

NATIONAL Assessment Centre Services:

(w/ 1 Job)

51092296505

Ref: 16/09/2022 15:24	Job description	Date & Time Completed	Done by
Ref: N/A/70120091444	SAS e-filing		
Ref: SIX 5729E	E-mail (within 2hrs, A/C 2hrs)		
Ref: 15/09/2022 07:05	1-Motor Claim Form		
Ref: (TP) / Reporting Only	1-Motor W/O (within 2hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by FAX / Hand to Owner/Whip		

Ref: 16/09/2022 15:24	Toll	Fax
Ref: N/A/70120091444		
Ref: SIX 5729E		
Ref: 15/09/2022 07:05		
Ref: (TP) / Reporting Only		
Ref: 16/09/2022 15:24		
Ref: N/A/70120091444		
Ref: SIX 5729E		
Ref: 15/09/2022 07:05		
Ref: (TP) / Reporting Only		

Ref: 16/09/2022 15:24	Period: ()	Cover Type: ()
Ref: N/A/70120091444		
Ref: SIX 5729E		
Ref: 15/09/2022 07:05		
Ref: (TP) / Reporting Only		

Ref: 16/09/2022 15:24	Year of Registration: ()	Warranty: YES () / NO ()
Ref: N/A/70120091444		
Ref: SIX 5729E		
Ref: 15/09/2022 07:05		
Ref: (TP) / Reporting Only		

Ref: 16/09/2022 15:24	Excess: (\$)	Loading: \$1,000 () / \$2,000 ()
Ref: N/A/70120091444		
Ref: SIX 5729E		
Ref: 15/09/2022 07:05		
Ref: (TP) / Reporting Only		

Ref: 16/09/2022 15:24	1) Apply for Transport Allowance () / Courtesy Car ()
Ref: N/A/70120091444	
Ref: SIX 5729E	
Ref: 15/09/2022 07:05	
Ref: (TP) / Reporting Only	

Ref: 16/09/2022 15:24	2) QC Check/Post Repair Inspection ()
Ref: N/A/70120091444	
Ref: SIX 5729E	
Ref: 15/09/2022 07:05	
Ref: (TP) / Reporting Only	

Ref: 16/09/2022 15:24	3) Upload Resurvey Photo (Repair Cost > \$3000) ()
Ref: N/A/70120091444	
Ref: SIX 5729E	
Ref: 15/09/2022 07:05	
Ref: (TP) / Reporting Only	

Ref: 16/09/2022 15:24	4) Invoice Preparation Checklist
Ref: N/A/70120091444	
Ref: SIX 5729E	
Ref: 15/09/2022 07:05	
Ref: (TP) / Reporting Only	

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 Actual 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	16/09/2022 15:21 (SGT)
Reported by	Both
Date of Accident	15/09/2022 07:05 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5729E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH KIA CHOON
NRIC No	SXXXX897Z
Email Address	dankohman@hotmail.com
Mobile Phone No	(Phone) +65-96646789
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730i
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	2996

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ000694-R01

DRIVER

Name of Driver	KOH KIA CHOON
NRIC No	SXXXX897Z
Date Of Birth	25/09/1974
Occupation	Indoor

Date Of Driving Pass	03/09/1996
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-96646789
Alt. Phone Number	-
Email Address	dankohman@hotmail.com
Address	112 PUNGGOL WALK #16-25
Address complement	-
Postcode	828766
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	FRANCESCA KOH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20220916/7015

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD9607R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH KIA CHOON
Gender	Male
Phone No	(Phone) +65-96646789
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLX5729E
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.
2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

VEHICLE

VEH (A) SLK 5029 E

(B) JMB 9007 R

1 2 3 4

Describe Circumstance of the Accident

ON THE STATED DATE, AND TIME, I WAS DRIVING MY
VEHICLE (A) SLX 5729 E, TRAVELLING ALONG KPE TOWARDS TPE WITH
FRANCESCA KOH AS MY PASSENGER. I WAS DRIVING MY VEHICLE
ON LANE, WHEN I NOTICED THAT INFRONT VEHICLE OF ME WAS
STOPPED, I ALSO MADE A STOPPED. AFTER I COMPLETED A STOPPED,
I WAS FELT A MASSIVE IMPACT FROM MY REAR, I ALIGHTED &
DISCOVERED VEHICLE (B) SMD 960TR ACCIDENTALLY HIT ONTO
THE REAR OF MY VEHICLE & MY VEHICLE WAS DAMAGED.

VEH (A) SLX 5729 E

(B) SMD 960TR.

POLICE REPORT 7/20220916/2015

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20220916/7015

1 of 3

Report No. T/20220916/7015

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2022 11:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH KIA CHOON			Address: 112 PUNGGOL WALK #16-25 SINGAPORE 828766		
ID Type / ID No.: NRIC NO / S7430897Z			Contact No.: Home/Office: Mobile: 96646789		
Nationality: SINGAPORE CITIZEN			Email: DANKOHMAN@HOTMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 25/09/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 15/09/2022 07:05	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Conditio	No of
SLX5729E	Car	BMW	730LI AT D/AB 4DR SR LED DSC NAV HUD	White	Slightly Damaged	0
SMD9607R	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220916/7015

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

2 of 3

Report No. T/20220916/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX5729E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ000694	23/02/2021	15/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH KIA CHOON	ID No.	S7430897Z
Related Vehicle	SLX5729E (Car)	Contact No.	96646789
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/09/2022	Date	15/09/2022
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

The front vehicle e brake due to heavy traffic infront. I was able to brake in time but Vehicle SMD9607R ram into the rear of my car.

For record purposes only.



**SINGAPORE
POLICE FORCE**

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



T/20220916/7015

3 of 3

Report No. T/20220916/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
16/09/2022 11:51

Classification Of Case:

Date of Accident : 15/09/22 Accident Time: 0705 HRS. (24-HR-Format)
 Accident Place : KPE TWOS TPE, SINGAPORE
 Vehicle No. (Car Plate No.) : SLX 5729 E Make/Model: BMW 730I
 Insurance Company : TOKIO MARINE Policy No: 22-MW000694-R01
 Owner or Company Name / IC No. : KOH KIA CHODN (574308972)
 Owner or Company Contact No. : 9664 6789 Owner's Hp — Company Tel —
 DRIVER'S Name / IC No. : AS ABOVE.
 DRIVER'S Date Of Birth : 25/9/1974 DRIVER'S License Pass Date 31/9/1996
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER.
 DRIVER'S Address : 112 PUNGGOL WALK #16-25 S152876.
 DRIVER'S Contact No./ Alt No. : 1) 9664 6789 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : DANKOHMAN @ HOTMAIL . 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): 02

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): YES, OWNER.

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) JMD 9607 K.</u>	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:**

① FRANCESCA KOH - FEMALE.

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

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.: 22-MQ000694-R01 (Private Motor Car)

- | | | |
|---|---------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLX5729E | Chassis No.: WBAYE22030DZ21115 |
| 2. Name of Policyholder | KOH KIA CHOON | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 16/05/2022 | |
| 4. Date of Expiry of Insurance | 15/05/2023 | |
| 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: 2339DDA

Insurance Plan:	Comprehensive Essential
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 800
	Windscreen Excess SGD 100
Financial Interest:	HONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature