NATIONAL Assessment Centre	Services (we's surres)			
Date In: 04/12/12	Jeb description	Date &Time Completed	Done l	DŽ.
Ref No NA/FMI 17022959/13	SAS e-filing			
Veh No SLE 613m	E-mail (within 8hrs, AIC 2hrs			
D.O.A : 04/12/17 0750	i-Motor Claim Form	4.		
OD (P) Reporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Han			
Preferred Wksp / INC Assign Wksp / QW: (N.51	Tel: Fax:		
TP Particulars: Veh No:	5147755 INC	C()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
	ote-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-1009	/ 6]	STORAGE DE
	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000				
General Remarks;-	/ Augustanistensia ili II-po	373742	The state of the s	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30	urtesy Car () () () ()	Date&Time Completed	Done	by
N91707473	1) AR : Acc	Preparation Checklist	Ant (\$)	Amt (\$
laimant's Particulars :-	2) DA : Dar 3) TF : Tow	nage Assessment (\$100); INC (\$80) ing Fee \$40/\$4	5	
Priver/Owner:	4) FT : Foll	ow-Through Survey \$12 ow-Through Survey (Resurvey) \$3	-	
Contact No:	For claim	ing against INC Only (wef 10 Jan 2005)		
Pamäged Portion:		nspection \$7 DA + SMRT Survey \$16 dditional Services		
C Checked by (Engr-In-Charge):	*N6: Rej	intesy Car / Tpt Allowance \$ nair Co-ordination \$1	0	
Auditors' Comments :-	*N7: Fos	t Repair Inspection \$2 / Collect Excess Coordination \$	5	
at. 1:	TP(N11 9) N12: Ide): TP (N-ra INC) against INC \$2 c Mobile 3	0	
at. 2/3:	Invoice dat Invoice dat	ed Fee Charged	- Hris	May.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

NAME OF THE PROPERTY OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	04/12/2017 16:07
Date Of Accident	04/12/2017 07:50
Exact Location Of Accident	KJE AFT OLD CCK RD EXIT 5 TWDS PIE TUAS
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE613M
Insured/Policyholder	
Name Of Registered Owner	SI THIAM TENG
NRIC No	S7402619B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97258168
Alternative Phone No	OTHERS-97258168
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU008048
Cover Note Number	
Driver	
Name of Driver	SI THIAM TENG
NRIC No	S7402619B
Date Of Birth	19/01/1974
Occupation	INDOOR
Date Of Driving Pass	08/12/1992
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97258168
Fax Number	
Contact Number	OTHERS-97258168

NOEMAIL

BLK 886B WOODLANDS DRIVE 50 Address

#09-505

732886 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJG775S

YES

NO NO

Vehicle Registration Number

Vehicle Make/Model/Colour **Details Of Properties**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKS8375K

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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	1556 TOWARDS	PIE TUAS	AFTER BUT 5 COL	D CHOACHURANL RP)
VANICLE Q-	SLEGISM			
VEHICLE 0 -	- उउ छ नन ५ ५			
vertice c -	- SKS 9375K			
				-
	a sometime to		177	
			- SICN	a NaD
	0 - F 1% 2 FT			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Was	PRIMUL ON THE EXTREME RIGHT LANG OF KIE TOWARDS PIE TW
AFTER PA	SOING BY EXIT & COLD CHOR CHU KONG DD), DUR TO THE
HEAVY	TRAFFIC INFRONT, THE VEHICLE INFRONT BRAKE TO COMPLETE
STOP, G	AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.
SUDDIEN	US AFTER A PEW SECONDS, I FELT A GREAT IMPACT FROM
THE a	LEAR DE MY VEHICLE.
ALIGHTES	FROM MY VEHICUE AND PROCIED A VEHICUE BEARING
	775) HAD COLLIDED TO THE REAR OF MY WENTICLE.
E CHICAGO MAN	IT WAS A CHAIN COLLISION INVOLUNT OF 3 VEHICLES.
VEHICLE	A - SLE 613 M
VEHICLE	B _ 55G 775 5
VAMICLE	C- SKS 1375K
Selection Section	

DECLARATION

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

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

Date & Time: NRIC/FIN

Agur 04/12/17
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ehicle No.	SLE 613 M Model / Make KIA CERATO FORTE
ate of Accident	04/12/17
ime of Accident	0\$50 HRS
ocation of Accident	KJE AFTER CHOA CHU KANH RD EXIT TOWARDS THAS
xact purpose use during accid	lent Privaria voi
Name of Owner	SI THIAM TENS
elephone No.	H/P: 9725 8168 Home: Office:
VRIC	5 74026198
Address	BLK #868 WOODLANDS DR 50 # 09-505 5(732 886)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	TORIO MORINE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	muooroug
Name of Driver	As Above If No,
NRIC	Any Passengers: NIL
Date of birth	
Occupation	Outdoor / Indoor
Driving License Pass Date	OF DEC 1997
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state OWNER
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	S S 435 S Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Sk51375 K Any Passengers:
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / No
Email Address	
Email Address	
PARTICULAR WORKSHOP	N-51 ANTOMOTIVE PTE LAD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7402619B



Name

SI THIAM TENG (SHI TIANDING)

施 添 丁

SINGAPORE

Race

CHINESE Date of birth 19-01-1974 Country/Place of birth

574026197



5788949



24-08-2017

APT BLK 886B WOODLANDS DRIVE 50 #09-505 SINGAPORE 732886

NP 428A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

26 Feb 1997 12 May 1998 03 Aug 1999 08 Dec 1992

07 Oct 1996 28 Feb 1997

Class 2B Motorcycles not exceeding 200 cc Class 2A

Motorcycles between 201 cc and 400 cc Motorcycles exceeding 400 cc Motor Cars and Motor Tractors the weight of Class 2

which unladen does not exceed 2500 kilograms Class 4

which unisates does not exceed also integrals.
Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kilograms
Motor Vehicles which are not constructed
themselves to carry any load and the weight

of which unladen exceeds 7250 kilograms

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 momber of the Toxic Marine Group



Certificate of Insurance

FORM MX1

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.: MU008048 (Private Car)

 Index Mark and Registration Number of Vehicle SLE613M

Chassis No.: KNAFW411MC5481811

2. Name of Policyholder

SI THIAM TENG

Effective date of the Commencement of Insurance for the purposes of the Act 02/08/2017 (00:00:00)

4. Date of Expiry of Insurance

01/08/2018

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.

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 96 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 (Melaysia).

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 No: 2523DDA
Insurance Plan:	Comprehensive Approved Worksho	op Plan	
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims Additional Excess for Unnamed Driver(s)	SGD 600.00 SGD 500.00	(Original Excess : SGD 600.00)
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	HONG LEONG FINANCE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature