

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 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. 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 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:
 - (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.
- (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.



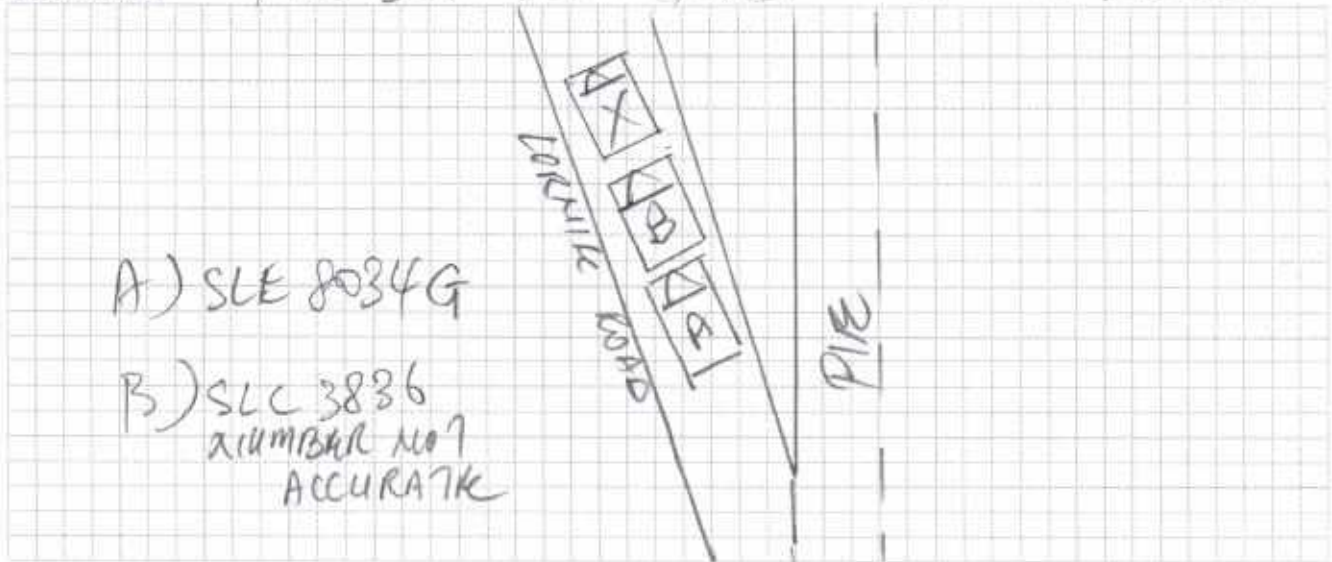
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIKE SLIP ROAD INTO LORNAKE ROAD



A) SLE 8034G

B) SLC 3836
NUMBER NOT
ACCURATE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08/03/2018 AT ABOUT 18:10 HRS I WAS TRAVELLING
ALONG PIKE & FARMER THE SLIP ROAD CROSSING TOWARDS
LORNAKE ROAD TRAFFIC WAS HEAVY & I TRAVEL WITH A
SLOW SPEED. ALL CAR TRAVEL BUMPED 2 BUMPED.
AT ONE TIME I DID NOT TAP THE BRAKE HARD, SO I
JUST A LIGHT BUMP ONTO THE CAR SLC 3836 WHICH
HONDA VEZEL & WAS NO VISIBLE DAMAGE ON THE CAR.
BUT I DID NOT TAKE ANY PHOTO OF THE CAR & MY
CAMERA WAS BROKEN & CANNOT BE SHOWN THAT ALL.

DECLARATION

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

Policyholder's Signature
Date & Time: 03/08/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/3/18

Reporting Centre Personnel's Signature
Name: ROSLI WAKAB
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	09/03/2018 18:48
Date Of Accident	08/03/2018 08:10
Exact Location Of Accident	PIE SLIP ROAD TURNING INTO LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8034G
Insured/Policyholder	
Name Of Registered Owner	TKM AGENCY
Co Reg No	53308404X
Email Address	NEOSAYTHIAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90662733
Alternative Phone No	OFFICE-90662733

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-M1001786-R00
Cover Note Number	

Driver

Name of Driver	NEO SAY THIAM@CHENG KENG HENG
NRIC No	S1381986F
Date Of Birth	24/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90662733
Fax Number	
Contact Number	OTHERS-90662733
Email Address	NEOSAYTHIAM@HOTMAIL.COM

Address	BLK 210 CHOA CHU KANG CENTRAL #02-156
Postcode	680210
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WAS NOT SAFE IN THE CD CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC3836
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ACCIDENT STATEMENT

ACCIDENT DATE: 01/03/2018 (DD/MM/YYYY), TIME: 18:10 (HH:MM)

LOCATION: PTE turn to Lorne Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE P0346
 b) INSURANCE COMPANY: TKM MARINE
 c) POLICY NUMBER: 17-M1001786-ROO
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA CAMRY
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: driving to school
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TKM Agency (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53304404X CONTACT: _____
 c) ADDRESS: BLK 210 #02-156 Choa Chu Kong Central

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
 ()

- DRIVER
 a) NAME: NEO SAY THIAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 51381886 CONTACT: 90062733
 c) ADDRESS: BLK 210 #02-156 Choa Chu Kong Central

* d) DATE OF BIRTH: 24/07/58 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/12/79

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (including driver)
 ()

- a) VEHICLE NUMBER: SLE 3836 MODEL: HONDA VIZEL
 b) DRIVER'S NAME: _____ CONTACT: 97377716
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
 ()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

email = neosaythiam@hotmail.com

fax = 07665655

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1381986F



NAME
NEO SAY THIAM
@CHENG KENG HENG
梁世添
Race
CHINESE
Date of Birth 24-07-1959 Sex M
Country of Birth SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1381986F
Name
NEO SAY THIAM
Birth Date 24 Jul 1959
Issue Date 12 Nov 2003



24880




SPIC No. S1381986F

Blood Group B+ Date of issue 15-10-1994

Address
APT BLK 210 CHOA CHU KANG CENTRAL
#02-158
SINGAPORE 2368

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Dec 1979
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	13 May 1981

NP 428A

License No: S1381986F



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.: 17-M1001786-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLE8034G

Chassis No.: MR053BK4007026733

2. Name of Policyholder TKM AGENCY

3. Effective date of the Commencement of Insurance for the purposes of the Act 07/12/2017

4. Date of Expiry of Insurance 06/12/2018

5. Persons or Class of Persons entitled to drive*

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

The hirer.

Any other person who is driving on the hirer's order or with his/ their 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

- * 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

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 2,000
	Excess-Third Party (Sect II) SGD 2,000
	Windscreen Excess SGD 100
Financial Interest:	LAKE VIEW CREDIT PTE LTD

Account: 1023DDA

Tokio Marine Insurance Singapore Ltd.



Authorized Signature

User Name: Tay Pui Leng Katherine -

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