

Date In: 14/11/19 14:30	Job description: SAS e-filing	Date & Time Completed:	Date by:
Ref No: MNA/TMZ/19020247/h4	E-mail (within 3hrs, AIC 2hrs)		
App No: SLR 99202	i-Motor Claim Form		
Date A: 13/11/19 13:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
REP: <input checked="" type="radio"/> Reporting Only	i-Photo Uploaded		
IP Inmate:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SMG 5093H, 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 repair.

Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC @ line 6788 4616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Actions

Invoice Preparation Checklist	30.00
1) AR: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$75
6) TR: Re-inspection	\$140
7) NI: Idao DA + SMRT Survey	
8) NTUC Additional Services:	
9) NI2: Idao Mobile	
QC Checked by (Eagr-In-Charge):	
QC Comments:	
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 willful 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	14/11/2019 14:30
Date Of Accident	13/11/2019 13:30
Exact Location Of Accident	JUNC OF LOWER DELTA RD & BT PURMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9920Z
Insured/Policyholder	
Name Of Registered Owner	JPRESTIGE
Co Reg No	53363602K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90171509

Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G HYBRID A
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-MI001348-R02
Cover Note Number	

Driver

Name of Driver	KWONG SIEW CHIN
NRIC No	S0021629A
Date Of Birth	28/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96238619
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 646 WOODALNDS RING RD #09-90
Postcode	730646
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?	YES
Foreign Vehicle Registration Number	WA5555 (PRIVATE CAR)
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)	1

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

REFER TO POLICE REPORT T/20191114/7005

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5093H
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	WA5555
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	KWONG SIEW CHIN
Approximate Age	
Injuries Sustain	BACK N NECK PAIN
Injured person in which vehicle?	SLR9920Z
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 Authorized 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 (a) 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.

JPRESTIGE
REG NO: 53363602K

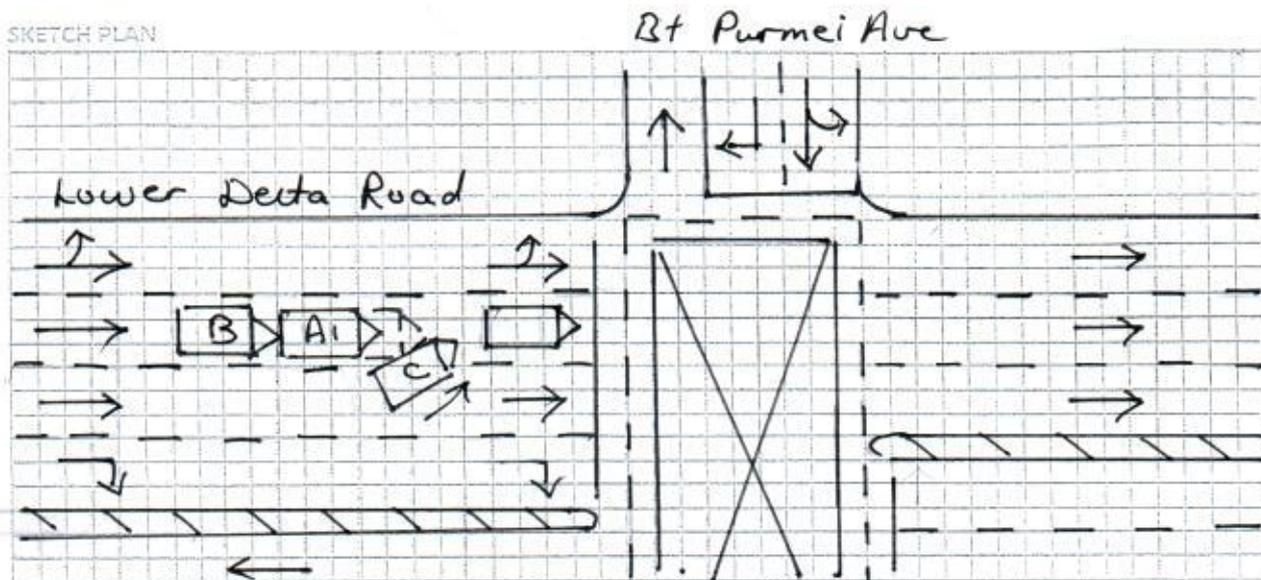
Policyholder's Signature
Date & Time:

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

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

JPRESTIGE
REG NO: 53363602K

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SLR 9930 Z
(B) SMG 5093 H
(C) WA 5555

Refer to Police Report

Report No: -

T/20191114/7005

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

JPRESTIGE
REG NO: 53363602K

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:

p/s email to
mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/11/19 Time: 13-30 (hh:mm) 24 hr format

Location Junction of Lower Delta Road & Bt Purmei Ave

Vehicle Number SLR9920Z

Insured Name JPRESTIGE

NRIC / FIN 53363602K Contact Number 9017 1509

Make HONDA Model FREED HYBRID 1.5G A

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes If No, Pls select: (/) Third Party () Reporting

