
Dat. 2 / 3:	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	03/08/2019 11:44
Date Of Accident	02/08/2019 17:50
Exact Location Of Accident	AYE TWDS CITY NEAR L/P 600
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5736B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRK AUTO RENTAL SERVICES
Co Reg No	53358468W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82255444
Alternative Phone No	OFFICE-82255444

### Vehicle Particulars

Manufacturer	TOYOTA
Model	STREAM RSZ 1.8 A
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 HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ001124-R00
Cover Note Number	

### Driver

Name of Driver	MOHAMED ROSLI BIN MOHAMED ZIN
NRIC No	S8318852I
Date Of Birth	15/06/1983
Occupation	INDOOR
Date Of Driving Pass	07/10/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98562651
Fax Number	
Contact Number	OFFICE-98562651
EMail Address	NOEMAIL

Address	BLK 250 YISHUN AVENUE 9 #04-227
Postcode	760250
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	3
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)	5
Passenger 1	NAME: : RICH COLIN GENDER: : MALE
Passenger 2	NAME: : BRAD KALEY GENDER: : MALE
Passenger 3	NAME: : DARIN KUIDA GENDER: : MALE
Passenger 4	NAME: : ANDRE'S SANCHES GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190803/2010.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBB6935D
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	GBC3882L
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMED ROSLI BIN MOHAMED ZIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP5736B
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:

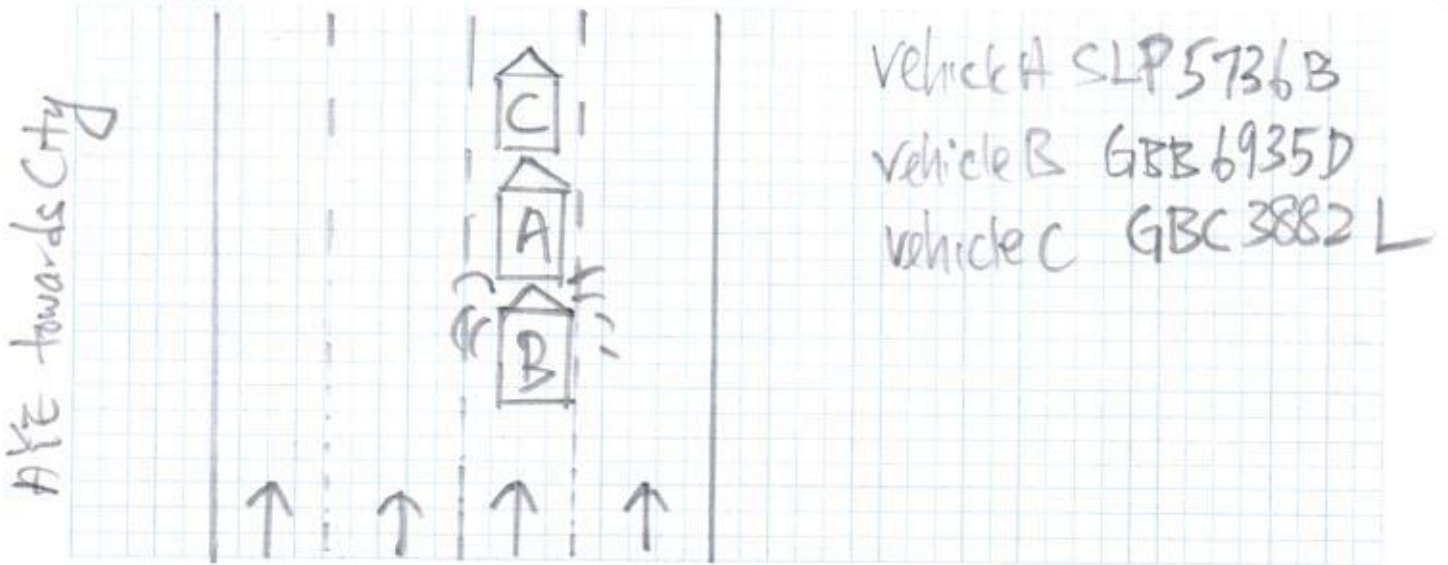


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

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.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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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 ability.
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 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 03/08/2019

☆ Date Of Accident 02/08/2019 1750 hours

☆ Exact Location Of Accident Along Road 1 Ayer Rajar Expressway

☆ Country/State of Loss Singapore.

## DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SLP5736 B

Insured/Policyholder

Name Of Registered Owner / Company TRK Auto Rental Services

RIC No / Work Permit No / ROC No 53358468 W

Email Address ecv@eliterearventures.com

Mobile Phone No (LOCAL) 8225-5444

Alternative Phone No Others- 8225-5444

## Vehicle Particulars

☆ Manufacturer Honda

☆ Model Stream RSZ 1.8A

☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use/ Hirer Use

☆ Are you claiming under your own insurance policy for repair to your vehicle?  
If No, Please state action to be taken Yes / No / Third Party

Vehicle Category

## Insurance Company

Name of Insurance Company TOKIO Marine Insurance Singapore Ltd

Type Of Coverage Comprehensive

First Policy Yes / No No

Policy Number 18-MJ001124-R00

Cover Note Number

## Driver

Name of Driver Mohamed Rosli Bin Mohamed zin

NRIC No S8318852J

Date Of Birth 15/6/1983

Occupation Indoor / Outdoor

Date Of Driving Pass 07/10/2008

Driving Experience

Gender Male

Mobile Number (Local) 9856-2651

Fax Number

Contact Number Others- 9856-2651

Email Address

☆ Address Blt 250 Yishun Avenue 9 # 04-227

☆ Postcode 760250

☆ Was driver an employee of the Insured's Company Yes / No

☆ If No, Relationship of the Driver with the Insured Owner / Relative / Friend / Parent / Spouse / Children / Sibling / 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 : Chain Collision

☆ Weather Conditions Raining / Clear / Other : \_\_\_\_\_

☆ Road Surface Wet / Dry / Other : \_\_\_\_\_

**Other Information**

☆ Was any foreign vehicle involved in this accident? Yes / No

☆ Foreign Vehicle Registration Number \_\_\_\_\_

☆ Was any body injured in the Accident? Yes / No Name: Mohamed Rosli Bin Mohamed Zin

Was any other material or property damaged? Yes / No

Have been approached by unknown person(s) soliciting/offering accident claims assistance. Yes / No

☆ Number of Passengers (Including Driver) 5. Rich Colin (male) Brad kaley (male) Darin kuida (male) Andres Sanches (male)

**Details of Police Action**

☆ Was the accident reported to the police? Yes / No

If Yes, Please state which Police Station \_\_\_\_\_

Police Station Name \_\_\_\_\_

Police Station Address \_\_\_\_\_

Police Station Contact \_\_\_\_\_

Was notice of intended Prosecution given? Yes / No

If Yes, against whom? \_\_\_\_\_

Circumstances of Accident \_\_\_\_\_

ROAD: \_\_\_\_\_, POSTCODE: \_\_\_\_\_, COUNTRY: \_\_\_\_\_

TEL NO: \_\_\_\_\_ - FAX NO: \_\_\_\_\_

**Attachment(s)**

Are accident photos available for attachment? Yes / No

Was there any video captured by Car Camera? Yes / No

Was there any audio recorded? Yes / No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	<u>GBB 6935D</u>	<u>GRC 3882L</u>
Vehicle Make/Model/Colour	<u>(Toyota Dyna)</u>	<u>(Toyota Haul)</u>
Details Of Properties	_____	_____
Name of Driver	_____	_____
NRIC/Passport Number	_____	_____
Contact Number	_____	_____
Address	_____	_____
Postcode	_____	_____
Insurance Company Name	_____	_____
Nature Of Damage	_____	_____
No. Of Passenger (Including Driver)	_____	_____
<b>Details of Witness</b>	_____	_____
Name	_____	_____
Phone Number	_____	_____





# SINGAPORE POLICE FORCE



T/20190803/2010

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 5

Report No. T/20190803/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2019 02:05		Vide Report No.:		Station Diary No.: 21	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED ROSLI BIN MOHAMED ZIN			Address: APT BLK 250 YISHUN AVENUE 9 #04-227 SINGAPORE 760250		
ID Type / ID No.: NRIC NO / S8318852I			Contact No.: Home/Office: Mobile: 98562651		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 15/06/1983	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Service planner			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  On AYE towards City lane 2 Lamp Post Number: 600				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicle and Stationary Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6935D	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Grey	Slightly Damaged	3
GBC3882L	Van	TOYOTA	HIACE MANUAL	White	Slightly Damaged	0
SLP5736B	Car	HONDA	STREAM RSZ 1.8 A	White	Seriously Damaged	4



**SINGAPORE  
POLICE FORCE**



T/20190803/2010

2 of 5

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20190803/2010

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	SETHUPANDI AYYACHAMY		ID No.	G8395981P
Related Vehicle	GBB6935D (Lorry)		Contact No.	83634700
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
<b>Driver</b>				
Name	DIDI		ID No.	NIL
Related Vehicle	GBC3882L (Van)		Contact No.	97245087
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
<b>Passenger</b>				
Name	RICH COLIN		ID No.	NIL
Related Vehicle	SLP5736B (Car)		Contact No.	+16109721682
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





**SINGAPORE  
POLICE FORCE**



T/20190803/2010

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 5

Report No. T/20190803/2010

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	BRAD KALEY	ID No.	NIL
Related Vehicle	SLP5736B (Car)	Contact No.	+16108583087
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
<b>Driver</b>			
Name	MOHAMED ROSLI BIN MOHAMED ZIN	ID No.	S8318852I
Related Vehicle	SLP5736B (Car)	Contact No.	98562651
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	DARIN KUIDA	ID No.	NIL
Related Vehicle	SLP5736B (Car)	Contact No.	+18055019964
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
<b>Passenger</b>			
Name	ANDRE'S SANCHES	ID No.	NIL
Related Vehicle	SLP5736B (Car)	Contact No.	+17899307984
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





Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190803/2010

**CONTINUATION OF REPORT**

**Brief Details.**

At 17:45:00hrs on 02/08/19, I was driving on the second lane of the AYE heading towards City with 4 passengers in my white Honda Stream, registration no.: SLP5736B. I had picked up the passengers from Tuas South Ave 10 via Grab and was sending them to Holiday Inn Express. I was driving about 3 car lengths behind a white van in front of me. At 17:45:36hrs, I saw that the van in front of me had begun to slow down and thus I also began to slow down gently. As I got nearer to the white van, I saw that it had emergency braked. Thus I applied hard brake at 17:45:37hrs and my car managed to stop in time behind the white van at 17:45:39 without colliding into the van.

At 17:45:41, I suddenly felt an hard impact to my vehicle from the rear. My airbag was not deployed. At that point, I did not feel any pain. My passengers also communicated with me that they were not injured. I asked my passengers to stay in the car for safety reasons and alighted my vehicle.

When I alighted, I observed the following damage to my vehicle: the rear boot door was dented, the rear bumper was damaged, the rear glass pane was completely shattered, the front bonnet was dented, the glass on the left front headlight was shattered, the radiator was damaged. There was a grey Toyota lorry, registration no.: GBB6935D behind me which had a slightly dented bumper. The white Toyota van GBC3882L that I had collided into from the back was slightly dented in the rear. The driver of white Toyota van GBC3882L, Didi, expressed that he was experiencing some back pain after the collision. I did not check if the driver or passengers of the grey Toyota lorry GBB6935D suffered any injuries. I exchanged particulars with the drivers of both vehicles.

No police or ambulance came to the scene. The white Toyota van GBC3882L and grey Toyota lorry GBB6935D both moved off. I managed to start my engine and move my vehicle to the left road shoulder. My passengers then alighted and I exchanged particulars with them. I sustained a very small cut on the knuckle on my left hand when assisting my passengers to unload their belongings from the boot of my vehicle. CISCO arrived at scene and called for EMAS. EMAS arrived and escorted my passengers out of the expressway. My company tow truck then came to scene and towed my vehicle to the company workshop at Synergy Kaki Bukit.

When I returned to home at around 1930hrs, I experienced some discomfort, pain and numbness in the right lower back as well as my left shoulder. I went to Khoo Teck Puat Hospital A&E where X-Ray scans of my Chest, Hip Joint, Scapula and Spine were taken. A scope was also performed as they had captured some abnormality in my throat during the X-Ray scans. The doctor informed me that my scans were normal. I was prescribed with painkillers and given 5 days of MC by Dr Lee, Ca Wen (62786J) from 03/08/19 to 07/08/19, MC no.: KHANE191642817. I was instructed to monitor the pain and return for further check-up if the pain persists beyond the 5 days of MC.

The entire accident has been captured by the front dashcam in my vehicle. However, the audio does not seem to have been captured.





**SINGAPORE  
POLICE FORCE**



T/20190803/2010

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5 of 5

Report No. T/20190803/2010

**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:

L /

ASP KOH JHAI LENG, SHAMMAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2019 02:05

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



Signature:

SN 085

Singapore Police Force

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8318852I



Name

MOHAMED ROSLI BIN MOHAMED  
ZIN

For LKK/NAC Use Only

Race

MALAY

Date of birth

15-08-1983

Sex

M

Country/Place of birth

SINGAPORE



5196921



NRIC No. S8318852I



For LKK/NAC Use Only

Date of issue

05-07-2013

Address

APT BLK 250 YISHUN AVENUE 9  
#04-227  
SINGAPORE 760250



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S83188521**

**MOHAMED ROSLI BIN MOHAMED ZIN**

15 Jun 1983

**For LKK/NAC Use Only**

002172800K

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

		<b>EFFECTIVE DATE</b>
<b>Class 2B</b>	Motorcycles $\leq$ 200 cc	10 May 2004
<b>Class 2A</b>	Motorcycles between 201 cc and 400 cc	17 Oct 2006
<b>Class 3</b>	Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	07 Oct 2008
<b>Class 4</b>	* Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg * Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	16 Oct 2010

**For LKK/NAC Use Only**

Licence No: S83188521

NP 428A

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

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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-MJ001124-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLP5736B **Chassis No.:** RN61041763
2. **Name of Policyholder** TRK AUTO RENTAL SERVICES
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 21/08/2018
4. **Date of Expiry of Insurance** 20/08/2019
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

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 2,000
	Excess-Third Party (Sect II) SGD 1,500
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	RICARDO CARS PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature