NATIONAL Assessment Centre Service	ces (set 1 de ent)		0	
Date In: 07/12/2017 12:38 Job des	cription	Date & Time Completed	Done by	
the state of the s	-filing	1		
The state of the s	Il (within 8hrs, AIC 2hrs)			
DOA 29/11/2017 16:30 1-NOT	or Claim Form			
i-Mot	or W/O (Within: OD 2)	nrs. TP 4hrs)		
OD TP / Reporting Only	to Uploaded			
Assess	sment/Survey Report			
TP Insurer: Ass't	Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No: SLQ 3	1604 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: S0-10	:0%]	
Year of Registration: () Warranty:	YES()/NO()		
	/\$2,000()			
General Remarks:-	Sagaran Cara	THE STATE OF THE S	W.	
() Walk-In Customer: Customer's information s	trictly Confidential &			
() Total Loss Case : to e-mail Insurer URGE	NTLY.	7		
		Towing Co. (•)	
	20 - 10 - 2 10 2 10 2 2 10 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10	Date&Time Completed	Done by	
Remarks:- (INC horline: 6788 6616)		Datex Time Comple 30	as suboliose,	
Apply for Transport Allowance ()/ Courtesy (Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
· · · · · · · · · · · · · · · · · · ·				
Injury:	CV school emoce like miss w	AN STORBARDS THE STANDARDS IN	April 1	
Date/Time Actions	The State of the S	Professional Control of the Control	###: 11:4V	
		4		
	F-2200 345000		Anit (\$) Amt	
: NA1707576	12 V 13 10 10 10 10 10 10 10 10 10 10 10 10 10	Preparation Checklist	lst Bill Add	
Claimant's Particulars :-	1) AR : Acc	dent Reporting (\$30); uge Assessment (\$100); INC (\$	50)	
- ST THE SAME AND STREET STREET STREET STREET STREET	3) TF : Tow	ing Fee 54	0/\$45 \$120	
Driver/Owner:		ow-Through Survey ow-Through Survey (Resurvey)	\$30	
Contact No:	For claim 6) TR : Re-	ing against INC Only (wef 10 Jan 200	\$75	
Damäged Portion:		DA + SMRT Survey	\$160	
Daniagou i oracii.	8) NTUC A	dditional Services:-		
occol Labor (Francis In Charge)		artesy Car / Tpt Allowance	\$5	
QC Checked by (Engr-In-Charge):		onir Co-ordination	\$10 \$25	
Auditors' Comments :-	*N8: DV	t Repair Inspection // Collect Excess Coordination	\$5	
**************************************	TP (NII): TP (Non INC) against INC	30	
Cat. 1:	9) N12: Ide Invoice dat		i	
Cal. 2/3:	Invoice de	and the second s	1150	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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

ASSOCIATED BEING SECTION BEFORE A THE	ACCIDENT STATEMENT
Date Of Report	07/12/2017 12:38
Date Of Accident	29/11/2017 16:30
Exact Location Of Accident	HENDERSON RD TWDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
MANAGE TO THE RESERVE OF THE PARTY OF THE PA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR4699E
Insured/Policyholder	
Name Of Registered Owner	KYLE CHONG KEE CHENG
NRIC No	S9639693G
Email Address	KCHONGRI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96931029
Alternative Phone No	OTHERS-96931029
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MU001692
Cover Note Number	
Driver	
Name of Driver	KYLE CHONG KEE CHENG
NRIC No	S9639693G
Date Of Birth	29/10/1996
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96931029
Fax Number	
Contact Number	OTHERS-96931029

KCHONGRI@GMAIL.COM

Address 39 CASHEW CRESCENT

Postcode 679784

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

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

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.

Number of Passengers (Including Driver) 2

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?

YES NO

NO

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ3160U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 98434359

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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:
 - 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCOMSTANCES OF THE	ACCIDENT
Car B was in front	t of me on Herderson Rd turning towards
_	· ·
Into REMAIN TO	sar looking at the main wad on Jalan B+
dan si wwan .	sas looking at the water was on Jalan b
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	1.00
1: 211 //11	wear boot of his van . There were no
time and proceed to	u bear boot of his Vah. (Well brethe ho
	1 Hz
Visible damane	to the cors at that point in time.
activides.	TO THE WAS AT THE POINT TO THERE!

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.:





Report No. G/20170711/2108

POLICE REPORT (NP322)

Police Station Of Origin Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

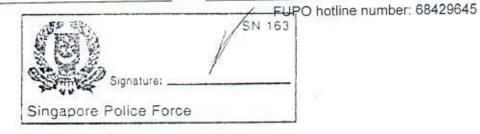
Date/Time Report Made 11/07/2017 16:22	Vide Re	oort No.		Station Diary No 100	
Name Of Informant KYLE CHONG KEE CHENG	Address 39 CASHEW CRESCENT SINGAPORE 679784				
ID Type / ID No. NRIC NO / S9639693G	100000000000000000000000000000000000000	Contact No. Home/Office Mobile 96931029			
Nationality SINGAPORE CITIZEN	Email Address				
Occupation ARMY REGULAR	Sex Male	Age 20	Date of Birth 29/10/1996	Race Chinese	
Institution/School Name	Language				
Date/Time Of Incident 27/06/2017 19:00	Location Of Incident Orchard				
Brief details.					

On the above date, time and location, I realized that I had lost the below mentioned items. I tried to look for it but to no avail. I am lodging this report for replacement purposes.

Signature Of Informant: Signature Of Officer Recording The Report: G / Staff Sgt MOHAMED HAZWAN BIN MOHAMED YASIN Date/Time: Signature Of Interpreter: 11/07/2017 16:22 Not applicable Classification Of Case: Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / LIAN WEN YAO, DENNIS Contact No.: 62440000

Authentication Stamp

Property Information







2 of 2

POLICE REPORT (NP322)

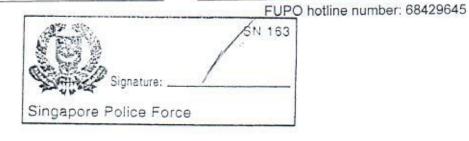
CONTINUATION OF REPORT

Report No. G/20170711/2108

S/N	Item	Туре	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	SAF ISAC CARD	Lost	SAF		S963969 3G	1		One SAF Isac Card
2	Identity Card	Lost	SAF 11B		S963969 3G	1		One SAF 11B belonging to KYLE CHONG KEE CHENG NRIC NO S9639693G
3	Ezlink Card	Lost			S963969 3G	1		One SAF Ezlink Card
4	NUS Matriculation Card	Lost	NUS		S963969 3G	1		One NUS Matriculation Card
5	Licence	Lost	Qualified Driving Licence		S963969 3G	1		One Singapore Driving Licence

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Staff Sgt MOHAMED HAZWAN BIN MOHAMED YASIN	Pal-
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2017 16:22
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / LIAN WEN YAO, DENNIS Contact No.: 62440000	Classification Of Case:

Authentication Stamp



THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:



PASSPORT REPUBLIC OF SINGAPORE

Type Country Code PA SGP Name

\$9639693G

E4753355B

KYLE CHONG KEE CHENG

Nationality SINGAPORE CITIZEN 29 OCT 1996 SINGAPORE Date of Insue 30 JUL 2014 22 OCT 2019

SEE PAGE 2 MINISTRY OF HOME AFFAIRS

PASGPCHONG<<KYLE<KEE<CHENG<<<<<<<< E4753355B5SGP9610297M1910223S9639693G<<<<<18

	Λ 1	1 1. 10
	keported on 5	12/201)
	Bukit Mexals	150HB
14	, . C	(1)
	AGCIDENT STATEMENT	
DANGE CONTRACTOR		100
ACCI	DENT DATE: (29/11/ 2017)(DD/MM/YYYY), TIME: 166:30 ((HH:MM)	0.0
	The last of the District of th	(i)
ζψζΑ	Hendreson Road out of Meral.	
1.	DETAILS OF VEHICLE SGR4699E	10
	The same and the s	
14	b)INSURANCE COMPANY:	9)
	CIPOLICY NUMBER:	(i)
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	6)MAKE & MODEL:	50
	() TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	i
	h) PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (HO)	
18	IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)	2.4
2.,	NSURED / POLICY HOLDER	
33	A) NAME: (MALE / FEMALE)	
	b) NRIC/FIN/PASSPORT:CONTACT:	
60 90 1	CINODRESS.	
	* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER	4
15 No of parsongs	DRIVER	(6)
(Including driver)	b) NRIC/FIN/PASSPORT: 896396936 CONTACT: 9693/029	-
	CIADORESSI BIK 105, Bt. Purmei Ville #12-01	100
700	3(090105)	-
	*d) DATE OF BIRTH: (And we
	BLOCCUPATION: IINDOOR COUTDOON	Sone
	1) DAYE OF DRIVING LICKUCE DIDS / 2017	
4.		OWNER
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	Brother
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
0	b) ROAD SURFACE: (ORY) WET / OTHERS	W 90
	WAS ANYBODY INJURED [YES / NO]	*
	IF YES, PLEASE STATE WHICH POLICE STATION:	
8		
4 No of passenger	o) VEHICLE NUMBER: <u>SLQ3,160U</u> MODEL: Toyota Sieuta	
() I have he	D) DRIVER'S NAME	1000
(Inducting driver)	b) DRIVER'S NAME:	
() 8	THIRD PARTY VEHICLE	11
Disposition 18-7.1	I COST	#3 (#3)
# No of passinger	el Driver's NAME:	
(Including driver) () HRICHEN PASSPORTI CONTACTIVE	1
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Calledia 6100		
1000	email = kchongri@gmail.com.	80,0
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	V WIND IN THE COLUMN TO THE CO	-14

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

Certificate of Insurance

FORM MX1 N

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.: MU001692 (Private Car)

 Index Mark and Registration Number of Vehicle SGR4699E

Chassis No.: JMYSNCS3A7U004000

2. Name of Policyholder

KYLE CHONG KEE CHENG (Non Driving)

3. Effective date of the Commencement of

06/02/2017 (12:11:17)

Insurance for the purposes of the Act

RANDOSPHOROLOU MOUNTAINA

4. Date of Expiry of Insurance

05/02/2018

5. Persons or Class of Persons entitled to drive*

Any other person who is driving on the Policyholder's order or with 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 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.

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 leffect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation). Act (Chapter 189).

ADDITIONAL INFORMATION Account No: 1264DDA

Insurance Plan:

Third Party

Financial Interest:

NIL

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: 1264DDA Page 1 Printed: 06-02-2017 12:11:33

^{*} 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.