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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

Any false reporting may be referred to the Police for Investigation.

- 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.		
Commence to the commence of th	ACCIDENT STATEMENT	
Date Of Report	27/02/2018 15:29	
Date Of Accident	26/02/2018 19:30	
Exact Location Of Accident	JUNC OF STILL RD & KOON SENG RD	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV4504C	
Insured/Policyholder		
Name Of Registered Owner	MR GEANG SAE KING	
NRIC No	S0202310E	
Email Address	PATR7919@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-91449280	
Alternative Phone No	OFFICE-91449280	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	CAMRY 2.4 AUTO ABS AIRBAG	
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	17-MV011313-R01	
Cover Note Number		
Driver		
Name of Driver	MR GEANG SAE KING	
NRIC No	S0202310E	

13/11/1952 Date Of Birth INDOOR Occupation 18/02/1983 Date Of Driving Pass

35 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91449280 Mobile Number

Fax Number

OFFICE-91449280 Contact Number

PATR7919@YAHOO.COM.SG **EMail Address**

BLK 522 HOUGANG AVE 6 #02-33 Address

530522 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

: DESMOND Passenger 1 NAME:

> GENDER: : MALE

Passenger 2 NAME: : SKY

> : MALE GENDER:

Passenger 3 NAME: : LENG

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera?

WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGG9991K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties PRIVATE CAR Vehicle Category

GARY GOH TECK CHENG Name of Driver

S7112889Z NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

Polic holder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

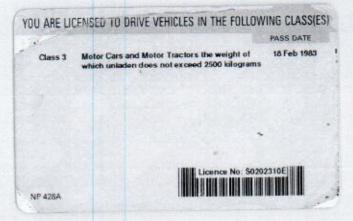
I WAS TRAVELLING ALONG STILL RD WHILE APPROCHING JUNC OF KOON SENG RD, THE LIGHT WAS ON MY FAVOR. I PROCEED STRAIGHT TO CROSS THE JUNCTION. ALL OF A SUDDEN, VEH B (BEARING NO SGG9991K) FROM THE OPPOSITE DIRECTION ABRUPTLY MAKE A RIGHT TURN INTO KOON SENG RD, AS THE RESULT, HIT ONTO MY VEH RIGHT FRONT PORTION.

ACCIDENT STATEMENT

ACCID	ENT DATE: (26 / 2 / 18) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)
LOCAT	ION: Stitt Rol In between Lorong I and the koon sen
1,	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: TMI c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: private Use i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	A) NAME: Georg Sae King (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 91449280 c) ADDRESS:
Mu 1 .	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
Ho of passenger.	a) NAME: As Above (MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:CONTACT:
(<u>4</u>)	c)ADDRESS:
5.	*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
4 No of passenger (Including driver)	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGG 9991 K MODEL: b) DRIVER'S NAME: Gary Gob Teck Cheng c) NRIC/FIN/PASSPORT: S7128892 CONTACT:
(1) 9. → No of passinger	THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL:
(Induding driver)	f) NRIC/FIN/PASSPORT:CONTACT:
()	T) MAKISTRATI ASSI SATI
Desmond M	camera: Yes with driver
sky M	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
heng f	email = post=7919 & yahoo.com.sg.
14.	fax = gate









Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCasum Street #09-07 1000 Marine Centre Singapore 007040

T. (65) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 E. Imis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Tokia Manne Group

Certificate of Insurance

TOKIOMARINE INSURANCE GROUP FORM MXI

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.: 17-MV011313-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SJV4504C

Chassis No.: MR053BK4007005209

2. Name of Policyholder

MR GEANG SAE KING

3. Effective date of the Commencement of Insurance for the purposes of the Act

14/12/2017

4. Date of Expiry of Insurance

13/12/2018

- 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.
- 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

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

SGD 800 Own Damage Claims Windscreen Excess SGD 100

Financial Interest:

Policy Excess:

HONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Account: 2668DDA

User Name: Intermediaries from TM O