Insurance Company TOKIO

Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only

Policy Number 1G-MI001348-R02

Name of Driver KWONG STEW CHIN () Same as Insured

NRIC / FIN S0021629A Contact Number 9623 8619

Date of Birth 28-08-1954

Driving Pass Date 10-APR-1979

Occupation () Indoor (/) Outdoor

Gender (/) Male () Female

Email Address () NO EMAIL

Address of Driver Blk 646 Woodlands Rd Road #09-90
S (730646)

Was driver an employee of the Insured's Company? () Yes (/) No

If No, Relationship of the Driver with the Insured Hire

() Owner () Spouse () Friend () Relative () Children () Sibling

Does the Driver Own Any Other Vehicle? () Yes (/) No

If Yes, Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Weather Conditions (/) Clear () Raining () Others

Road Surface (/) Dry () Wet () Others

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

Was anybody injured in the accident? (/) Yes () No

If yes, injured detail Driver Back & neck pain

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

Was the Accident reported to the Police? (/) Yes () No If yes attach police report

DETAILS OF 3rd party Name / Nric Contact

Veh B SMG 5093H

Veh C WA 5555

Veh D

Veh E

Veh F

Include Driver 1 person only.



**SINGAPORE
POLICE FORCE**



T/20191114/7005

1 of 3

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

Report No. T/20191114/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2019 10:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KWONG SIEW CHIN		Address: APT BLK 646 WOODLANDS RING ROAD #09-90 SINGAPORE 730646	
ID Type / ID No.: NRIC NO / S0021629A		Contact No.: Home/Office:	Mobile: 96238619
Nationality: SINGAPORE CITIZEN		Email: kwongzhc@gmail.com	
Sex: Male	Age: 65	Date of Birth: 28/08/1954	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/11/2019 13:30	Type of Location: T-Junction
Location: BUKIT PURMEI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR9920Z	Car					0
SMG5093H	Car					0
WA5555 (Not Accurate)	Car					0

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



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

Report No. T/20191114/7005

CONTINUATION OF REPORT

Driver			
Name	KWONG SIEW CHIN		ID No. S0021629A
Related Vehicle	SLR9920Z (Car)		Contact No. 96238619
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 13/11/2019 AT ABOUT 1330HRS AT BEFORE JUNCTION OF LOWER DELTA ROAD AND BUKIT PURMEI AVE. I WAS TRAVELLING ON THE LANE 3 AT ALONG LOWER DELTA ROAD AND CAME TO A STOP BEHIND A VEHICLE BEFORE THE ' RED' TRAFFIC LIGHT AT THE ABOVE MENTIONED JUNCTION. WHEN THE TRAFFIC LIGHT TURN ' GREEN' AND BEFORE I STARTED TO MOVE FORWARD. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR AND THE IMPACT FORCED BY VEHICLE (A) TO HIT ONTO THE LEFT REAR PORTION OF VEHICLE (C) WHILE VEHICLE (C) VEERED ONTO MY LANE. WHEN I ALIGHTED, I REALISE THAT IT WAS VEHICLE(B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 5 DAYS MC.

- (A) SLR9920Z
- (B) SMG5093H

cc) WA 5555



**SINGAPORE
POLICE FORCE**



T/20191114/7005

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

3 of 3

Report No. T/20191114/7005

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:
14/11/2019 10:44

Classification Of Case:

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
T: (65) 6221 8111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP
FORM MX1 H

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 19-MI001348-R02 (Private Motor Car)

- 1. Index Mark and Registration Number of Vehicle SLR9920Z Chassis No.: GB71039368
- 2. Name of Policyholder JPRESTIGE
- 3. Effective date of the Commencement of Insurance for the purposes of the Act 31/08/2019
- 4. Date of Expiry of Insurance 30/08/2020

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: 2538DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 2,000
	Excess-Third Party (Sect II)	SGD 1,500
	Windscreen Excess	SGD 100
Financial Interest:	DICKSON CAPITAL PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of JPRESTIGE (53363602K)
Date: 29/12/2018

The Following Are The Brief Particulars of :

Name of Business : JPRESTIGE

Former Name(s) if any :

Date of Change of Name :

Registration No. : 53363602K

Registration Date : 29/05/2017

Commencement Date : 29/05/2017

Status of Business : Live

Status Date : 04/06/2018

Renewal Date : 04/06/2018

Expiry Date : 29/05/2019

Renewal via GIRO : NO

Constitution of Business : Sole-Proprietor

Principal Place of Business : 446A JALAN KAYU
#13-314
FERNVALE LODGE
SINGAPORE (791446)

Date of Change of Address :

Principal Activities

Activities (i) : PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)

Description :

Activities (ii) : OTHER SPECIALISED CONSTRUCTION AND RELATED ACTIVITIES N.E.C. (43909)

Description : SPECIALIZED INTERIOR SELLING, CONSTRUCTION & DESIGNING

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of JPRESTIGE (53363602K)

Date: 29/12/2018

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
CHOO MIN RUI, JEFFREY (ZHU MINRUI)	S9121080J	SINGAPORE CITIZEN	448A JALAN KAYU #13-314 FERNVALE LODGE SINGAPORE (791446)	ACRA	29/05/2017 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA181229178368

DATE : 29/12/2018

This is computer generated. Hence no signature required.



Authentication No. : M18904707K