

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **NA 9199367**

Date In: 20/1/05 - 14:39	Job description	Date & Time Completed	Done by
Ref No: NA17M21901US21124	SAS e-filing		
Veh No: 5JRS1V11C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/1/05 17:30	i-Motor Claim Form		
OD: TP: 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: **bumg post** 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%. F: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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: Idac 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	20/08/2019 14:39
Date Of Accident	09/05/2019 17:30
Exact Location Of Accident	LORNIE HWY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR8141K
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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-MJ001221-R00
Cover Note Number	
Driver	
Name of Driver	ADLAN BIN MD DIN
NRIC No	S2188830C
Date Of Birth	16/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81177011
Fax Number	
Contact Number	OFFICE-81177011
Email Address	NOEMAIL

Address	BLK 19 MARINE TERRACE #04-148
Postcode	440019
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	COLLIDED INTO PROPERTY
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	1
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: ; - GENDER: ; FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - E/20190703/7023. AS SPOKEN TO JEFFREY TAN (TOKIO MARINE OFFICER) ABLE TO SUBMIT REPORT WITHOUT PHOTOTAKING.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	LAMPPOST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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 ADLAN BIN MD DIN

Approximate Age

Injuries Sustain PASSED AWAY

Injured person in which vehicle? SJR8141K

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)**

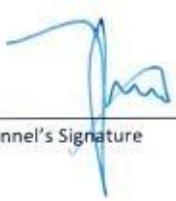
I understand, acknowledge, agree and consent that:

- (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.

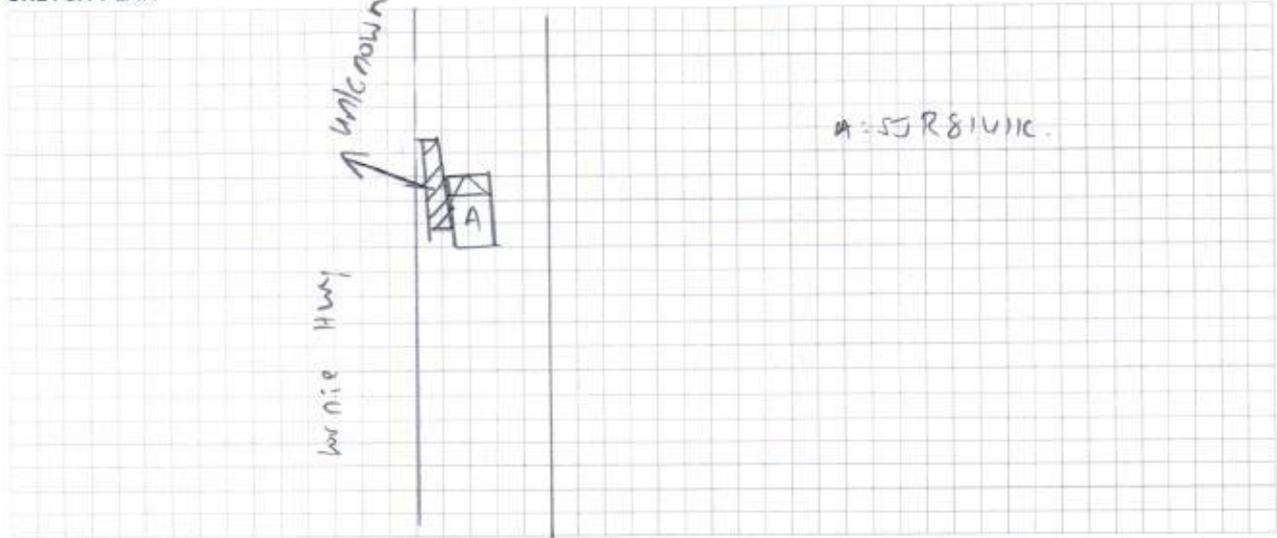


Policyholder's Signature  
Date & Time:

*On behalf of the driver*  
  
\_\_\_\_\_  
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 - E/20190703/7023

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:

*[Signature]* on behalf of the driver

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

*[Signature]*



**SINGAPORE  
POLICE FORCE**



E/20190703/7023

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20190703/7023

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 03/07/2019 16:37	Vide Report No.	Station Diary No.
Name Of Informant PAN JUNWEN, MERVIN	Address APT BLK 105 RIVERVALE WALK #10-126 SINGAPORE 540105	
ID Type / ID No. NRIC NO / S8629065J	Contact No. Home/Office:	Mobile: 91449265
Nationality SINGAPORE CITIZEN	Email Address mervin.pan@blazemotoring.com.sg	
Occupation OPERATIONS MANAGER	Sex Male	Age 32
Institution/School Name	Date of Birth 29/09/1986	Race Chinese
Date/Time Of Incident 06/05/2019 17:20 - 06/05/2019 17:30	Location Of Incident 00 LORNIE ROAD #00-00 00 SINGAPORE 000000	

**Brief details.**

I am the Operations Manager of Forte Auto Leasing. On 9th May 2019, i was informed by the son of Mr Adlan Bin Md Din, who rented a vehicle, Hyundai Avante, bearing the number plate, SJR8141K, that he passed away on 6th May 2019 around 530pm in a car accident.

The car was since compounded by the Traffic Police and the findings from the Traffic police was that he had a heart attack while driving and thus causing the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2019 16:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



E/20190703/7023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190703/7023

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2019 16:37
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S2188830C

ADLAN BIN MD DIN

Issue Date: 16 Feb 1995  
Valid Until: 15 Jul 2003

For LKK/NAC Use Only

000672985D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2188830C



Name: ADLAN BIN MD DIN

Race: MALAY

Date of Birth: 16-02-1965 Sex: M

Country of Birth: MALACCA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	30 Dec 1998
Class 2A	Motorcycles between 201 cc and 400 cc	30 Dec 1998
Class 2	Motorcycles exceeding 400 cc	30 Dec 1998
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Nov 1998

For LKK/NAC Use Only

License No: S2188830C

NP 428A

1801891



NRIC No: S2188830C



Blood Group: A+ Date of Issue: 16-03-1994

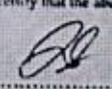
APT BLK 10 MARINE TERRACE #04-148  
SINGAPORE 440019

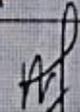
NPIC No: S2188830C Date: 20/10/2010 No: 8820219

REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

295076F

DECLARANT	Death registered at <b>FORENSIC MEDICINE DIV. HEALTH SCIENCES AUTHORITY</b>		Full name of deceased <b>ADLAN BIN MD DIN</b>			
	NRIC Identification Document No <b>S2188830C</b>		Sex <b>MALE</b>	Date of birth <b>16/02/1965</b>		
	Race/Ethnic Group <b>MALAY/MALAY</b>		Nationality <b>SINGAPORE CITIZEN</b>	Country/Place of birth <b>MALAYSIA</b>		
	Home Address <b>APT BLK 19 MARINE TERRACE #04-14B SINGAPORE 440019</b>		Date and hour of death <b>06/05/2019 1835</b>			
	Place or Address where death occurred <b>TAN TOCK SENG HOSPITAL PTE LTD</b>		Approximate interval between onset and death			
			Years	Months	Days	Hours
	I 1(a) ISCHAEMIC HEART DISEASE Disease or Condition leading to death					
II Other Significant conditions						
Name and official status of person certifying cause of death <b>DR PAUL CHEU, SMR CON FORENSIC PATHOLOGIST</b>		Certificate of Cause of Death Reference No: 19001460CR Date: 07/05/2019				
INFORMANT	Name <b>AZHARI BIN ADLAN</b>		I certify that the above information given by me is correct.			
	Address <b>APT BLK 19 MARINE TERRACE #04-14B SINGAPORE 440019</b>		 <b>7 MAY 2019</b> Informant's Signature Thumb Impression Date			
	NRIC Identification Document No <b>S9014914H</b>					
	Relationship <b>SON</b>					
REGISTRATION OFFICER	Name of Registration Officer <b>LIM NAN SHUN DARREN</b>		 for Registrar of Births and Deaths			
	Designation <b>REGISTRATION OFFICER</b>					
Date <b>07/05/2019</b>						

DISPOSITION	<b>PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]</b>			
	Place of Burial or Place of Cremation <b>CHUA CHU KANG GOVERNMENT CEMETERY</b>	Religious type <b>MUSLIM</b>		
INFORMANT MAKING APPLICATION	I, <b>AZHARI BIN ADLAN</b> NRIC Identification Document No <b>S9014914H</b> apply for a permit to bury <input checked="" type="checkbox"/> or cremate <input type="checkbox"/> the deceased referred to in the Death Certificate No <b>295076F</b> For application in excess only <input type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated.		 <b>7 MAY 2019</b> Informant's Signature Thumb Impression Date	
	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of poisons in the body of the deceased. <input type="checkbox"/> Evidence of poisons in the body of the deceased. Permit is approved. <b>7 MAY 2019</b> Date		 for Commissioner of Public Health	

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



**TOKIO MARINE**  
INSURANCE GROUP

FORM MXI H

A member of the  
Tokio Marine Group

**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-MJ001221-R00 (Private Motor Car)

- 1. Index Mark and Registration Number of Vehicle** SJR8141K **Chassis No.:** KMH DU41BR9U772937
- 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** 14/07/2019
- 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>	Third Party, Fire & Theft
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Excess-Third Party (Sect II) SGD 2,500
	Excess - Fire & Theft SGD 2,500
<b>Financial Interest:</b>	GENIE FINANCIAL SERVICES PTE. LTD.

Tokio Marine Insurance Singapore Ltd.

Authorised Signature