

(wef 1 Jan'08)

Sal0922500002

Date In: 26/05/2022 11:27	Job description	Date & Time Completed	Done by
Ref No: NBSA/TM/20204961/Y	SAS e-filing		
Veh No: SDU 3758L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 25/05/2022 18:40	I-Motor Claim Form		
OD : TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: () Veh No: SLT 7023R 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

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: ()

Drive-In () / Towed-In () / Invoiced ()	Date & Time Completed	Done by
Remarks: (QC Hotline: 6788 5616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000]: ()		

Injury :

[illegible]

Invoice Preparation Checklist		Am (C)	Am (B)
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100);	INC (\$80)		
3) TF : Towing Fee	\$40/\$45		
4) FT : Follow-Through Survey	\$120		
5) FT : Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	\$75		
7) NI : Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON*			
*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	\$0		
Invoice dated	Fes Charged		
Invoice dated	Fes 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 Submission	26/05/2022 11:27 (SGT)
Date of Accident	25/05/2022 18:40 (SGT)
Exact Location of Accident	Tampines Ave 2, Singapore
Additional Location Information	JUNCTION WITH TAMPINES STREET 32
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3753L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LING TIAN POH
NRIC No	SXXXX988B
Email Address	mysincerelead@gmail.com
Mobile Phone No	(Phone) +65-96646967
Alternative Phone No	+65-96646967

VEHICLE PARTICULARS

Manufacturer	Proton
Model	Exora
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS009164-R02
Cover Note Number	-

DRIVER

Name of Driver	LING TIAN POH
NRIC No	SXXXX988B

Date Of Birth	27/03/1960
Occupation	Outdoor
Date Of Driving Pass	11/08/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96646967
Alt. Phone Number	+65-96646967
Email Address	mysincerelead@gmail.com
Address	BLK 134 EDGEDALE PLAINS #05-76
Address complement	-
Postcode	820134
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20220525/7102

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	SLT7023R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LING TIAN POH
Gender	Male
Phone No	(Phone) +65-96646967
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJU3753L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

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

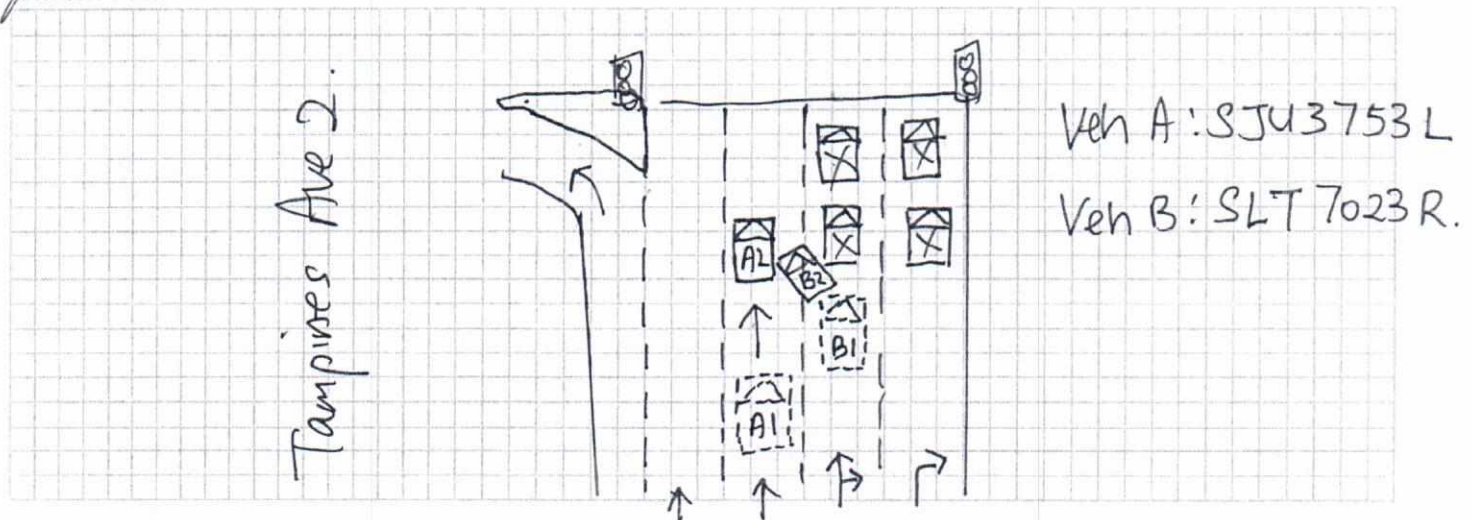
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

* PLS refer to Police Report.

G/20220525/7102

Declaration

We declare the foregoing particulars are true in every respect.

Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



G/20220525/7102

1 of 2

Report No. G/20220525/7102

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 25/05/2022 22:34	Vide Report No.	Station Diary No.
Name Of Informant LING TIAN POH	Address 134 EDGEDALE PLAINS #05-76 SINGAPORE 820134	
ID Type / ID No. NRIC NO / S1418988B	Contact No. Home/Office:	Mobile: 96646967
Nationality SINGAPORE CITIZEN	Email Address tplim8988@gmail.com	
Occupation Driver	Sex Male	Age 62
Institution/School Name	Date of Birth 27/03/1960	Race Chinese
Date/Time Of Incident 25/05/2022 18:40	Location Of Incident TAMPINES AVENUE 2	

Brief details.

On the stated date and time I vehicle SJU3753L was travelling straight along Ave 2 towards Ave 9. I was travelling on lane 3, this lane only can go straight.
As I approach the junction of Ave 2 and Street 32, I proceeded straight ahead as the traffic light was green in my favor.
Before I can cross the junction, vehicle SLT7023R which was on lane 2 on my right, this lane allows for right turn and going straight, suddenly swerve to its left and encroached into my lane and hit onto my vehicle right rear portion.
The impact causes my car to shake violently and my head hit onto the window and my left knee hit onto

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: 25/05/2022 22:34
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220525/7102

my centre console.

I then alighted and realised that SLT7023R wanted to move straight and was blocked by the cars in front who were waiting to turn right and thus she cut into my lane to avoid being stuck in traffic. However she did not check clear first before moving out of her lane.

After a while i start to feel pain on my neck, shoulders, lower back and left knee areas.

I then proceeded to intemedical kovan clinic which is near and opened at that time to seek treatment and I was given 5 days MC.

I was also given a letter for A&E as I was feeling giddy and feel like vomiting.

I want to monitor and rest first myself.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
25/05/2022 22:34

Classification Of Case:

(5)
Date of Accident

: 25/5/2022 Accident Time: 1840HR. (24-HR-Format)

Accident Place

: Tampines Ave 2 X Tampines A 32

Vehicle. No. (Car Plate No.)

: SJU 3753 L Make/Model: Proton Exora 1.6L AT CM-LIH

Insurance Company

: Tokio Marine Policy No: 21-MS009164-R02

Owner or Company Name /IC No.

: Ling Tian Poh (S14189885)

Owner or Company Contact No.

: 96646967 Owner's Hp — Company Tel

DRIVER'S Name / IC No.

: As Above.

DRIVER'S Date Of Birth

: 27/03/1966 DRIVER'S License Pass Date 11/08/1980.

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address

: B1K 134 Edgedale Plains #05-76 S(820134)

DRIVER'S Contact No./ Alt No.

: 1) — 2) —

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: mysincerelead@gmail.com.

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver):

01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state):

Yes

Other Party Driver's Particular (if any)

Vehicle. No:

SLT 7023 R (Liberty)

Vehicle. No:

Vehicle Make/Model:

Vehicle Make/Model:

Name Driver:

Name Driver:

IC No. Driver/Contact:

IC No. Driver/Contact:

* NEW - Passenger's name & gender:

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

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.: 21-MS009164-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJU3753L

Chassis No.: PL1FZ6YRRAF019260

2. Name of Policyholder LING TIAN POH

3. Effective date of the Commencement of Insurance for the purposes of the Act 01/12/2021

4. Date of Expiry of Insurance 30/11/2022

5. Persons or Class of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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: 3100DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
Financial Interest:	MONEYMAX LEASING PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

51 ... (789811)

For more information,
please call / whatsapp to us:
8777 8225 / 8777 4028

User Name: Yeo Chor Joo Irene - Mot

Printed 05/11/2021

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	988B	
Vehicle Details		
Vehicle No.:	SJU3753L	
Vehicle to be Exported:	No	
Intended Deregistration Date:	09 Jul 2022	
Vehicle Make:	PROTON	
Vehicle Model:	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR	
Primary Colour:	Blue	
Manufacturing Year:	2009	
Engine No.:	S4PHQC2749	
Chassis No.:	PL1FZ6YRRAF019260	
Maximum Power Output:	93.0 kW (124 bhp)	
Open Market Value:	\$14,123.00	
Original Registration Date:	01 Dec 2009	
First Registration Date:	01 Dec 2009	
Transfer Count:	2	
Actual ARF Paid:	\$14,123.00	
Intended PARF Rebate Details		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	31 Aug 2029	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$29,328.00	
COE Rebate Amount:	\$20,947.00	
Total Rebate Amount:	\$20,947.00	

The information contained herein is correct as at 26 May 2022

OK