

# NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 119115796.

Date In: 21/9/19 13:47	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ 190 15464164	SAS e-filing		
Veh No: SLP 1487X	E-mail (within 3hrs, AIC 2hrs)		
DDA: 11/9/19 13:00	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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/Wh3n		

Proforma Wkep / IRC Assign Wkep / GW: (	Tel:	Fax:
TP Particulars:	Veh No: SLN 9760P	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 repolrer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 1100115 6788 6616)	Date of completion	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

NA1906535	Invoice Particulars	Am (\$)	Payable (\$)
Claimants Particulars:	1) AIR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2005)	6) TR: Re-Inspection \$75		
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
OD:			
*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: 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	02/09/2019 13:47
Date Of Accident	01/09/2019 13:00
Exact Location Of Accident	JUNC OF JLN AHMAD IBRAHIM & CORPORATION RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1487X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MS006404-R00
Cover Note Number	-

### Driver

Name of Driver	CHAN PENG CHIN
NRIC No	S1542924J
Date Of Birth	31/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	03/09/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82824818
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 134 EDGEDALE PLAINS #15-72
Postcode	820134
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190902/2068

#### 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	SLN9760P
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 CHAN PENG CHIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLP1487X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



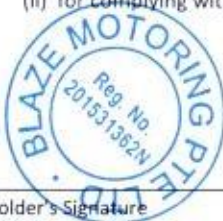
## SKETCH PLAN

### 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:

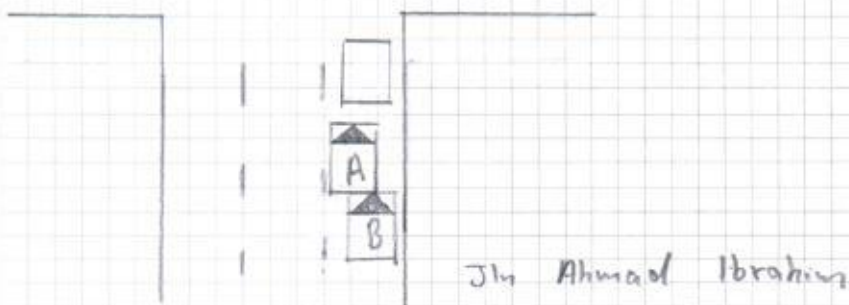
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Jurong Port Rd

Corporation Rd



A = SLP 1487X

B = SLN 9760P.

Jln Ahmad Ibrahim

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report T/20190902/2068

## 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  
POLICE FORCE**



T/20190902/2068

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20190902/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2019 12:40	Video Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: CHAN PENG CHIN			Address: APT BLK 134 EDGEDALE PLAINS #15-72 SINGAPORE 820134		
ID Type / ID No.: NRIC NO / S1542924J			Contact No.: Home/Office: Mobile: 82824818		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 31/07/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB 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: 01/09/2019 13:00	Type of Location: Straight Road
Location: Along Road 1 JALAN AHMAD IBRAHIM				
After AYE towards Tuas Exit 15A Traffic Light Junction				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume:		
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
SLN9760P	Car					0
SLP1487X	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190902/2068

2 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20190902/2068

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAY CINDY	ID No.	S8527320E
Related Vehicle	SLN9760P (Car)	Contact No.	90037636
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	CHAN PENG CHIN	ID No.	S1542924J
Related Vehicle	SLP1487X (Car)	Contact No.	82824818
Hospital/Clinic	OEI CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 01/09/2019 at about 1300hrs, I was driving my vehicle (SLP1487X) along Jalan Ahmad Ibrahim at the traffic light junction when the traffic light was red. My vehicle was stationary when I felt an impact from the rear of my vehicle. I alighted and discovered that a vehicle (SLN9760P) had collided into my vehicle. The rear right side of my vehicle was dented due to the impact of the accident. The right passenger door was also unable to open.

As no one was seriously injured during that point of time, we did not call for any police or ambulance assistance. I proceeded to take photos of the scene and exchange particulars with the other driver and left.

The next day, I felt pain on my neck, shoulder and lower back. I went to see a doctor and was given 4 days of Medical Certificate.





SINGAPORE  
POLICE FORCE



T/20190902/2068

3 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20190902/2068

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 2 NEO ZUO QUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/09/2019 12:40

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

SN 062

# 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: tmsi@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.:** 19-MS006404-R00 (Private Motor Car)

- 1. Index Mark and Registration Number of Vehicle** SLP1487X **Chassis No.:** GP71113859
- 2. Name of Policyholder** BLAZE MOTORING PTE. LTD.
- 3. Effective date of the Commencement of Insurance for the purposes of the Act** 22/05/2019
- 4. Date of Expiry of Insurance** 25/05/2020
- 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 2,500
	Excess-Third Party (Sect II)	SGD 2,500
	Young/Inexperienced Driver	SGD 3,500
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	DBS BANK LTD	(In Addition To Own Damage Claims Excess)

**Tokio Marine Insurance Singapore Ltd.**

**Authorised Signature**

**User Name:** Yeo Chor Joo Irene - Mot

**Printed** 22/05/2019